

VSP®



VSP Provider Reference Manual

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Effective January 1, 2013

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WELCOME TO VSP

As a VSP doctor, you're part of the nation's leading eyecare health plan. More than 56 million members nationwide rely on doctors like you to help them see and stay healthy.

Everyone deserves good health. So we actively seek opportunities to give back to the community. Take our Sight for Students® Program. It provides free eyecare and eyewear to uninsured, low-income children.

Helping people see well and be well—that's what it's all about.

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SCOPE OF THE MANUAL

Use this manual in combination with your patient's Patient Record Report. If you participate in other VSP networks, we'll provide those manuals to you.

The **VSP Provider Reference Manual** contains guidelines for your partnership with VSP. The core sections and their contents are:

- **Eligibility and Authorization:** Processes for verifying patient eligibility for VSP coverage, determining which benefits apply, and submitting claims for reimbursement.
- **Plans and Coverages:** Covered services and administration of Vision Service Plan® eyecare plans.
- **Eye Exams:** Standard exam and supplemental test procedures for children and adults. Also includes processes for documentation requirements and referrals.
- **Dispensing and Patient Options:** Procedures for dispensing spectacle lenses and frames to patients. Also explains the use of contract labs and how to administer a necessary redo.
- **Client Details:** Specifics about benefits, coordination of benefits, and reimbursement.
- **Policies:** A listing of VSP's policies and procedures for quality management, reimbursement, office standards, advertising, and safety.

Tools for Locating Information

The **Table of Contents**, lists the main manual topics by section.

The **Glossary**, located in the back of the manual, provides an alphabetical listing of common terms used throughout this manual. A concise definition is provided for each term.

CONTACTING VSP

Contacting VSP by Phone

Service	Number	Notes
Provider Services	800.615.1883	Representatives are available Monday through Friday from 5:00 a.m. to 8:00 p.m. and Saturday from 6:00 a.m. to 5:00 p.m. Pacific Time. After dialing, you'll be greeted by our Interactive Voice Response (IVR) system. After the salutation, you may reach a representative by selecting from the following options: Option #1: Eligibility and authorization information Option #2: All other inquiries
Eyecare Delivery Solutions	West: 800.852.7600 East: 800.462.7009	Eyecare Delivery Solutions will answer any questions pertaining to doctor network participation, Quality Management, Provider Reviews, credentialing/recredentialing, and fees.
Provider Relations	800.852.7600 ext. 7398 (message center)	Provider Relations will answer questions regarding VSP seminars and other training opportunities.
Member Services (Patients)	800.877.7195	Representatives are available to answer questions from patients Monday through Friday from 5:00 a.m. to 8:00 p.m. and Saturday from 6:00 a.m. to 5:00 p.m. Pacific Time. You may also refer VSP members to vsp.com .

Contacting VSP by Mail

Claims and Correspondence	Correspondence (Eastern USA)
VSP PO Box 997100 Sacramento, CA 95899-7100	VSP 3400 Morse Crossing Columbus, OH 43219

Ordering Supplies and Forms

SHIPPING TIME

Most shipments will be sent UPS ground. Please allow the appropriate time for shipment. If you need faster delivery, please make note of the priority on your request.

ORDERING ONLINE

You may order supplies through VSPOnline on eyefinity.com.

ORDERING BY PHONE

Call the Provider Services Support Line at 800.615.1883.

SECTION 1: ELIGIBILITY AND AUTHORIZATION

DETERMINING A PATIENT'S ELIGIBILITY

Authorizing Coverage and Benefits

Before providing services, make sure your patient is eligible for benefits. This is known as getting an authorization. At that time, you'll learn your patient's plan, coverage, and current benefit eligibility. You'll also get a unique authorization number for your patient. Remember: an authorization number **doesn't** guarantee payment. We check all claims to confirm the patient's eligibility and that the services and materials provided meet our plan requirements before issuing payment.

Obtaining an Authorization Number

There are two ways to get it:

eClaim: Log onto eyefinity.com, go to the elnsurance tab or select **Get Authorizations & Check Eligibility** to access eligible plans.

Click Member Search. Enter any one of the following valid search combinations:

- Full Member ID only when the member ID is not the SSN.
- Last 4 SSN, member last name, and member first name.
- Last 4 SSN, member last name, member first name, and date of birth (DOB).
- Last 4 SSN, member last name, and DOB.

Quick Tip: Enter more information for best results.

Important! Make sure you choose the correct member and patient prior to issuing an authorization. If you're not sure which member to choose, call VSP at 800.615.1883 for assistance.

Customer Service: Call VSP at 800.615.1883. Select "1" to use our automated phone system. Or, you can talk with a Customer Service representative who'll check the patient's current eligibility, provide plan information, and issue an authorization number.

Important! Authorizations are usually effective for 30 days from the issue date. You'll receive an 'Invalid Authorization' error message in eClaim if you submit a claim for a date of service not within the effective dates. If this happens, obtain a new authorization valid for the date of service and resubmit.

When you contact us, please provide the following information:

- | | |
|-----------------------------|---|
| • Member and patient's name | • Last 4 digits of the member's SSN or the full client-assigned ID number |
| • Member and patient's DOB | |
| • Date of service | • Relationship to insured, if |

needed

Understanding Your Patient's Coverage

Refer to the Patient Record Report or the Patient Option Charges Report for an explanation of your patient's coverage.

Important! Before ordering or providing services, tell your patients that they're responsible for payment of non-covered services and materials.

Member Vision Card

VSP patients have the ability to access and/or print a Member Vision Card from vsp.com, and may provide a card when visiting your practice for services.

Note: A Member Vision Card isn't required for services.

While the card will provide basic benefit/plan information, please don't rely on it solely for benefit coverage information. You must verify your patient's eligibility and obtain an authorization on eyefinity.com. To view what information is available on the card, please refer to the **Member Vision Card Quick Reference Guide**.

COORDINATION OF BENEFITS (COB) BETWEEN MULTIPLE VSP® PLANS

Some patients have more than one vision plan. In these situations, coordinating benefits will help your patients maximize their coverage and keep costs down. This section gives guidelines for coordinating benefits for your VSP Signature Plan® patients. You'll find guidelines for other plans under that plan's information in Plans and Coverages.

Coordinate benefits when requested by your patients. This applies when your patient's coverage is with two VSP plans or when a non-VSP plan is primary and a VSP plan is secondary.

If your patient's VSP plan is primary and any other insurance plan is secondary, call VSP at 800.615.1883 to request a letter detailing your patient's out-of-pocket expenses that can be shared with the secondary insurer.

Determining Primary and Secondary Plans

Review the scenarios below to help determine your patient's primary and secondary plans, if your patient is covered under multiple plans and isn't a dependent child. If none of the scenarios fit, the plan that's covered your patient longest is primary.

Patient has	and	then
VSP coverage	the spouse has non-VSP coverage	the patient's VSP plan is primary.
VSP coverage	the spouse has VSP coverage	the patient's VSP plan is primary.

non-VSP coverage	the spouse has VSP coverage	the patient's non-VSP plan is primary. The spouse's VSP plan is secondary.
VSP and non-VSP coverage	none of the Coordination of Benefits Rules listed below apply	the plan covering your patient longest is primary.*
Medicaid coverage through VSP	has other coverage (through a health plan or Medicare)	Medicare or the other coverage is primary. The VSP Medicaid plan is secondary
one or more VSP plans	is not eligible for Medicare	the plan covering your patient longest is primary.*
VSP coverage as an active employee	VSP coverage as a retiree under another VSP plan	the active employee VSP plan is primary. The VSP retiree plan is secondary.
COBRA coverage (a continuation plan)	is active with another plan as an employee or dependent	the active employee or dependant VSP plan is primary. The COBRA VSP plan is secondary.
VSP coverage as a retiree	is active under a COBRA plan	the COBRA plan is primary. The retiree plan is secondary.
VSP coverage as a dependent of a retired employee	is an active employee in another VSP plan	the plan covering the patient as an active employee is primary. The VSP plan covering the patient as a dependent is secondary.
VSP or non-VSP coverage through self or spouse	is covered under parents' plan	patient's or spouse's plan is primary. Parents' plan is secondary.

Use the following chart if your patient is a dependent child with VSP coverage as primary and secondary.

Patient is	and	then
dependent child	the parents are NOT separated or divorced	The plan of the parent whose birthday is first in the year is primary.* If both parents have the same birthday, the plan that's covered a parent longer is primary.* If the other plan doesn't have a birthday rule, the gender rule applies (the father's plan is primary).
dependent child	the parents ARE separated or divorced with NO court decree	the custodial parent's plan is primary.* The plan of the custodial parent's spouse (if any) is secondary. Followed by the plan of the non-custodial parent, and then the plan of the non-custodial parent's spouse.

Patient is	and	then
dependent child	the parents ARE separated or divorced WITH a court decree	the plan decreed by the court as primary is primary.* If the decree states both parents have joint custody without stating who's responsible for healthcare expenses, follow the birthday rule.

***Important!** Obtain the length of coverage or custody information from your patient or member. Parental custody information may apply when determining coverage for a child.

Coordination of Benefits Rules

Before providing services to your patient, please obtain a Patient Record Report from eClaim on eyefinity.com. The Patient Record Report will highlight the rules from the following list that may apply to your patient's coverage and ability to coordinate benefits. Call VSP at 800.615.1883 if you have questions.

- COB rule 1: If both members are covered by the same client, COB isn't allowed for either of the members or their children. If the member is covered twice by the same client, COB isn't allowed.
- COB rule 2: If both members are covered by the same client, children are covered only under one parent's plan. COB can't be applied and the child may only receive one set of services. This applies both to biological parents and step-parents.
- **COB rule 3:** If both members are covered by the same client, the secondary plan can be used to cover copays only, which will use all service areas.
- COB rule 4: This rule applies only when the patient has an insurance carrier other than VSP as primary. If both plans are through VSP, this rule doesn't apply. COB reimbursement is calculated by subtracting what the primary carrier paid from what VSP would have paid as primary.

Here's an example:

Calculate the amount VSP would pay your practice if VSP was primary:	\$100
Subtract the amount paid by the primary insurance carrier:	- \$75
VSP will COB the patient's out-of-pocket expenses up to this amount:	<u>= \$25</u>

- COB rule 5: A married couple, or domestic partners, who are covered by the same client may coordinate benefits, but can't receive two sets of services.
- COB rule 6: COB isn't allowed for Computer Vision Care (CVC), Video Display Terminal (VDT), Repair, Safety Eyecare, or ProTec Safety benefit types.
- COB rule 7: A married couple, or domestic partners, who work for the same client may either use both of their benefit plans separately to receive two sets of services, OR COB their secondary benefits to pick up only the primary copays (using all services).
- COB rule 8: If a member's dependents have vision coverage through their own employment, coverage through that employment is primary. If dependents have coverage under Medicaid State Children's Healthy Insurance Program (SCHIP), there's no COB.
- COB rule 9: COB isn't allowed. Call VSP at 800.615.1883 for client exceptions and specific instructions.

- COB rule 10: A child covered under both parents' plans will always use the father's plan as primary.
- COB rule 11: Employees and dependents can use their second-pair coverage towards overages from their first-pair coverage.
- COB rule 12: If both members are covered by the same client, COB is allowed to cover out-of-pocket expenses only, but the patient can't receive two sets of services.

Determining and Applying Benefits

When a VSP plan is primary, apply benefits as you would in the absence of any other plan.

Quick Tip: If your patient isn't eligible for a service on the primary plan, the secondary plan may be used as primary for that service.

When a VSP plan is secondary, follow these steps:

1. Determine whether your patient has exhausted benefits under the primary plan.
2. Determine whether your patient is eligible for benefits under the secondary plan.
3. Determine the patient's out-of-pocket expenses from the primary plan.
4. Refer to the [Secondary Allowances](#) schedule to determine the COB amount for each service payable under the primary plan that is also available under the secondary plan. For patients with an Elective Contact Lens Benefit, refer to the Patient Record Report for the contact lens allowance.
5. Deduct total COB secondary allowance from patient's total primary out-of-pocket expense. Patient pays remaining balance.

Coordination of Benefits between VSP Benefit Types

Note: The primary and secondary plans must be under different ID numbers or different clients, unless there are special comment codes, or if COB rule 11 applies.

If the primary plan benefit type is	Then COB is allowed with the following plans as secondary.																		
	Not allowed	Access Indemnity	Advantage	Covered Contacts	Exam Only	Exam Plus and Choice	Exam Plus	and Choice Exam Plus w/ Allowances	Medicaid	Regional Network Plan	Second Pair	Signature	Choice	Value Plan	Value Exam Only	Value Exam Plus	Value Exam Plus w/Allow LVC Preferred	Low Vision	
Access																			
Access Indemnity																			
Advantage																			
Covered Contacts																			
Exam Plus, Choice Exam Plus, and Advantage Exam Plus																			
Exam Plus w/ Allowances, Choice Exam Plus w/ Allowances, and Advantage Exam Plus w/ Allowances																			
LVC Preferred																			
Low Vision																			
Medicaid																			
Regional Network Plan																			
Repair and Replace																			
Safety/Second Pair Safety																			
Signature																			
Choice																			
Value Plan																			
VDT/CVC																			

Note: If your patients have the plano option available on the primary benefit, they must have the plano option available on the secondary benefit to coordinate both plans when receiving plano materials.

Submitting Coordination of Benefits (COB) Claims

This information supplements the Submitting Claims information.

WHEN ANOTHER PLAN IS PRIMARY

Bill VSP on paper.

Submit the claim according to the primary vision plan's procedures.

After receiving payment from the primary plan, send us

- a copy of the original claim submitted to the primary carrier,
- the Explanation of Benefits or Explanation of Payment from the primary plan. If the original claim wasn't submitted to the primary carrier on a CMS-1500 form, please submit a completed CMS-1500 when sending the claim to VSP.

WHEN VSP IS BOTH PRIMARY AND SECONDARY

Submitting the claim electronically:

- Get authorizations for both primary and secondary benefits.
- Submit the claim using the primary authorization. Mark "No" for question 11D on the "Diagnosis and Services" page.

IMPORTANT: Enter the secondary authorization number in the "VSP COB Secondary Authorization Number" field.

- Complete the Diagnosis and Services and Invoice Services pages as you normally would.

Submitting the claim on paper:

Write the primary plan's authorization number in Box 23 and write "COB with #####" (secondary authorization #) in Box 19, and submit the claim to VSP.

If materials are ordered, submit the claim form with a Materials Invoice Form to a contract lab. If no materials are ordered, send the claim directly to VSP at:

VSP
PO Box 997100
Sacramento, CA 95899-7100

COORDINATION OF BENEFITS SECONDARY ALLOWANCES

Eye exam	\$66	less secondary plan copays
Lenses	\$51	less secondary plan copays
Frame	\$76	less secondary plan copays

Secondary allowances are cumulative. The maximum secondary allowance available for exam, lenses, and frame services is \$193.

COORDINATION OF BENEFITS BETWEEN HEALTH PLANS AND VSP® PLANS

Determining Primary Coverage

If the exam is medical, bill the health plan or Medicare as primary. If the exam is routine, bill VSP as primary unless the patient has routine coverage through their health plan.*

*Patients covered under the Federal Employees Dental and Vision Insurance Program may have routine coverage through their health plan. For more information, check the Federal Government Client Details in the Choice Network Manual.

Health Plan or Medicare as Primary Coverage

If the health plan covers the exam only, submit the exam claim to the health plan as primary and the materials claim to VSP as primary. Medical plans typically have higher copays than VSP and may have deductibles. They also don't typically pay for refraction. To save money for your patient, coordinate benefits with VSP to cover the unpaid portion of the exam, if any, including the refraction.

SUBMITTING THE CLAIM

- Coordinate benefits between the health plan and VSP for the exam/refraction. Tell your patient that coordinating benefits will exhaust their VSP exam benefit for the eligibility period, but will save them money.
- Submit the claim to the health plan carrier for the exam and refraction. Be sure to include a refractive diagnosis for the refraction and the appropriate diagnosis for the exam, based on your professional opinion.
- For us to consider payment, the CPT code(s) billed to the primary carrier must include an appropriate exam code plus a routine or refractive diagnosis code for the refraction. Indication of post-cataract with the diagnosis code of V43.1 will preempt the requirement for a routine or refractive diagnosis code for clients that offer a post-cataract material benefit to their members through VSP.
- We'll pay up to the secondary exam allowance, but not more than the patient's out-of-pocket expense.

For Paper Claims

- When you receive payment from the health plan, send a copy of the original CMS-1500 form showing the exam and refraction services submitted to the health plan, along with the Explanation of Payment or Explanation of Benefits from the health plan, to VSP. Don't send a summary.

For Electronic Claims

- When you receive payment from the health plan, keep a copy of the original CMS-1500 form showing the exam and refraction services submitted to the health plan, along with the Explanation of Payment or Explanation of Benefits from the health plan/Medicare, in the patient's file.

Follow these instructions:

- Provide the same diagnosis, exam, and refraction codes from primary claim

- Select Yes (box 11d) there is another health benefit plan for eyecare. This will open a new section. Be sure to leave the field for Secondary Authorization Number blank
- Skip the Additional Information Detail section (boxes 10, 15 – 18, 22 & 23). This section isn't needed.
- Complete the Other Insured section as below:
 - Enter "Same" in box 9
 - Enter "NA" in box 9a
 - Enter "01/01/1901" in box 9b
 - Enter "NA" in box 9c
 - Enter primary health plan in box 9d
- Click "Calculate and Continue" at the top left
- List amount paid by primary carrier(s) in box 29
- Enter this exact language in box 19: "secondary COB claim patient resp \$XX.XX"

[Download our step-by-step guide to filling out your claim electronically.](#)

SUBMITTING CLAIMS/TIMELINESS

In most cases, we process claims that are received within 180 days of the date of service. Please note that when glasses are ordered, we won't receive a claim until the lab finishes the order and submits the claim to VSP.

Remember to bill your U&C fees on **all** claims. We'll pay the lesser of the billed amount or your assigned fee. To confirm claim status, visit eyefinity.com, or call VSP at 800.615.1883.

A "clean" claim is a claim that can be processed without additional information from you, your patient, or someone else. If a doctor is under investigation for potential fraud and/or abuse, the claims they submit won't be considered clean claims.

Dates of Service

When we request dates of service, we're looking for:

Exam: the date you performed your patient's eye exam.

Glasses: the date your patient ordered their glasses.

Contacts: the date the contact lens fitting and evaluation started. If you didn't perform a contact lens fitting and evaluation, use the date when contact lens materials were ordered by your patient.

Your Responsibility for Accuracy

It's **your** responsibility to get an authorization and ensure the information is accurate. Payment could be delayed if you submit a claim without an authorization number. An incorrect authorization number could result in claim denial and/or you may incur lab charges. Authorization numbers can't be transferred between claims.

When submitting claims, please complete all fields to accurately show the services you provided.

Important! You're responsible for all claims submitted by you, your employees, and agents of your practice.

Please remember you can't disclose any information about your patient to any other person or organization without the written consent of your patient, legal guardian, parent, or his/her authorized representative unless:

- your patient is unable to give written consent, or
- state or federal law requires disclosure.

Encounter Data Reporting

Standard procedure requires you to collect and report encounter data, which is specific patient information that serves the purposes stated below:

- Supports the role of optometrists as healthcare providers.
- Meets reporting guidelines required by regulatory agencies.
- Documents the efficiency, quality, and cost effectiveness of care provided.
- Demonstrates the value of vision care in treating and managing diseases, as well as maintaining overall good health.

Eye Health Management Program Data Requirement

The VSP Eye Health Management Program focuses on early detection and aids in the treatment and coordination of care for eye and related health conditions. It integrates data collected through VSP providers with the healthcare system in a HIPAA-compliant manner.

Doctors are required to report Eye Health Management patient conditions through eClaim on eyefinity.com, practice management software, or paper claims. Eye Health Management reporting is monitored as part of the Quality Assurance (QA) Program and results are provided in the QA Review Summary.

When you report patient conditions, VSP can demonstrate to clients, health plans, and disease management companies the full scope of services that you provide, and reinforce the role of vision care as a key component of a wellness program. VSP also helps health plans to increase their quality ratings by demonstrating that members with diabetes are receiving annual dilated retinal exams. VSP also uses this information to direct patients with diabetes back to your office annually for their dilated eye exam.

The Patient Record Report also includes Eye Health Management information and links to patient education fliers for patients with diabetes, hypertension, or high cholesterol. Use this information to educate your patients and demonstrate that your role in their care may include more than an annual eye exam.

REIMBURSEMENT OPPORTUNITY

By reporting chronic health conditions to VSP, we'll reimburse you for the additional education and services you provide to patients.

For each patient identified, you can earn:

- \$5 for reporting diabetes and/or diabetic retinopathy.
- \$2 for reporting hypertension and/or high cholesterol.

Note: Payment won't exceed \$5 and isn't cumulative. If a \$5 condition and a \$2 condition are checked, then \$5 is paid. If two \$2 conditions are checked, \$2 is paid. The patient's medical record must include the applicable condition that is submitted on a claim.

Patient condition reporting just got easier. Follow these three simple steps.

- Before seeing the patient, print the Patient Record Report or place an Eye Health Management sticky note on each patient file.
- During the exam, check the appropriate patient condition box(es) on the Patient Record Report or an Eye Health Management sticky note.
- When submitting a claim, check the appropriate box(es) or enter diagnosis codes, using the information on the Patient Record Report or an Eye Health Management sticky note.

Note: The Patient Record Report now includes an Eye Health Management section, making it even easier to collect and report patient conditions.

CHECK THE APPROPRIATE BOXES IN ECLAIM.

Patient Conditions

Check the patient's conditions (diabetes, diabetic retinopathy, hypertension, high cholesterol) using the check boxes on eClaim or diagnosis codes. Report glaucoma, age-related macular degeneration, and other conditions using diagnosis codes.

Quick tip: if you enter an equivalent diagnosis code, eClaim will check the box for you.

For all practice management systems, including OfficeMate®/ExamWRITER, you can report patient conditions using one or more of the applicable ICD-9 diagnosis codes.

Dilation

Choose Yes or No in the drop-down menu in eClaim when asked if dilation was performed. If dilation is not performed for a patient with diabetes, be sure to document the clinical rationale in the patient's medical record.

Primary Care Physician (PCP) Communication

Choose Yes or No in the drop-down menu when asked if the PCP Communication was completed. If you did not communicate with the PCP for a patient with diabetes, be sure to document the reason in the patient's medical record.

Claim Submission

Reimbursement will apply to all VSP Signature Plan® and VSP Choice Plan® claims that include a WellVision Exam® from a VSP Network doctor and one or more reported patient conditions.

Additional reimbursement applies to VSP Signature Plan® and VSP Choice Plan® claims only that are billed with one of the following exam codes: 92002, 92004, 92012, 92014, S0620, or S0621.

For more information on Eye Health Management visit VSPOnline at eyefinity.com, go to Programs, and click Eye Health Management Program.

Submitting a Claim Electronically

GLASSES

- Complete the Invoice Services page first to provide the material order details.
- Select a VSP contract lab.
- Click on Calculate HCPCS & Continue.
- Enter additional diagnosis codes for any other medical conditions.
- Select the appropriate patient condition checkbox(es).
- Complete the Diagnosis & Services page by entering your full (non-discounted) U&C fees next to the correct CPT/HCPCS code.

CONTACT LENSES

- Select the type of contacts dispensed.
- Select the contact lens reason (see Contact Lens Plans in the “Plans & Coverages” section of this manual).
- If contact lens exam services (fitting and evaluation) were performed, include this in the correct drop-down box.
- Click on Calculate HCPCS
- Enter additional diagnosis codes for any other medical conditions.
- Select the appropriate patient condition checkbox(es).
- Complete the Diagnosis & Services page by entering your full (non-discounted) U&C fees next to the correct CPT/HCPCS code.

FLEXIBLE SPENDING ACCOUNT (FSA)

Some of our clients have asked us to collect and report patients’ total FSA eligible out-of-pocket expenses to their flexible spending account vendors. For these patients, the Patient Record Report will indicate, “This patient may participate in a Flexible Spending Account (FSA) program.”

You’ll also notice a field titled FSA on eClaim to collect the patient’s total FSA out-of-pocket expenses. This amount includes both the VSP out-of-pocket charges you calculated in Box 29 and any eligible charges for non-covered items you do not include on the VSP claim (like second pairs and contact lens solution). Report the total for the FSA after the secondary COB payment has been deducted from the patient’s primary out-of-pocket charges.

Here’s a list of common FSA eligible expenses, which is subject to change based on IRS regulations:

- Copays
- Non-covered lens options
- Frame overages
- Contact lens overages
- Contact lens solution
- Additional prescription glasses not covered by the benefit
- Prescription sunglasses not covered by the benefit
- Plano sunglasses not covered by the benefit (if deemed medically necessary by the doctor)

Here’s an example to help you calculate what should be entered in the FSA box for a patient who uses VSP benefits for glasses and pays for contact lenses, contact lenses services, and solution privately:

VSP copay	\$20
Frame overage (VSP prescription glasses)	\$50
Box 29: Total VSP Patient out-of-pocket expenses	\$70
Discounted contact lens exam services (fitting and evaluation) -- private pay	\$100

Contacts (private pay)	\$150
Contact lens solution (private pay)	\$20
Total non-VSP out-of-pocket expenses	\$270
+ Total VSP out-of-pocket expenses (calculated above)	\$70
TOTAL eligible FSA (reported in FSA box)	\$340

Submitting a Claim on Paper

We primarily use two paper claim forms: the CMS-1500 form and the VSP Materials Invoice form. Please refer to the CMS-1500 Claim Form Quick Reference Card and the Materials Invoice Quick Reference Card in the Tools & Forms section of this manual for instructions on completing these forms, including where to enter the Authorization Number and/or the Materials Verification number.

USING THE CMS-1500 FORM

Refer to the **CMS-1500 Claim Form Quick Reference Card** for detailed instructions. **Please don't use red ink on the CMS-1500 Claim Form and don't submit claims on photocopied forms.**

To expedite processing when submitting CMS-1500 claims, be sure to:

- Check that all patient information is complete and correct.
- Check that Boxes 12 and 13 have correct signatures or indicate a signature is on file.
- Use valid, complete diagnosis codes (some ICD-9-CM codes require fourth or fifth digits).
- Enter additional diagnosis codes for any other medical conditions your patient may have.
- Enter the correct place of service in Box 24B.
- Include a number in Box 24E that "points" to the appropriate diagnosis in Box 21.
- Include doctor NPI in Box 24J if multiple doctors are using the tax ID in Box 25.
- Complete Box 32 with a physical address, not a PO Box.

Mail completed claim forms to:

VSP
PO Box 997100
Sacramento, CA 95899-7100

CMS PLUS MATERIALS INVOICE (CMS-PLUS)

If a plan requires the use of a contract lab, and you dispense lenses and/or frames to an eligible patient, use a Materials Invoice Form with the CMS-1500 Claim Form. If you don't use a contract lab, or if you provide only an exam or dispense contact lenses, submit only the CMS-1500 Form.

If you need to submit a Materials Invoice Form with the CMS-1500 Form:

Complete both forms.

Attach the two completed forms.

Send both claim forms to the lab. (The lab will forward the claim to VSP for payment after the glasses have been made)

CONTRACT LAB ORDERS

The lab will fill orders that contain lenses and frames, and forward the claims to us for payment.

If the lab contacts you about a missing or incomplete CMS-1500 Claim Form, submit a completed form to the lab as soon as possible. If a completed form isn't received within 10 working days of initial notification, the lab can't fill your order and will return the Materials Invoice Form to you.

It's your responsibility to check patient eligibility for materials and to correctly complete the forms. If a material claim is denied payment, any materials you order will be billed to you, and you'll be responsible for paying the lab.

In most cases, we process claims that are received within 180 days following the date of service.

Remember: when lenses and frames are ordered, we don't get the claim until the lab completes the order and submits the claim to us.

MATERIALS CODES ON CMS-1500 FORM

It's important that you list any materials sold (lenses, frames, and options), with the appropriate V code, on the CMS-1500 Claim Form as we'll reimburse you only for services listed on the CMS-1500 Form. The information provided on the Materials Invoice Form is only for lab use. The following are samples of Comment Codes and the appropriate forms and actions:

CMS-1500 Form Comment Codes and Claim Filing Actions

Comment Code	Billed Service(s)	Type of Form(s)	Submit to
L064	Exam	CMS	VSP
L064	Exam and CL	CMS	VSP
L071	Any Service	CMS	VSP
L083	Exam w/ Lenses and/or Frame	CMS + Materials Invoice	Contract lab

CLAIM APPEALS

Some examples of denied claims that may be appealed include:

- The patient isn't eligible for the services or materials provided on the date of service.
- The claim was submitted after 180 days.
- Services rendered require Service Verification that wasn't received.

Your Responsibility

VSP considers you to be authorized to act on behalf of your patient in pursuing appeals of denied claims. It's your responsibility to:

- Inform patients of their right to appeal a claim denial.

- Explain the appeal process to your patients.
- Get your patients' approval to act as their authorized representative in the appeal process. If your patients don't agree to you representing them in the appeal process, please direct them to contact VSP Member Services at 800.877.7195.

Appeal Process

Submit appeals online, by mail, or by phone. Appeals must be submitted to us within 180 calendar days from the date of the Explanation of Payment. Appeals submitted from providers in New Jersey must be received within 90 calendar days.

- Online: Complete the Provider Dispute Resolution Request Form available in the Forms Library under Administration on VSPOnline on eyefinity.com.
- Mail: Send appeals to: VSP Claim Appeals, PO Box 2350, Rancho Cordova, CA 95741-2350.
- Phone: Call VSP at 800.615.1883

We'll review your appeal and send a written response within 30 calendar days (10 business days in NJ) from the date of receipt of all information needed to process the appeal.

Should the initial denial be upheld, you have the right to pursue a second-level appeal. Second-level appeals must be initiated within 60 calendar days from the date of the letter stating that the appeal has been denied. Follow the same process listed above to submit second-level appeals.

Appeal rights for Medicaid patients also include state-specific, fair-hearing processes. Appeal timelines may vary by state. Please check your state's specific instructions for these processes.

CALIFORNIA

Important! The following appeal information applies to HMO plan members only.

Mail appeals for health plan members may be submitted to us within 365 calendar days from the date of the denial. Incomplete appeals will be returned.

A sample Provider Dispute Resolution Request form is provided in the Tools & Forms section of this manual. If you prefer to submit a written appeal without using the form, please include the following information with your written appeal:

- Your name and Payment Arrangement ID number
- Your contact information
- Original claim number (listed on the Explanation of Payment)
- Supporting documentation

You can appeal multiple "like" denials (i.e., numerous claims denied for untimely filing) at the same time by using the Multiple Provider Dispute Resolution Form with the Provider Dispute Resolution Request.

NEW JERSEY

Our internal second-level appeal is optional for New Jersey doctors. Following state law, New Jersey doctors have the right to use an external second-level appeal after participating in our first-level appeal process.

If you choose this option, we'll share the cost of the arbitration equally. To initiate this process, submit the appeal in writing to an independent arbitrator listed with the American Arbitration Association at: 1633 Broadway, 10th Floor, New York, New York 10019, and send a copy to us at: VSP Claim Appeals, PO Box 2350, Rancho Cordova, CA 95741-2350.

Here is additional contact information if you need additional information:

American Arbitration Association
 Customer Service: 800.778.7879, 212.716.5800, Fax: 212.716.5905
 Web site: www.adr.org
 E-mail: websitemail@adr.org

Employee Retirement Income Security Act (ERISA) Patient Rights

ERISA is a federal law that sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for people covered under these plans. If your patient's employer pays for all or part of the patient's benefits, the patient has additional appeal rights mandated by ERISA.

Under this law, patients can get copies of all documents, records, and other information relevant to their appeal free of charge.

Once all mandatory appeals have been completed, ERISA patients may have other voluntary alternative dispute resolution options, such as mediation. Your patients may refer to their Evidence of Coverage (EOC) or Standard Plan Description (SPD), contact their local U.S. Department of Labor Office or their State Insurance regulatory agency to find out what's available.

ERISA patients have the right to contest the decision of the appeal process. Under ERISA Section 502(a)(1)(B), patients have the right to bring civil actions. This right can be exercised when all required reviews of their claims (including the appeal process) have been completed, the claim wasn't approved (in whole or in part), and a patient disagrees with the outcome.

Vision Benefit Statement

Some clients require VSP to provide their members with a Vision Benefit Statement (VBS) instead of the current VSP Savings Statement. The VBS provides patients with a summary of the amount they have been charged for the services received and will also provide any denial procedures directly to the patient. If a client requires VSP to provide a VBS, the Patient Record Report will state: Patient will receive Vision Benefit Statement (VBS) directly from VSP; a VSP Savings Statement will not be available.

View a sample of the [Vision Benefit Statement](#).

SECTION 2: PLANS AND COVERAGES

VSP SIGNATURE PLAN®

Enrollment/Doctor Participation

All VSP doctors are part of the VSP Network.

Eligibility & Authorization

COPAYS

Copays are indicated on the Patient Record Report when you receive an authorization. There are two types of copays:

- **Exam and Materials:** Separate copays are applied to the exam and to the materials. Exam and Material copays are collected as the service is provided. For example, if you provide an exam on the patient's first visit, and materials on a subsequent visit, collect the exam copay at the first visit and materials copay(s) at the second visit.
- **Total:** A one-time copay is applied to the first service received. Total copays are collected in full when the patient's first service is received. If all services are not provided on the first visit, collect the copay on the first visit and do not collect a copay for any subsequent visits during the same benefit period. Please do not split authorizations when the patient has a total copay unless necessary. If the authorization was split, please follow these guidelines:
 - If the same office uses split authorizations, collect a total copay only on the patient's first service.
 - If a patient receives an exam through one doctor and materials through another, the copay would apply to the first service received (typically the exam), and a copay would not apply to the materials.

Note: You may not waive copays.

Exam Coverage

Fully covered comprehensive eye exams are generally available to the patient once every 12 or 24 months, calculated on a service year, calendar year or fiscal year basis. Refer to [Eye Exams](#) for levels of service.

Materials Coverage

Coverage typically includes necessary prescription lenses and a frame up to a client-specified wholesale/retail allowance, or an allowance toward contact lenses. Please review the Patient Record Report for complete coverage details before providing materials.

Patients are also eligible for established discounts on additional services and materials (see [Value-Added Discounts](#), below).

LENSES

- Single vision, bifocal, trifocal, or lenticular lenses in glass or plastic.
- Eye sizes up to and including 60mm.
- Lined multifocal lenses in all segment widths, including occupational lenses. See the [Dispensing & Patient Options](#) section for specific details on occupational lenses.
- Prism and slab off.
- Base curves (regardless of curve).

Note: VSP only covers lenses that meet the minimum prescription criteria. Lenses that do not meet VSP's minimum prescription criteria are considered to be plano lenses. Plano lenses, including plano sunwear, are not considered to be covered materials, unless the patient is eligible for such materials under their plan benefit coverage.

VSP's minimum prescription criteria:

The combined power in any meridian is ± 0.50 diopters or greater in at least one eye or one of the following exceptions occurs:

- Necessary prism of 0.50 diopters or greater in at least one eye
 - Anisometropia is 0.50 diopters or greater
 - Cylinder power is ± 0.50 diopters or greater
-

If the patient chooses a lens option not covered by the plan, charge the patient either the fee shown on the [Patient Options List](#) or your U&C fee, whichever is lower. (See [Patient Options Fees Instructions](#) for information on determining your U&C fee for lens options.)

FRAMES

Note: VSP only covers frames when the lenses meet VSP's [minimum prescription criteria](#), unless the patient is eligible for plano lenses under their plan benefit coverage. Most VSP Signature Plan patients who've had laser correction surgery may use their frame benefit for plano sunglasses.

Most VSP plans provide a blended wholesale/retail allowance toward the purchase of a new frame. Patients may also use a serviceable existing frame.

Frame overages: The amount the patient pays varies among plans. Please review the patient's coverage and refer to [Providing Frames](#) for more information.

CONTACT LENSES

Many clients provide coverage for contact lenses in lieu of prescription glasses. To be eligible for contact lens coverage, a patient must usually first be eligible for eyeglasses. Refer to the [Contact Lens Benefits](#) in this section.

LAB

The VSP Signature Plan does not cover fabrication or supply of lenses from your office. Covered lenses dispensed to VSP patients must be fabricated entirely by a participating VSP Lab or VSP contract lab (unless you are providing a Doctor In-Office Lens Options or there is an emergency).

Submitting Claims/Billing & Reimbursement

- You may bill WellVision Exams® using S0620 (routine ophthalmological examination, including refraction, new patient) or S0621 (routine ophthalmological examination, including refraction, established patient). Be sure to complete a comprehensive exam when using these codes, VSP pays at the comprehensive level.
- If you choose to use 920XX codes to bill your WellVision Exams, please remember to bill refraction (92015) separately for accurate reimbursement.
- All WellVision Exams should be billed with the appropriate refractive diagnosis code; materials must be billed with the appropriate refractive disorder diagnosis code.
- Enter additional diagnosis codes if other medical conditions exist.
- Bill non-covered materials on a private invoice, even if a VSP contract lab is used. Non-covered lenses may be fabricated at any lab of your choice, including in-office labs.
- When billing progressive lenses remember to bill your U&C fee on two lines, one for the base bifocal lenses and the second for the progressive add-on.
- For Post-Lasik patients only: When billing plano sunglasses for VSP Signature Plan members:
 - Bill as frame only (don't include lenses). The patient is responsible for the cost of lab supplied plano lenses and lens options.
 - Indicate "frame only" in the box.
 - Document your patient's LVC history in their medical file.

Value-Added Discounts and Programs

The Value-Added discounts below are considered a private transaction between you and the patient. The patient is fully responsible for the payment of any discounted items.

EXAM SERVICES

Provide a 20% discount on additional eye exams.

NON-COVERED MATERIALS DISCOUNT

Under the VSP Signature Plan, patients are eligible for a 30% discount on non-covered materials when they purchase a complete pair of glasses, including plano sunglasses, on the same day as their eye exam from your office. In all other situations, patients are eligible for a 20% discount on non-covered materials when a complete pair of glasses, including plano sunglasses, is dispensed within 12 months of the exam.

For all other plans, patients are eligible for a 20% discount on non-covered materials when a complete pair of glasses, including plano sunglasses, is dispensed within 12 months of the exam.

Discounts should:

- be based on your total U&C fee,
- be unlimited for 12 months on or following the date of the last covered eye exam,
- be available through any VSP network doctor. Use professional judgment when evaluating prescriptions from another provider. You may request an additional exam at 80% of your U&C fee,
- apply to prescription and non-prescription lenses,

- not apply to cleaning products or repairs of prescription lenses or frames.

Note: If a patient has coverage for lenses every 12 months and a frame every 24 months, the 20% discount applies to the non-covered frame in the year when the patient is eligible for lenses but not for frame.

CONTACT LENS SERVICE DISCOUNT

Patients are eligible for a 15% discount on all elective, non-covered, and replacement contact lens services. The discount:

- is subtracted from your U&C fee for evaluation/fitting services;
- is unlimited for 12 months on or following the date of the covered eye exam;
- is available only through a VSP network doctor. Use professional judgment when evaluating prescriptions from another provider. You may request an additional exam at 80% of your U&C fee;
- does not apply to materials, solutions, cleaning products, and service agreements.

VSP CONTACT LENS CARE PROGRAM[®]

Effective January 1, 2012, this program is no longer available. If you need to submit a claim including the Contact Lens Care Program for a patient who received services prior to January 1, 2012, please refer to the [VSP Contact Lens Care Program Quick Reference Guide](#).

RETINAL SCREENING VALUE ADDED FEATURE

- Effective July 1, 2010, patients are eligible for routine retinal screening as a value added feature to complement their WellVision Exam[®] benefit.
- Please see the [Retinal Screening section](#) on the **VSP Manual** for more information.

VSP LASER VISIONCARESM PROGRAM

- The program includes access to either Photorefractive Keratectomy (PRK) or Laser In-Situ Keratomileusis (LASIK) at a reduced cost, up to a maximum fee to the patient of \$1,500 per eye for PRK, \$1,800 per eye for LASIK, and \$2,300 per eye for Custom LASIK with wavefront technology using the microkeratome only.
- Members receive a complimentary screening as well as preoperative and postoperative services through participating VSP network doctors. Most VSP Signature Plan patients who've had laser correction surgery can use their frame benefit for plano sunglasses.
- If the laser center is offering a temporary price reduction, VSP members will receive 5% off the advertised price if it is less than the usual discount price.
- Please see the **Laser VisionCare Program** section under **Programs** on **VSPOnline** for information on how to participate or for a list of participating facilities.

DIABETIC EYECARE PROGRAMSM

- The Diabetic Eyecare Program provides medical eyecare services for members with type 1 diabetes.

- Diabetic Eyecare is available to eligible members with a VSP Signature Plan® who don't already have VSP Primary EyeCare services.
- Please see the [Diabetic Eyecare ProgramSM](#) section for more information.

CONTACT LENS BENEFITS

VSP patients may have the following [contact lens benefits](#):

- **Contact Lens Exam Copay with Materials Allowance:** The routine eye exam is covered. Your patient has a not-to-exceed patient copay toward contact lens exam services (fitting and evaluation, or F&E) and a separate allowance for contact lens materials.
- **Exam And (Combined Contact Lens Allowance):** The routine eye exam is covered. Your patient has a combined allowance toward contact lens exam services (fitting and evaluation) and materials.
- **Total Allowance:** Your patient has a single allowance for the routine eye exam, contact lens exam services (fitting and evaluation), and materials.
- **Visually Necessary Contact Lenses:** With an approved diagnosis, your patient is covered for visually necessary contact lenses. See [Visually Necessary Contact Lenses](#) in this section for specific benefit coverage criteria.
- **Covered Contact Lenses:** Your patient is covered after a copay for contact lens exam services (fitting and evaluation) and an annual supply of contact lenses.

Note: For [Visually Necessary Contact Lenses](#) and [Covered Contact Lenses](#), VSP will only cover an annual supply of materials based on the manufacturer's replacement schedule. No additional contact lens materials may be billed to VSP through additional VSP plans/coverage's the patient may have.

This rule also applies to [Elective Contact Lens](#) patients when the allowance exceeds an annual supply of contact lens materials based on the manufacturer's replacement schedule.

You may only coordinate benefits up to the annual supply of contact lens materials if plans permit. See [Coordination of Benefits Between Multiple VSP® Plans](#) in the VSP Manual.

Contact lens exam services are also known as the contact lens fitting and evaluation. These services are separate from the WellVision Exam and should be dispensed only to patients who wear or want to wear contact lenses and specifically request a contact lens exam.

Eligibility & Authorization

You can find client-specific exceptions in the special comments section of the Patient Record Report.

Copays

Contact Lens Exam Copay with Materials Allowance: Your patient pays an exam copay if you provide WellVision Exam. Your patients who request a contact lens exam pay a contact lens exam services (fitting and evaluation, or F&E) copay or 85% of your U&C fees, whichever is less. There is no copay for contact lens materials, which are covered under a separate allowance.

Exam And (Combined Contact Lens Allowance): Your patient pays an exam copay if you provide a WellVision Exam. There is no copay for contact lens materials.

Total Allowance: No exam or materials copay is required if materials are purchased on the same date of service. The exam copay may apply if the WellVision Exam is given on a different date of service.

Covered Contact Lenses: Your patient pays the contact lens copay.

Materials and Services Coverage

EXCLUSIONS

Some materials aren't covered under VSP's contact lens benefits. There are no benefits for professional services or materials connected with the following:

- Corneal refractive therapy or orthokeratology (under the Covered Contact Lens benefit). Under the Elective Contact Lens benefit, the contact lens materials allowance can be used toward the cost of corneal refractive therapy or orthokeratology; however, any costs for contact lens exam services (fitting and evaluation) are a private matter between your office and the patient.
- Replacement of lost or damaged lenses
- Modifications of lenses
- Artistically painted lenses
- Routine maintenance such as polishing, cleaning, etc.
- Refitting after the initial (90-day) fitting period
- Insurance policies or service agreements
- Plano (non-prescription) lenses or lenses that don't meet our minimum prescription requirement
- Plano lenses to change eye color cosmetically
- More office visits to treat contact lens pathology
- Solutions and other contact lens supplies
- Bandage contact lenses aren't covered under VSP® plans, but can be billed under Primary EyeCare for eligible patients. See [VSP Primary EyeCare PlanSM](#) in this section.

Visually Necessary Contact Lenses

Contact lenses are covered in full for patients meeting the established conditions below. Those patients must be eligible for materials on the date of service. Coverage is limited and may require special handling to ensure proper reimbursement. Exam and material (prescription lenses and frame) copays for contact lenses apply unless otherwise specified.

Note: If piggyback lenses are needed, see the [Piggyback Lenses Benefit](#) below.

Benefit Coverage Criteria

- Aphakia—379.31 or 743.35
- Nystagmus—379.50 through 379.56, 386.11, 386.12 or 386.2
- Keratoconus—371.60, 371.61, 371.62, 743.41, or 743.42
- Corneal transplant—V42.5
- Corneal dystrophies—371.50 through 371.58
- Anisometropia greater than or equal to 3.00 diopters difference based on the spectacle prescription as of 7/11/2012. For dates of service prior to 7/11/2012, 2.00 diopters difference.
- High ametropia greater than or equal to ± 10.00 diopters in either eye based on the spectacle prescription.
- Please see [Visually Necessary Contact Lens Specialty Maximums](#) below for a complete listing of covered diagnosis codes.

Note: Irregular Astigmatism (ICD-9 code 367.22) billed in the primary position as the chief medical complaint does not meet NCL coverage criteria. Irregular astigmatism is a condition caused by other underlying disorders

TO SUBMIT NECESSARY CONTACT LENS CLAIMS THROUGH ECLAIM FOR THESE CONDITIONS:

Select Necessary Contact Lens as the Contact Lens Reason. Indicate the appropriate ICD-9 diagnosis code and/or spectacle prescription verifying the condition. For anisometropia and/or high ametropia, enter the spectacle prescription on the lab invoice for verification purposes. Not all conditions can be verified on Eyefinity. See [Submitting Claims](#) for additional instructions.

Note: To change the lens type, submit the change within 30 days from the original contact lens claim submission date.

SCLERAL LENSES

Bill scleral lenses using HCPCS V2530 or V2531. Please note that hybrid contact lenses are not scleral lenses and will not be reimbursed as sclerals. Bill hybrid lenses using V2599.

When submitting a claim using V2530 or V2531, you must provide the following information in Box 19:

- Type of lens – Scleral
- The scleral lens manufacturer/brand

If this information is missing or incomplete, it will result in claim reimbursement at the V2599 rate, whichever is lower.

HYBRID AND PROPRIETARY LENSES

Use V2599 for hybrid lenses, as well as proprietary lenses that do not have specific HCPCS codes.

When submitting a claim using V2599, you must provide the following information in Box 19:

- Type of lens (e.g., hybrid contact lens, Rose K™)
- The lens manufacturer/brand

If the information is missing or incomplete, it will result in claim reimbursement at the V2510 rate.

PIGGYBACK LENSES BENEFIT

Piggyback lenses are a covered benefit for patients meeting one of the conditions above, and who aren't able to tolerate rigid gas permeable contact lenses. This requires the use of soft contact lenses and rigid gas permeable contact lenses, in the manner of a piggyback fitting.

When submitting a claim for piggyback lenses, you must provide the following information in Box 19:

- Piggyback lenses

SPECTACLE LENSES TO WEAR OVER CONTACTS BENEFIT

Contacts with spectacle lenses to wear over contacts are covered benefits for patients with the following conditions:

- Aphakia—379.31 or 743.35
- High ametropia—10.00 diopters or greater
- Presbyopia—367.4
- Accommodative disorder
- Binocular function disorder
- Different prism requirements for distance and near vision

A prescription is required for the lenses. Plano lenses aren't a covered benefit.

When your patient qualifies for spectacle lenses to be worn over contact lenses, request the spectacle lenses claim number at the same time or within 30 days of the contact lens claim submission date. For patients with keratoconus, request a claim number for spectacle lenses to be worn over contact lenses within 12 months of the contact lens claim submission date. Frames are a private transaction between you and your patient.

If your patient meets the benefit criteria for visually necessary contact lenses above and also requires spectacle lenses to wear over the contacts, please verify that the above criteria is met, and call VSP at 800.615.1883 to obtain a claim number. Please have the relevant criteria information available when calling.

SUBMITTING CLAIMS

Request a case number when your patient meets the benefit coverage criteria above, but you can't submit your claim through eClaim at [eyefinity.com](https://www.eyefinity.com). To get a case number so you can submit your claim through eClaim, complete a [Materials Verification Form](#), which must include at least one of the qualifying criteria listed above. Put your case number in Box 23.

Fax the **Materials Verification Form** to us at 916.851.4733. Or mail them to VSP, PO Box 997100, Sacramento, CA 95899. You can find the form on VSPOnline on eyefinity.com or in the Tools and Forms section of this manual.

Reimbursement for Visually Necessary Contact Lenses

An annual supply of contact lenses is covered in full for patients meeting the stated benefit criteria. We'll reimburse you:

- Your assigned fee for the examination
- Allowed amount for the type and quantity of contacts provided (85% of your U&C fee for the contact lens exam services, including fitting and evaluation plus U&C fee for contact lens materials)

Don't balance bill your patient. Exam and material (spectacle lenses and frame) copays apply unless otherwise specified.

Covered and Base Visually Necessary Contact Lens Maximums			
HCPCS	Annual Replacement¹	Planned Replacement¹	Daily Replacement¹
V2500*	\$251	—	—
V2501*	\$385	—	—
V2502*	\$491	—	—
V2503*	\$405	—	—
V2510*	\$450	—	—
V2511*	\$650	—	—
V2512*	\$750	—	—
V2513*	\$500	—	—
V2520	\$375	\$525	\$750
V2521	\$525	\$650	\$810
V2522	\$537	\$650	\$1000
V2523	\$475	\$600	\$625
V2530*	\$499	—	—
V2531*	\$987	—	—
V2599**	\$1,150	\$1,500	—
Piggyback	\$1,150	\$1,500	—

¹Annual Replacement is 1-2 units. Planned Replacement is 3-360 units. Daily Replacement is 361+ units.

*These services shouldn't be billed for more than 2 units. If billed with higher unit counts, we'll pay up to the Annual Replacement lens maximum.

**These services shouldn't be billed for more than 360 units. If billed with higher unit counts, we'll pay up to the Planned Replacement lens maximum.

Visually Necessary Contact Lens Specialty Maximums					
If billing with CPT code 92072, 92311 or 92312, 92313 or one of these diagnosis codes:					
264.6	370.63	371.16	371.46	371.58	743.42
279.50	370.8	371.20	371.48	371.60	871.0
370.00	371.00	371.23	371.49	371.61	871.1
370.01	371.01	371.30	371.50	371.62	871.5
370.02	371.02	371.31	371.51	371.70	871.6
370.03	371.03	371.40	371.52	371.71	871.9
370.04	371.04	371.41	371.53	371.73	940.2
370.05	371.05	371.42	371.54	371.82	996.51
370.06	371.11	371.43	371.55	379.31	V42.5
370.07	371.12	371.44	371.56	743.35	V43.1
370.61	371.13	371.45	371.57	743.41	

HCPCS	Annual Replacement¹	Planned Replacement¹	Daily Replacement¹
V2500*	\$451	—	—
V2501*	\$585	—	—
V2502*	\$691	—	—
V2503*	\$605	—	—
V2510*	\$657	—	—
V2511*	\$800	—	—
V2512*	\$900	—	—
V2513*	\$825	—	—
V2520	\$500	\$650	—
V2521	\$679	\$804	—
V2522	\$750	\$863	—
V2523	\$650	\$775	\$800
V2530*	\$700	—	—
V2531*	\$2,300	—	—
V2599**	\$1,300	\$1,650	—
Piggyback	\$1,300	\$1,650	—

¹Annual Replacement is 1-2 units. Planned Replacement is 3-360 units. Daily Replacement is 361+ units.

*These services shouldn't be billed for more than 2 units. If billed with higher unit counts, we'll pay up to the Annual Replacement lens maximum.

**These services shouldn't be billed for more than 360 units. If billed with higher unit counts, we'll pay up to the Planned Replacement lens maximum.

Please refer to the VSP Select Network Manual for information about contact lens reimbursement under the Value Plan.

Submitting Claims/Billing & Reimbursement

SUBMITTING THE CLAIM

	Contact Lens Exam Copay with Materials Allowance	Exam And (Combined Contact Lens Allowance)	Total Allowance	Covered Contact Lenses
Eye Exam (WellVision Exam)	Use your patient's routine benefit for exam services.		Bill the appropriate CPT code and your U&C fee.	Use your patient's routine benefit for exam services.

Contact Lens Exam Services (Fitting and Evaluation)	Bill the appropriate CPT code and your U&C fee for the contact lens exam services (fitting and evaluation) provided.	Bill the appropriate CPT code and your U&C fee for the contact lens exam services (fitting and evaluation) provided. Must be billed with materials.
Contact Lens Materials	<ul style="list-style-type: none"> • Bill the appropriate HCPCS code(s) for the materials provided. • Submit your U&C fee and indicate the number of units (contacts) dispensed. To maximize your patient's benefit, dispensing an annual supply of contact lenses at one time is required under the Covered Contact Lenses and the NCL benefit, and we recommend it for all contact lens benefits, if the patient is going to need an annual supply. VSP should only be billed for an annual supply of lenses and shouldn't be billed for additional lenses. Additional lenses should be handled as a private transaction between you and the patient. • Each contact lens is considered one unit. Bill the total number of units provided based on the type of lenses dispensed: Unit Count, Type of contacts 1–2 units, Conventional (non-disposable) contacts 3–52 units, Planned replacement (month/quarter) or 14-day disposables 53–106 units, 7-day disposables 107–361+ units, 1-day disposables <p>To ensure proper payment for piggyback contact lenses, bill all the appropriate HCPCS code(s) for materials provided. For hybrid contacts, bill with the miscellaneous contact lens code.</p>	

REIMBURSEMENT

Important! Determine your U&C fees for contact lens exam services (fitting and evaluation), then add taxes if applicable (see chart below). Bill this amount on the claim. Follow your state tax guidelines.

New Mexico doctors: Determine your total fees for services and materials. Bill this amount on the claim.

	Contact Lens Exam Copay with Materials Allowance	Exam And (Combined Contact Lens Allowance)
VSP Payment	<p>You'll receive your assigned fee for the eye exam.</p> <p>In addition, we'll pay you 85% of your U&C fees, less the patient copay, for contact lens exam services (fitting and evaluation).</p> <p>We will also pay your U&C fees for materials up to your patient's contact lens materials allowance.</p>	<p>You'll receive your assigned fee for the eye exam.</p> <p>In addition, we'll pay 85% of your contact lens exam services (fitting and evaluation) U&C fees and your U&C fees for materials up to your patient's Exam And contact lens allowance.</p> <p>Contact lens exam services (fitting and evaluation) only (no materials): VSP will reimburse you up to \$60.</p>

		Contact lens materials only (contact lens exam services received elsewhere): If your patient is not eligible for services, contact VSP at 800.615.1883 for more information.
Balance Billing	Your patient is responsible for the contact lens exam services copay or 85% of your U&C fees, whichever is less, and the difference between their contact lens materials allowance and U&C fee for materials.	Your patient is responsible for the difference between their allowance and your discounted contact lens exam services (fitting and evaluation) fee and U&C fee for materials. Contact lens exam services (fitting and evaluation) only (no materials): Your patient is responsible for your U&C fees for contact lens exam services (fitting and evaluation) discounted by 15%, less the \$60 paid by VSP.

	Total Allowance	Visually Necessary Contact Lenses	Covered Contact Lenses
VSP Payment	We'll pay your exam and contact lens exam services (fitting and evaluation) fees discounted by 15% plus your U&C fees for materials up to the patient's Total contact lens allowance.	You'll receive your assigned fee for the eye exam. In addition, we'll pay your contact lens exam services (fitting and evaluation) fees discounted by 15% and your U&C fees for materials up to the maximum allowed for the type of contact lenses provided.	We'll pay your contact lens exam services (fitting and evaluation) fees discounted by 15% and your U&C fees for materials up to the maximum allowed for the type of contact lenses provided.
Balance Billing	Your patient is responsible for the difference between their allowance and your discounted fees for the eye exam and contact lens exam services (fitting and evaluation) plus your U&C fees for materials.	For an annual supply, don't balance bill your patient for the difference between your U&C fees and our allowable amount.	For an annual supply, don't balance bill your patient for the difference between your U&C fees and our allowable amount.

VSP ACCESS PLAN® & VSP ACCESS INDEMNITY PLANSM

VSP's Access Plan is a "discount only" plan giving your patients a direct discount. The Access Indemnity Plan combines the Access Plan with an indemnity schedule of allowances, established by the client.

VSP Access Plan®

ELIGIBILITY & AUTHORIZATION

Eligibility can be obtained on eyefinity.com or by calling VSP at 800.615.1883.

EXAM COVERAGE

- Patients are eligible for a 20% discount off U&C fees for an eye exam.
- A discount only applies to services and procedures included in a WellVision® Exam. It doesn't apply to additional diagnoses and treatment.

MATERIALS COVERAGE

Patients are eligible for a 20% discount off U&C fees for frames, lenses, and lens options when a complete pair of prescription glasses or non-prescription sunglasses are dispensed.

- Discount is based on your total U&C fee.
- Discount is unlimited for 12 months on or following an exam from a VSP doctor.
- Use professional judgment when evaluating prescriptions from another doctor.
- You can request additional routine exams at a 20% discount.
- Discounts don't apply to cleaning products or repairs of prescription lenses or frames.

CONTACT LENS SERVICES COVERAGE

Patients are eligible for a 15% discount off U&C fees for contact lens exam services (F&E) and follow-up services.

- Discount is based on your total U&C fee.
- Discount applies to services for prescription lenses only.
- Discount is unlimited for 12 months on or following an exam from a VSP doctor.
- Use professional judgment when evaluating prescriptions from another doctor.
- Discounts don't apply to contact lens materials, solutions, cleaning products or service agreements.

These discounts are considered a private transaction between you and your patient; your patient is responsible for paying for the discounted services or materials.

VSP LASER VISIONCARESM PROGRAM

- The program includes access to either Photorefractive Keratectomy (PRK) or Laser In-Situ Keratomileusis (LASIK) at a reduced cost, up to a maximum fee to the patient of

\$1,500 per eye for PRK, \$1,800 per eye for LASIK, and \$2,300 per eye for Custom LASIK with wavefront technology using the microkeratome only.

- Members receive a complimentary screening as well as preoperative, and postoperative services through participating VSP doctors.
- If the laser center is offering a temporary price reduction, VSP members will get 5% off the advertised price if that's less than the usual discount price.
- Please see the Laser VisionCare section under Programs on VSPOnline on eyefinity.com for information on how to participate or for a list of participating facilities.

VSP Access Indemnity PlanSM

ELIGIBILITY & AUTHORIZATION

Eligibility can be obtained on eyefinity.com or by calling VSP at 800.615.1883.

Allowances are paid by us only once during each eligibility period.

EXAM COVERAGE

- Patients are eligible for a 20% discount off U&C fees for an eye exam, plus a group-specific schedule of allowances.
- The discount only applies to services and procedures included in an eye exam. It doesn't apply to additional diagnoses and treatment.
- Take the discount off the exam first, then apply the allowance.

MATERIALS COVERAGE

Patients are eligible for a 20% discount off U&C fees for prescription lens, lens options and/or frame (complete pair not required) plus a group-specific schedule of allowances.

- Discount is based on your total U&C fee.
- Discount is unlimited for 12 months on or following the date of the last covered eye exam.
- Use professional judgment when evaluating prescriptions from another doctor.
- You can request additional routine exams at a 20% discount.
- Discounts don't apply to cleaning products or repairs of prescription lenses or frames.
- Take the discount off the materials first, then apply the allowance.

CONTACT LENSES

Patients are eligible for a 15% discount off U&C fees for contact lens professional services (evaluation/fitting services and follow-up services). Elective or visually necessary contact lenses are covered in place of a complete pair of prescription glasses. You may bill the patient for any fees over the allowance and any applicable copay amount.

- Discount is based on your total U&C fee.
- Discount applies to services for prescription contact lenses only.
- Discount is unlimited for 12 months on or following the date of the last covered eye exam.

- Use professional judgment when evaluating prescriptions from another doctor.
- Discounts don't apply to contact lens materials, solutions, cleaning products or service agreements.
- The discount is taken before the allowance is applied.

VALUE-ADDED DISCOUNTS AND PROGRAMS

The value-added discounts below are considered a private transaction between you and your patient; your patient must pay for any discounted items:

- Patients are eligible for a 20% discount for additional complete sets of prescription glasses or non-prescription sunglasses from any VSP doctor within 12 months of the last eye exam.
- Discount is based on your total U&C fee.
- Discount is unlimited for 12 months on or following the date of the last covered eye exam.
- Use professional judgment when evaluating prescriptions from another doctor.
- You can request an additional routine exam at a 20% discount off your U&C.
- Discounts don't apply to cleaning products or repairs of prescription lenses or frames.
- Patients are eligible for a 15% discount for contact lens evaluations/fitting services and follow-up services.
- Discount is based on your total U&C fee.
- Discount applies to services for prescription contact lenses only.
- Discount is unlimited for 12 months on or following the date of the last covered eye exam.
- Use professional judgment when evaluating prescriptions from another doctor.
- Discounts don't apply to solutions, cleaning products or service agreements.

VSP LASER VISIONCARESM PROGRAM

- The program includes access to either Photorefractive Keratectomy (PRK) or Laser In-Situ Keratomileusis (LASIK) at a reduced cost, up to a maximum fee to the patient of \$1,500 per eye for PRK, \$1,800 per eye for LASIK, and \$2,300 per eye for Custom LASIK with wavefront technology using the microkeratome only.
- Members receive a complimentary screening as well as preoperative, and postoperative services through participating VSP doctors.
- If the laser center is offering a temporary price reduction, VSP members will get 5% off the advertised price if that's less than the usual discount price.
- Please see the Laser VisionCare page under the Programs section of VSPOnline on eyefinity.com for information on how to participate or for a list of participating facilities.

Submitting Claims/Billing & Reimbursement

VSP ACCESS PLAN®

Apply the VSP Access Plan discount to your U&C professional fees, as follows: exam, 20%; glasses, 20%; contact lens exam, 15%. Handle the visit as a private pay transaction. Don't submit a claim to VSP. Collect the discounted fees from the patient.

VSP ACCESS INDEMNITY PLANSM

- Apply the VSP Access Indemnity Plan discount to your U&C professional fees.
- Subtract your patient's indemnity allowance (found in the comment codes of the Patient Record Report) from your discounted U&C professional fees.
- Bill your patient for the difference between your discounted U&C professional fees and the indemnity allowance.
- Bill VSP for services.
- For your patients with combined allowances, bill all services at the same time so your patients get their full benefits.

Glasses: Bill using eClaim.

- Complete the Invoice Services page and select "Non-VSP lab (Private Invoice)."
- Click on the "Calculate HCPCS and Continue" button.
- Complete the Diagnosis and Services page by entering your full (non-discounted) U&C fees next to the appropriate CPT/HCPCS code.

Contact Lenses: Bill using our electronic claims submission system.

- Choose the type of contacts dispensed.
- Click on the "Calculate HCPCS and Continue" button.
- Complete the Diagnosis and Services page by entering your full (non-discounted) U&C fees next to the appropriate CPT/HCPCS code.
- Please see the [Necessary Contact Lens Benefit Criteria section](#) of your VSP Provider Reference Manual for more information regarding benefit criteria and claim submission.

Following is an example of an exam, prescription lenses and frame provided under the VSP Access Indemnity Plan. The indicated U&C fees and indemnity allowance amounts are examples only.

	Eye Exam	Lenses	Tint	Frame
Your U&C fee is:	\$65	\$45	\$20	\$100
Subtract 20% from your U&C fee:	-\$13	-\$9	-\$4	-\$20
Subtract indemnity allowance:	-\$30	-\$30	-\$0	-\$40
Patient pays:	\$22	\$6	\$16	\$40

VSP INTEGRATED PRIMARY EYECARE PROGRAMSM

The Integrated Primary EyeCare Program lets VSP network doctors work directly with VSP's health plan clients to obtain eligibility, authorizations, and submit claims for medical eyecare. The program is an addition to the VSP medical product portfolio that supports the ability of all VSP network doctors to practice to their full scope of licensure.

Through Integrated Primary EyeCare, enrollees of VSP-contracted health plan clients will gain access to VSP network doctors. At the time a health plan client contracts with VSP to provide this program in your area, you will be provided with specific health plan client information, including the negotiated reimbursement rate.

Enrollment/Doctor Participation

Enrollment will be automatic for each network in which a doctor participates (e.g., VSP, Select, Advantage, Choice, and Medicaid). Integrated Primary EyeCare patients can only be referred to another doctor or refused service, if you're not licensed to perform the service needed.

To render services through this program, VSP network doctors agree to:

- Maintain an active status with VSP.
- Follow each health plan client's policies and procedures relating to the delivery of medical eyecare.
- Be listed in the health plan's provider directory.
- Accept compensation that is based on a percentage of the Medicare or Medicaid fee schedule for your locality and/or state, and which may vary by client. (See Section 5: Client Details pages of the VSP Provider Reference Manual for specific details.)
- See all eligible members of VSP-contracted health plan clients.
- Submit Integrated Primary EyeCare claims to the patient's health plan carrier, not to VSP.
- Accept payment for services under the program from the patient's health plan carrier or its administrative services provider, not VSP.
- Accept payment, less any copays or coinsurance by the VSP-contracted health plan client, as payment in full for services covered under the Integrated Primary EyeCare Program.

- Submit all complaints and grievances regarding Integrated Primary EyeCare patients and claims to the health plan client, and hold VSP harmless from such complaints and grievances.

Eligibility & Authorization

Please refer to Section 5: Client Details for additional information.

Submitting Claims/Billing & Reimbursement

Compensation is based on a percentage of either the Medicare RBRVS allowables for your location or the state Medicaid fee schedule. VSP will negotiate the reimbursement rate with the health plan client on the doctors' behalf. Each client contract requires clients to follow state and federal guidelines when paying doctors.

VSP PRIMARY EYECARE PLANSM

Primary EyeCare plans are designed to provide supplemental medical eyecare coverage to VSP patients. VSP Primary EyeCare coverage is secondary to other medical eye insurance coverage that may reimburse you. Please refer to [Coordination of Benefits](#) in this section for more information.

The VSP Primary EyeCare Plan covers detection, treatment and management of ocular and/or systemic conditions that produce ocular or visual symptoms.

Effective July 1, 2013, Primary Eyecare will also cover retinal screening; a service linked to measurable health benefits and cost savings. Retinal screening is available to eligible Signature and Choice patients who have diabetes but don't show signs of diabetic eye disease. Refer to CPT 92250 below for information on claims submittal.

Symptoms & Conditions

Examples of conditions that may be covered under the Primary EyeCare Plan include, but aren't limited to:

- Ocular discomfort or pain
- Episodic or recent field loss
- Red eyes
- Conjunctivitis
- Ocular foreign body sensation
- Recent onset of flashes or floaters
- Swollen lids
- Pain in or around the eyes

Exclusions

The following services aren't covered under the Primary EyeCare Plan:

- Pre- and post-operative services
- A and B scans
- Laser surgery
- Services provided for refractive diagnoses (this may be covered under your patient's routine benefit).

- Most lab tests, including surgical pathology and microbiology (coordinate this with your patient's primary medical doctor).
- Prescriptions (Depending on your license and state law, you may be able to write prescriptions for your patients to submit directly to their medical prescription plans. Otherwise, give your prescription recommendation to your patient's primary care physician.)
- Materials such as glasses or contact lenses

Some clients cover services beyond what's usually covered under the Primary EyeCare Plan. Please refer to Section 5: **Client Details** for more information on clients with **Expanded Primary EyeCare** benefits.

Eligibility & Authorization

Your patients don't need a referral from their primary care physician before their first visit, unless the employer requires it. Patients can call for an appointment or be seen immediately if they need urgent care.

Check your patient's eligibility before giving services. Refer ineligible patients back to their primary care physicians, unless you participate on their medical plan panel. Patients choosing to get services without checking eligibility should sign a [Patient Responsibility Statement](#) before receiving services. You can find the statement on **VSPOnline** on [eyefinity.com](#).

Note: Bill according to the reason the patient stated for making the appointment (chief complaint). If, during the course of the routine exam, you discover a medical condition, you should still report and bill the visit as routine. You can then follow up with additional services and/or procedures, as appropriate, to treat or monitor the pathology and bill the appropriate medical CPT codes.

Referrals

If your patient needs more treatment than you're licensed for, or if your patient does not have Primary EyeCare coverage and does not agree to pay out of pocket for services, refer the patient to a doctor in the patient's network whose office can provide such services or to the patient's primary care physician.

When making referrals, use the following guidelines and those listed under [Patient Referrals](#) in **Section 3: Eye Exams**:

- Follow all referral protocols set by your patient's health plan. Typically, an HMO requires that patient referrals be coordinated by the primary care physician (PCP). However, a PPO allows patients to receive care from any medical provider without a PCP referral.
- Provide your findings, in writing, to the doctor you're referring the patient to.
- Forward your diagnostic findings, treatment plan and follow-up results to your patient's primary care physician. To help you coordinate care for patients with diabetes, we provide the optional Eye Health Management Primary Care Physician Communication Form, available on VSPOnline on [eyefinity.com](#) and in eClaim. This easy-to-use form is a convenient way to help manage eye health for patients with diabetes and underscores the importance of regular eye exams.

Instructions for the administration of specific client plans are outlined in **Section 5: Client Details**. Please check client details before providing services to covered patients.

Copays

Copays apply only to exams and consultations. HMO patients' ID cards may show copay amounts. Or you can contact VSP for copay information.

Note: Patient's paid copay amount should never exceed your VSP payable fee for the service provided.

Coordination of Benefits

Coordination of benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If a member has medical benefits under another plan, that plan is primary and VSP is secondary. You're responsible for verifying other coverage, as well as billing and collecting from other carriers.

Note: We'll only coordinate Primary EyeCare benefits with services provided for medical eyecare.

VSP AS SECONDARY PAYOR

If we're the secondary payor, bill us for your patient's out-of-pocket expenses. Examples are copays, deductibles, charges for non-covered services, or charges for services not covered fully by the primary carrier. We follow plan policies for reimbursing these charges. However, we don't pay more for approved services than what you would have received if we were the primary carrier.

To coordinate benefits, submit the following information to us within six months from the issue date of the Explanation of Payment (EOP) or Explanation of Benefits (EOB) of the primary carrier:

- A copy of the EOP indicating patient expenses and/or service denials from the primary carrier
- A copy of the original CMS-1500 claim form

Exam Coverage

A new patient is someone who hasn't received services from you, or any doctor of the same specialty in your practice, in the past three years.

Note: Comprehensive exams are covered once in a 12-month period. We'll reimburse additional comprehensive exams at the intermediate level.

Code	Services
92002, 92004	Ophthalmological services, new patient
92012, 92014	Ophthalmological services, established patient
99201-99205	Office or other outpatient visit, new patient

99211-99215	Office or other outpatient visit, established patient
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Exceptions: Reimbursements aren't available for ophthalmological exams or office visits when:

- An intermediate or comprehensive general ophthalmological exam with the same date of service was already submitted for this or any other VSP plan.
- An evaluation and management office visit with the same date of service was already submitted for this or any other VSP plan.
- Established benefit criteria hasn't been met.

Eye Exams for Diabetic Patients

Bill annual eye exams for diabetic patients without ocular complications or symptoms as a routine exam to your patient's VSP WellVision plan, if available. If WellVision benefits aren't available and ocular complications or symptoms exist, you can bill these exams under the Primary EyeCare Plan, if your patient has Primary EyeCare. Indicate evidence and progression of retinopathy with ICD-9-CM codes. Use the most specific diagnosis codes whenever possible.

Note: We consider fundus photos and **optomap®** retinal exams to be separate procedures. They are not acceptable as a replacement for performing direct or indirect ophthalmoscopy or dilation for diabetic patients.

Medical and Surgical Services

Use the following procedure codes to report only those services appropriate for your licensure and your state's current regulations.

Coverage for some services is limited to the allowance guidelines. These allowances should accommodate the required quality eyecare needs of most patients.

SPECIAL OPHTHALMOLOGICAL SERVICES

Code	Description
76514	Corneal pachymetry Service Allowance: Allowable once per lifetime per patient. Allowable twice per lifetime with the following diagnoses: V45.69 Other states following surgery of eye and adnexa Allowable once per 12-month period for the following diagnoses: 371.60 Keratoconus not otherwise specified 371.61 Keratoconus, stable
92020	Gonioscopy Service Allowance: Allowable once per 12-month period Allowable twice per 12-month period for patients with the following diagnoses:

Code	Description
	365.00 (Pre-glaucoma, unspecified) through 365.32 (Corticosteroid induced glaucoma, residual stage) 362.01-362.07 Diabetic retinopathy 362.30 (Retinal vascular occlusion, unspecified) through 362.37 (Venous engorgement)
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report. Allowable once or twice per 12-month period, depending on specific diagnosis. Allowable diagnosis codes (once a year): 367.22 Irregular astigmatism 372.40-372.45 Pterygium 743.41 Congenital anomalies of corneal size and shape Allowable diagnosis codes (twice a year): 370.00-370.07 Corneal ulcer 371.00-371.04 Corneal scars and opacities 371.20-371.23 Corneal edema unspecified 371.40 Corneal degeneration, unspecified 371.42 Recurrent erosion of cornea 371.46 Nodular degeneration of cornea 371.48 Peripheral degenerations of cornea 371.49 Other corneal degenerations 371.50-371.58 Hereditary corneal dystrophies 371.60-371.62 Keratoconus 371.70-371.73 Other corneal deformities V42.5 Organ or tissue replaced by transplant - cornea 940.2 Alkaline chemical burn of cornea and conjunctival sac 940.3 Acid chemical burn of cornea and conjunctival sac 940.4 Other burn of cornea and conjunctival sac
92071	Fitting of contact lens for treatment of ocular surface disease Allowable diagnosis codes: 370.20 Keratitis, superficial, unspecified 370.21 Keratitis superficial, punctate 370.9 Keratitis unspecified 371.23 Corneal edema, bullous keratopathy 371.42 Corneal erosion, recurrent erosion of cornea 371.46 Degeneration, nodular degeneration 371.52 Dystrophy, other anterior corneal dystrophies 371.54 Dystrophy, lattice corneal dystrophy 371.57 Dystrophy, endothelial corneal dystrophy 371.82 Corneal disorder due to contact lens 918.1 Corneal abrasion 930.0 Corneal foreign body 996.51 Post surgery, graft complications V42.5 Post surgery, previous corneal surgery Provide location modifier RT or LT.
99070	Supplies and materials (except spectacles). Use for bandage contact lens only. Bill with 92071 only. Provide location modifier RT or LT.

Code	Description
92081-92083	<p>Visual field exam, unilateral or bilateral, with interpretation and report</p> <p>Service Allowance: Allowable twice per 12-month period when visual necessity is established.</p>
92100	<p>Serial tonometry with multiple measurements of intraocular pressure over an extended interval of time with interpretation and report, same day. See Special Handling Procedures for more information.</p>
92133	<p>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve</p> <p>Allowable once per 12-month period for the following diagnoses:</p> <p>361.33 Multiple defects of retina without detachment 362.03-362.05 Nonproliferative diabetic retinopathy 362.10 Background retinopathy, unspecified 362.57 Drusen (degenerative) 362.60-362.66 Other retinal disorders - peripheral retinal degenerations 362.70-362.77 Other retinal disorders - hereditary retinal dystrophies 368.40-368.45 Vision field defects 377.00-377.04 Papilledema 377.10-377.16 Optic atrophy 377.21-377.24 Other disorders of optic disc 377.30-377.39 Optic neuritis 377.41-377.49 Other disorders of optic nerve 377.51-377.54 Disorders of optic chiasm 377.61-377.63 Disorders of other visual pathways 377.71-377.75 Disorders of visual cortex 377.9 Unspecified disorder of optic nerve and visual pathways 743.20-743.22 Buphthalmos</p> <p>Allowable twice per 12-month period for the following diagnoses:</p> <p>224.6 Benign neoplasm of eye; choroid 360.21 Progressive high myopia – considered pathological condition 361.00-361.19 Retinal detachments and defects 361.2 Serous retinal detachment 361.30-361.32 Retinal detachments and defects 361.81 Traction detachment of retina 361.89 Other forms of retinal detachment 361.9 Unspecified retinal detachment 362.01 Background diabetic retinopathy 362.02 Proliferative diabetic retinopathy 362.06 Severe nonproliferative diabetic retinopathy 362.07 Diabetic macular edema 362.11-362.18 Other background retinopathy and retinal vascular changes</p>

Code	Description
	362.21 Retrolental fibroplasias 362.29 Other nondiabetic proliferative retinopathy 362.30-362.37 Retinal vascular occlusion 362.40-362.43 Separation of retinal layers 362.50-362.56 Degeneration of macula and posterior pole 362.81-362.89 Other retinal disorders 362.9 Unspecified retinal disorder 365.00-365.06 Glaucoma: borderline glaucoma (glaucoma suspect) 365.10-365.15 Glaucoma: open-angle glaucoma 365.20-365.24 Glaucoma: primary angle-closure glaucoma 365.31-365.32 Glaucoma: corticosteroid-induced glaucoma 365.41-365.44 Glaucoma associated with congenital anomalies, dystrophies, systemic syndromes 365.51-365.59 Glaucoma associated with disorders of the lens 365.60-365.65 Glaucoma associated with other ocular disorders 365.70-365.74 Glaucoma stage 365.81-365.89 Glaucoma - Other specified forms of glaucoma 365.9 Unspecified glaucoma 743.57-743.59 Congenital anomalies of posterior segment 921.3 Contusion of eyeball Cannot be billed with extended ophthalmoscopy (initial or subsequent) or fundus photography.
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina Service Allowance: Allowable once or twice per 12-month for same diagnosis codes allowed in 92133 above. Cannot be billed with extended ophthalmoscopy (initial or subsequent) or fundus photography.
92140	Provocative tests for glaucoma, with interpretation and report, without tonography
92225	Ophthalmoscopy, extended, with retinal drawing; initial. See Special Handling Procedures for more information. Service Allowance: Allowable once per 12-month period per eye for: 036.81 Meningococcal optic neuritis 091.50-091.52 Uveitis due to syphilis 094.83 Syphilitic disseminated retinochoroiditis 115.02 Histoplasmosis retinitis 115.12 Histoplasmosis duboisii retinitis 115.92 Histoplasmosis unspecified retinitis 130.2 Chorioretinitis due to toxoplasmosis 136.1 Behcet's syndrome 190.0-190.9 Malignant neoplasm of the eye 224.5-224.6 Benign neoplasm 234.0 Carcinoma in situ, eye

Code	Description
	<p>237.70-237.72 Neurofibromatosis 250.50-250.53 Diabetes with ophthalmic manifestations 360.00-360.9 Disorders of the globe 361.00-362.9 Retinal detachments; defects and disorders 363.00-363.9 (Disorders of the choroid) 364.00-364.9 Disorders of iris and ciliary body 365.00-365.9 Glaucoma 376.40-376.6 Disorders of the orbit 377.00-377.54 Disorders of optic nerve and visual pathways 379.11-379.19 Disorders of the sclera 379.21-379.29 Disorders of the vitreous body 714.0 Rheumatoid arthritis 714.30-714.33 Juvenile chronic polyarthritis 743.51-743.59 Congenital anomalies of posterior segment 871.5-871.9 Wound of the eyeball 921.0-921.9 Contusion of eye and adnexa</p> <p>Provide location modifier RT or LT.</p> <p>Cannot be billed with fundus photography or scanning computerized ophthalmic diagnostic imaging (of optic nerve or retina).</p>
92226	<p>Ophthalmoscopy, extended, with retinal drawing; subsequent. See Special Handling Procedures for more information.</p> <p>Service Allowance: Allowable once per 12-month period per eye, for same diagnosis codes allowed in 92225 above.</p> <p>Provide location modifier RT or LT.</p> <p>Cannot be billed with fundus photography or scanning computerized ophthalmic diagnostic imaging (of optic nerve or retina).</p>
92250	<p>Fundus photography with interpretation and report</p> <p>Service Allowance: Allowable once per 12-month period. Allowable twice per 12-month period for retinal disorders of 361.0-363.9.</p> <p>Cannot be billed with extended ophthalmoscopy (initial or subsequent) or scanning computerized ophthalmic diagnostic imaging (of optic nerve or retina).</p>
92250	<p>Fundus photography (retinal screening)</p> <p>Service Allowance: Allowable once per 12-month period. Only Signature and Choice patients who have diabetes but don't show signs of diabetic eye disease are eligible. Bill diagnosis code V80.2 as in the primary position and diagnosis code 250.00 in the secondary position. Submit claims for retinal screening with modifier 52.</p>
92260	<p>Ophthalmodynamometry</p> <p>Service Allowance: Allowable once per 12-month period</p>

Code	Description
92270	Electro-oculography with interpretation and report Service Allowance: Allowable once per 12-month period.
92275	Electroretinography with interpretation and report Service Allowance: Allowable once per 12-month period. Provide location modifier RT or LT.
92283	Color vision exam, extended Service Allowance: Allowable once per 12-month period.
92284	Dark adaptation exam with interpretation and report Service Allowance: Allowable once per 12-month period.
92285	External ocular photography with interpretation and report for documentation medical progress. Procedure 92285 is covered for monitoring possible progression of anterior chamber neoplasm and is not covered for pre-cataract diagnoses. Provide location modifier RT or LT.
92286	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count. Procedure 92286 is covered only for the following diagnoses: 371.23 Bullous keratopathy 371.57 Endothelial cell dystrophy Provide location modifier RT or LT.
92287	Special anterior segment photography with interpretation and report; with fluorescein angiography Provide location modifier RT or LT.
95930	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash Service Allowance: Allowable once per 12-month period.

SURGICAL SERVICES

Code	Description
65205	Removal of foreign body, external eye; conjunctival superficial
65210	Removal of foreign body, external eye; conjunctival embedded, subconjunctival or scleral nonperforating
65220	Removal of foreign body, external eye; corneal, without slit lamp
65222	Removal of foreign body, external eye; corneal, with slit lamp
65430	Scraping of cornea, diagnostic, for smear and/or culture
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
67820	Correction of trichiasis; epilation, by forceps only Provide location modifier E1, E2, E3 or E4.
67938	Removal of embedded foreign body, eyelid

Code	Description
68761	<p>Closure of lacrimal punctum; by plug, each. Allowable diagnosis codes:</p> <p>373.00-373.9 Inflammation of eyelids 375.00-375.9 Disorders of lacrimal system 370.21 Punctate keratitis 370.33 Keratoconjunctivitis sicca</p> <p>Temporary plugs are limited to one per lid per 24-month period — four (4).</p> <p>Permanent plugs are limited to one per lid per 24-month period with two additional plugs (with no more than two per lid) — six (6).</p> <p>Provide location modifier E1, E2, E3 or E4 for permanent plugs. Provide location modifier E1, E2, E3 or E4 plus –SC for temporary plugs.</p>
68801	Dilation of lacrimal punctum, with or without irrigation
68810	Probing of nasolacrimal duct, with or without irrigation
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent

PATHOLOGY AND LABORATORY

Code	Description
83861	<p>Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity</p> <p>Allowable diagnosis codes:</p> <p>365.11 Primary open angle glaucoma 370.23 Filamentary keratitis 370.33 Keratoconjunctivitis sicca, not specified as Sjögren's syndrome 371.42 Recurrent corneal erosion 372.21 Angular Blepharoconjunctivitis 372.22 Contact blepharoconjunctivitis 373.01 Ulcerative blepharitis 373.12 Meibomian gland infection 373.71 Hyperemic conjunctiva 374.01 Entropion 374.10 Ectropion 375.15 Tear Film Insufficiency, Unspecified; Dry Eye Syndrome 375.21 Epiphora excess lacrimation 375.22 Epiphora insufficient drainage 375.41 Canaliculitis 375.51 Punctal eversion 375.52 Punctal stenosis 710.2 Sicca syndrome, keratoconjunctivitis sicca Sjögren's disease</p> <p>Provide location modifier RT or LT. Provide modifier QW.</p>
87809	Infectious agent antigen detection by immunoassay with direct

	optical observation; Adenovirus Allowable diagnosis codes: 077.0 Inclusion conjunctivitis 077.1 Epidemic keratoconjunctivitis 077.2 Pharyngoconjunctival fever 077.3 Other adenoviral conjunctivitis 077.4 Epidemic hemorrhagic conjunctivitis 077.8 Other viral conjunctivitis 077.98 Unspecified diseases of conjunctiva due to chlamydiae 077.99 Unspecified diseases of conjunctiva due to viruses 372.00 Acute conjunctivitis unspecified 372.01 Acute serous conjunctivitis except viral 372.02 Acute follicular conjunctivitis 372.03 Acute catarrhal conjunctivitis 372.04 Acute membranous conjunctivitis 372.05 Acute atopic conjunctivitis 372.10 Chronic conjunctivitis unspecified 372.11 Simple chronic conjunctivitis 372.12 Chronic follicular conjunctivitis 372.13 Vernal conjunctivitis 372.14 Chronic allergic conjunctivitis Provide modifier QW.
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URGENT/EMERGENCY SERVICES

Code	Description
99050	Service(s) provided in the office at times other than regularly scheduled office hours, or day when the office is normally closed (e.g., holidays, Saturday or Sunday, in addition to basic service)
99051	Service(s) provided in the office during regularly scheduled evening, weekend or holiday office hours, in addition to basic service

Consultations

Use the following procedure codes to report your office's consultation services only when another doctor requested the consultation or you don't assume responsibility for managing the patient's condition.

Code	Description
99241–99245	Office consultation, new or established patient

SPECIAL HANDLING PROCEDURES

Procedure	Special Handling Procedures
92100	Serial tonometry is defined as a separate procedure with multiple measurements, interpretation and report of intraocular pressure over an extended time period during a single day (e.g., diurnal curve or medical treatment of acute elevation of intraocular pressure). A single tonometry check is considered part of the ophthalmic exam and is not reported separately.

92225-92226	<p>Extended ophthalmoscopy is included in the global reimbursement for retinal surgery. Extended ophthalmoscopy (direct or binocular indirect) may not be billed separately during a exam except when all of the following conditions are met: patient's presenting symptoms and/or diagnosis of retinal or vitreoretinal problems support the need for extended ophthalmoscopy. The medical record indicates that extended ophthalmoscopy was performed. Dilated retinal evaluation with direct or binocular indirect ophthalmoscopy does not constitute extended ophthalmoscopy unless additional procedures (e.g., contact lens or three mirror evaluations) were required. Additional procedures must be clearly indicated in the patient's chart.</p> <p>The medical record should contain a detailed drawing that describes the retina, including defects. The drawing does not have to accompany the claim but should be available for review upon request.</p>
92250 Fundus Photography with Interpretation and Report	<p>Fundus photography is a procedure in which bilateral photographs of the retina are obtained for diagnostic purposes. Coverage is provided when fundus photography is:</p> <p>Performed during initial glaucoma care, if:</p> <ol style="list-style-type: none"> 1. intraocular pressures are clearly documented in the patient's medical record and are at or above 21 mm Hg; or 2. intraocular pressures are between 15 and 20 mm Hg and there is clear fundusoscopic evidence of glaucomatous optic nerve damage (such as abnormal cup size, thinning or notching of the disc rim, progressive change, disc hemorrhage or nerve fiber layer defects). <p>In either instance, repeat studies by the same doctor are covered if submitted at greater than one-year intervals, unless there are other clinical indications to justify the study. Preglaucoma, borderline glaucoma and glaucoma are generally slow disease processes that can be followed by modalities other than fundus photography.</p> <p>Used in evaluating rapid, progressive diabetic retinopathy. In this instance, coverage is provided only when there is no prior retinal laser surgery and photography is not performed more than once every six months. Fundus photography is not covered if used to evaluate stable or minimal diabetic retinopathy.</p>
92285-92286	<p>Procedure 92285 is covered for monitoring possible progression of anterior chamber neoplasm. It is not covered for pre-cataract diagnoses.</p> <p>Procedure 92286 is covered only for the following diagnoses:</p> <p>371.23 Bullous keratopathy 371.57 Endothelial cell dystrophy</p>

Note: For more information about the Interpretation and Report requirement for medical procedures, refer to [Guidelines for the Interpretation and Report of Diagnostic Procedures](#).

Submitting Claims/Billing & Reimbursement

Indicate each procedure code and related diagnosis codes (ICD-9-CM) when completing the claim online or manually on the CMS-1500 Claim Form. For full procedure code descriptions, refer to a current CPT code book. **Note:** Don't bill your patients for services denied as a result of incorrect coding.

Always code to the highest degree of specificity when indicating diagnosis.

REIMBURSEMENT

We'll mail your reimbursements according to your state's established pay schedule. Reimbursements for non-Medicaid eye exams will meet your current Signature Plan payable fees. Approved additional services (except Pathology/Laboratory and Urgent/Emergency services) are reimbursed at 80% of your U&C fee, up to the Medicare allowance in your area. Reimbursements for approved Medicaid procedures will be the lesser of 80% of your U&C fee or your state's VSP Medicaid fee schedule.

Note: Primary EyeCare claims must be submitted on a separate claim from routine vision.

VSP DIABETIC EYECARE PROGRAMSM

The Diabetic Eyecare Plus Program provides medical eyecare services for members with diabetic eye disease, glaucoma, or age-related macular degeneration (AMD). Retinal screening is also available to eligible patients who have diabetes but don't show signs of diabetic eye disease.

Eligibility & Authorization

Patients don't need a primary care physician's referral before their first visit, unless their employer requires it. Patients can make appointments or be seen immediately.

Check eligibility before providing services. Refer ineligible patients back to their medical primary care doctors, unless you participate on their medical plan panel. Patients choosing to get services without checking eligibility should sign the [Patient Responsibility Statement](#). You can find it under the **Forms** section of the **Administration** menu on **VSPOnline** on [eyefinity.com](#).

COPAYS

A copay is required for exams only.

Note: Patient's paid copay amount should never exceed your VSP payable fee for the service provided.

COORDINATION OF BENEFITS

Coordination of benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If a member has medical benefits under another plan that you're contracted with, that plan is primary and VSP is secondary. You're responsible for verifying other coverage, as well as billing and collecting from the other carrier(s).

See [Coordination of Benefits](#) section for more information about how to coordinate benefits.

Covered Services for Diabetic Eye Disease

Type 1 and type 2 diabetic members with coverage under the Diabetic Eyecare Plus Program receive their routine eye exam as usual. If diabetic eye disease (e.g., diabetic retinopathy or rubeosis) is present and follow-up care is needed, additional services are available. Retinal screening is also available to eligible patients who have diabetes but don't show signs of diabetic eye disease. Check the Patient Record Report to identify if a patient is covered under Diabetic Eyecare Plus.

Use the following procedure codes to report only those services appropriate for your licensure and your state's current regulations.

Note: All services require two diagnosis codes: one for the manifestation of the diabetic eye disease, and another for the diabetes. Remember to include both diagnosis codes and corresponding diagnosis pointers (e.g., 1, 2, 3, 4) for each service on your claim form. Services billed with a single diagnosis code will be denied.

92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215	Medical follow-up exam	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes and diabetic retinopathy or rubeosis. Use the diagnosis codes below. Include both diabetes and diabetic retinopathy or rubeosis diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled

250.22**	Diabetes with hypersmolarity, uncontrolled
250.23**	Diabetes with hypersmolarity, uncontrolled
250.30**	Diabetes with other coma
250.31**	Diabetes with other coma, not stated as uncontrolled
250.32**	Diabetes with other coma, uncontrolled
250.33**	Diabetes with other coma, uncontrolled
250.40**	Diabetes with renal manifestations
250.41**	Diabetes with renal manifestations, not stated as controlled
250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled
250.92**	Diabetes with unspecified complication, uncontrolled
250.93**	Diabetes with unspecified complication, uncontrolled

	362.01	Background diabetic retinopathy
	362.02	Proliferative diabetic retinopathy
	362.03	Nonproliferative diabetic retinopathy NOS
	362.04	Mild nonproliferative diabetic retinopathy
	362.05	Moderate nonproliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)
	364.42	Rubeosis iridis

**Not billable in primary position.

92020	Gonioscopy	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> rubeosis. Use the diagnosis codes below. Include <u>both</u> diabetes and rubeosis diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled
	250.50	Diabetes with ophthalmic manifestations
	250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled

	250.52	Diabetes with ophthalmic manifestations, uncontrolled
	250.53	Diabetes with ophthalmic manifestations, uncontrolled
	250.60**	Diabetes with neurological manifestations
	250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
	250.62**	Diabetes with neurological manifestations, uncontrolled
	250.63**	Diabetes with neurological manifestations, uncontrolled
	250.70**	Diabetes with peripheral circulatory disorders
	250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
	250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
	250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
	250.80**	Diabetes with other specified manifestations
	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.82**	Diabetes with other specified manifestations, uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	364.42	Rubeosis iridis

**Not billable in primary position.

92133 (1x per 12-month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled

250.02**	Diabetes mellitus without mention of complication, uncontrolled
250.03**	Type 1 (juvenile type), uncontrolled
250.10**	Diabetes with ketoacidosis
250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
250.12**	Diabetes with ketoacidosis,, uncontrolled
250.13**	Diabetes with ketoacidosis
250.20**	Diabetes with hypersmolarity
250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
250.22**	Diabetes with hypersmolarity, uncontrolled
250.23**	Diabetes with hypersmolarity, uncontrolled
250.30**	Diabetes with other coma
250.31**	Diabetes with other coma, not stated as uncontrolled
250.32**	Diabetes with other coma, uncontrolled
250.33**	Diabetes with other coma, uncontrolled
250.40**	Diabetes with renal manifestations
250.41**	Diabetes with renal manifestations, not stated as controlled
250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled

	250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
	250.80**	Diabetes with other specified manifestations
	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.82**	Diabetes with other specified manifestations, uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	362.03	Nonproliferative diabetic retinopathy NOS
	362.04	Mild nonproliferative diabetic retinopathy
	362.05	Moderate nonproliferative diabetic retinopathy
92133 (2x per 12-month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve	Allowable twice per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled

250.23**	Diabetes with hypersmolarity, uncontrolled
250.30**	Diabetes with other coma
250.31**	Diabetes with other coma, not stated as uncontrolled
250.32**	Diabetes with other coma, uncontrolled
250.33**	Diabetes with other coma, uncontrolled
250.40**	Diabetes with renal manifestations
250.41**	Diabetes with renal manifestations, not stated as controlled
250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled
250.92**	Diabetes with unspecified complication, uncontrolled

	250.93**	Diabetes with unspecified complication, uncontrolled
	362.01	Background diabetic retinopathy
	362.02	Proliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)
92134 (1x per 12-month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hyperosmolarity
	250.21**	Diabetes with hyperosmolarity, not stated as uncontrolled
	250.22**	Diabetes with hyperosmolarity, uncontrolled
	250.23**	Diabetes with hyperosmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled

250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled
250.92**	Diabetes with unspecified complication, uncontrolled
250.93**	Diabetes with unspecified complication, uncontrolled
362.03	Nonproliferative diabetic retinopathy NOS
362.04	Mild nonproliferative diabetic retinopathy
362.05	Moderate nonproliferative diabetic retinopathy

92134 (2x per 12- month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina	<p>Service Allowance:</p> <p>Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes.</p> <p>Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.</p>
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled
	250.50	Diabetes with ophthalmic manifestations
	250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
	250.52	Diabetes with ophthalmic manifestations, uncontrolled
	250.53	Diabetes with ophthalmic manifestations, uncontrolled

	250.60**	Diabetes with neurological manifestations
	250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
	250.62**	Diabetes with neurological manifestations, uncontrolled
	250.63**	Diabetes with neurological manifestations, uncontrolled
	250.70**	Diabetes with peripheral circulatory disorders
	250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
	250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
	250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
	250.80**	Diabetes with other specified manifestations
	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	362.01	Background diabetic retinopathy
	362.02	Proliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)

**Not billable in primary position.

92225 92226	Extended Ophthalmoscopy (initial and subsequent)	Service Allowance*: Allowable once per 6-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below (location modifier RT/LT required). Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled

250.03**	Type 1 (juvenile type), uncontrolled
250.10**	Diabetes with ketoacidosis
250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
250.12**	Diabetes with ketoacidosis,, uncontrolled
250.13**	Diabetes with ketoacidosis
250.20**	Diabetes with hypersmolarity
250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
250.22**	Diabetes with hypersmolarity, uncontrolled
250.23**	Diabetes with hypersmolarity, uncontrolled
250.30**	Diabetes with other coma
250.31**	Diabetes with other coma, not stated as uncontrolled
250.32**	Diabetes with other coma, uncontrolled
250.33**	Diabetes with other coma, uncontrolled
250.40**	Diabetes with renal manifestations
250.41**	Diabetes with renal manifestations, not stated as controlled
250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations

	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.82**	Diabetes with other specified manifestations, uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	362.01	Background diabetic retinopathy
	362.02	Proliferative diabetic retinopathy
	362.03	Nonproliferative diabetic retinopathy NOS
	362.04	Mild nonproliferative diabetic retinopathy
	362.05	Moderate nonproliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)

*Not covered if fundus photography is provided within six months.

**Not billable in primary position.

92250	Fundus Photography	Service Allowance:* Allowable once per 6-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypermolarity
	250.21**	Diabetes with hypermolarity, not stated as uncontrolled
	250.22**	Diabetes with hypermolarity, uncontrolled
	250.23**	Diabetes with hypermolarity, uncontrolled

250.30**	Diabetes with other coma
250.31**	Diabetes with other coma, not stated as uncontrolled
250.32**	Diabetes with other coma, uncontrolled
250.33**	Diabetes with other coma, uncontrolled
250.40**	Diabetes with renal manifestations
250.41**	Diabetes with renal manifestations, not stated as controlled
250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled
250.92**	Diabetes with unspecified complication, uncontrolled
250.93**	Diabetes with unspecified complication, uncontrolled
362.01	Background diabetic retinopathy
362.02	Proliferative diabetic retinopathy
362.03	Nonproliferative diabetic retinopathy NOS
362.04	Mild nonproliferative diabetic retinopathy

	362.05	Moderate nonproliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)
92250	Fundus Photography (Retinal Screening)	Service Allowance: Allowable once per 12-month period. Only Signature and Choice patients who have diabetes but do not show signs of diabetic eye disease are eligible. Bill diagnosis code V80.2 in the primary position and diagnosis code 250.00 in the secondary position. Submit claims for retinal screening with modifier 52.

*Not covered if extended ophthalmoscopy is provided within six months.

**Not billable in primary position.

Covered Services for Members with Glaucoma

Members with glaucoma and coverage under the Diabetic Eyecare Plus Program are eligible for the services listed below. All services must be billed with appropriate diagnosis codes (see VSP Glaucoma Approved Diagnosis Codes chart below).

VSP Glaucoma Covered Services

Service Allowance: Allowable once per 12-month period for patients with glaucoma.	
92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215	Medical follow-up exam
76514	Pachymetry
92020	Gonioscopy
92081-92083	Visual Field Exams
92100	Tonometry
92133	SCODI-P (optic nerve)
92134	SCODI-P (retina)
92140	Glaucoma Test
92225-92226	Extended ophthalmoscopy
92250	Fundus photography

VSP Glaucoma Approved Diagnosis Codes

Glaucoma services must be billed with one of the following diagnosis codes.	
365.00	Preglaucoma unspecified

365.01	Open angle, borderline findings, low risk
365.02	Anatomical narrow angle
365.03	Steroid responders
365.04	Ocular hypertension
365.05	Open angle, borderline findings, high risk
365.06	Primary angle closure without glaucoma damage
365.10	Open-angle glaucoma, unspecified
365.11	Primary open-angle glaucoma (chronic)
365.12	Low tension glaucoma
365.13	Pigmentary glaucoma
365.14	Glaucoma of childhood
365.15	Residual stage of open-angle glaucoma
365.20	Primary angle-closure Glaucoma, unspecified
365.21	Intermittent angle-closure glaucoma
365.22	Acute angle-closure glaucoma
365.23	Chronic angle-closure glaucoma
365.24	Residual stage of angle-closure glaucoma
365.31	Corticosteroid-induced glaucoma glaucomatous stage
365.32	Corticosteroid-induced glaucoma residual stage
365.41	Glaucoma associated with chamber angle anomalies
365.42	Glaucoma associated with anomalies of iris
365.43	Glaucoma associated with other anterior segment anomalies
365.44	Glaucoma associated with systemic syndromes
365.51	Phacolytic glaucoma
365.52	Pseudoexfoliation glaucoma
365.59	Glaucoma associated with other lens disorders
365.60	Glaucoma associated with unspecified ocular disorder
365.61	Glaucoma associated with pupillary block
365.62	Glaucoma associated with ocular inflammations
365.63	Glaucoma associated with vascular disorders of eye
365.64	Glaucoma associated with tumors or cysts
365.65	Glaucoma associated with ocular trauma
365.70	Glaucoma stage, unspecified
365.71	Mild stage glaucoma
365.72	Moderate stage glaucoma
365.73	Sever stage glaucoma
365.74	Intermediate stage glaucoma
365.81	Hypersecretion glaucoma
365.82	Glaucoma with increased episcleral venous pressure
365.83	Aqueous misdirection
365.89	Other specified glaucoma

365.90	Unspecified glaucoma
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Covered Services for Members with AMD

Members with AMD and coverage under the Diabetic Eyecare Plus Program are eligible for the services listed below. All services must be billed with appropriate diagnosis codes (see VSP AMD Approved Diagnosis Codes chart below).

VSP AMD Covered Services

Service Allowance: Allowable once per 12-month period for patients with AMD.	
92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215	Medical follow-up exam
92081-92083	Visual Field Exams
92133	SCODI-P (optic nerve)
92134	SCODI-P (retina)

VSP AMD Approved Diagnosis Codes

AMD services must be billed with one of the following diagnosis codes.	
362.50	Macular degeneration (senile), unspecified
362.51	Nonexudative senile macular degeneration
362.52	Exudative senile macular degeneration
362.53	Cystoid macular degeneration
362.54	Macular cyst, hole, or pseudohole
362.55	Toxic maculopathy
362.56	Macular puckering
362.57	Drusen (degenerative)

Note: For more information about the Interpretation and Report requirement for medical procedures, refer to [Guidelines for the Interpretation and Report of Diagnostic Procedures](#).

Submitting Claims/Billing & Reimbursement

Include each procedure code and related diagnosis codes (ICD-9-CM) when completing the claim online or manually on the **CMS-1500 Claim Form**. For full procedure code descriptions, refer to a current CPT code book. Don't bill patients for services denied as a result of incorrect coding. Always code to the highest degree of specificity when indicating diagnosis.

We'll mail reimbursements according to your state's established pay schedule. Reimbursement for eye exams will meet your current VSP Signature Plan payable fees.

Approved additional services are reimbursed at 80% of your U&C fee, up to the Medicare allowance in your area.

Note: Diabetic Eyecare Plus claims must be submitted separately from routine vision claims.

VSP DIABETIC EYECARE PLUS PROGRAMSM

The Diabetic Eyecare Plus Program provides medical eyecare services for members with diabetic eye disease, glaucoma, or age-related macular degeneration (AMD). Retinal screening is also available to eligible patients who have diabetes but don't show signs of diabetic eye disease.

Eligibility & Authorization

Patients don't need a primary care physician's referral before their first visit, unless their employer requires it. Patients can make appointments or be seen immediately.

Check eligibility before providing services. Refer ineligible patients back to their medical primary care doctors, unless you participate on their medical plan panel. Patients choosing to get services without checking eligibility should sign the [Patient Responsibility Statement](#). You can find it under the Forms section of the Administration menu on VSPOnline on eyefinity.com.

COPAYS

A copay is required for exams only.

Note: Patient's paid copay amount should never exceed your VSP payable fee for the service provided.

COORDINATION OF BENEFITS

Coordination of benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If a member has medical benefits under another plan that you're contracted with, that plan is primary and VSP is secondary. You're responsible for verifying other coverage, as well as billing and collecting from the other carrier(s).

See [Coordination of Benefits](#) section for more information about how to coordinate benefits.

Covered Services for Diabetic Eye Disease

Type 1 and type 2 diabetic members with coverage under the Diabetic Eyecare Plus Program receive their routine eye exam as usual. If diabetic eye disease (e.g., diabetic retinopathy or rubeosis) is present and follow-up care is needed, additional services are available. Retinal screening is also available to eligible patients who have diabetes but don't show signs of diabetic eye disease. Check the Patient Record Report to identify if a patient is covered under Diabetic Eyecare Plus.

Use the following procedure codes to report only those services appropriate for your licensure and your state's current regulations.

Note: All services require two diagnosis codes: one for the manifestation of the diabetic eye disease, and another for the diabetes. Remember to include both diagnosis codes and corresponding diagnosis pointers (e.g., 1, 2, 3, 4) for each service on your claim form. Services billed with a single diagnosis code will be denied.

92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215	Medical follow-up exam	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes and diabetic retinopathy or rubeosis. Use the diagnosis codes below. Include both diabetes and diabetic retinopathy or rubeosis diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled
	250.50	Diabetes with ophthalmic manifestations
	250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled

250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled
250.92**	Diabetes with unspecified complication, uncontrolled
250.93**	Diabetes with unspecified complication, uncontrolled
362.01	Background diabetic retinopathy
362.02	Proliferative diabetic retinopathy
362.03	Nonproliferative diabetic retinopathy NOS
362.04	Mild nonproliferative diabetic retinopathy
362.05	Moderate nonproliferative diabetic retinopathy
362.06	Severe nonproliferative diabetic retinopathy
362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)
364.42	Rubeosis iridis

**Not billable in primary position.

92020	Gonioscopy	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> rubeosis. Use the diagnosis codes below. Include <u>both</u> diabetes and rubeosis diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled
	250.50	Diabetes with ophthalmic manifestations
	250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
	250.52	Diabetes with ophthalmic manifestations, uncontrolled
	250.53	Diabetes with ophthalmic manifestations, uncontrolled
	250.60**	Diabetes with neurological manifestations
	250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
	250.62**	Diabetes with neurological manifestations, uncontrolled
	250.63**	Diabetes with neurological manifestations, uncontrolled
	250.70**	Diabetes with peripheral circulatory disorders

	250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
	250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
	250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
	250.80**	Diabetes with other specified manifestations
	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.82**	Diabetes with other specified manifestations, uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	364.42	Rubeosis iridis

**Not billable in primary position.

92133 (1x per 12-month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes <u>below</u> . Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled

250.22**	Diabetes with hypersmolarity, uncontrolled
250.23**	Diabetes with hypersmolarity, uncontrolled
250.30**	Diabetes with other coma
250.31**	Diabetes with other coma, not stated as uncontrolled
250.32**	Diabetes with other coma, uncontrolled
250.33**	Diabetes with other coma, uncontrolled
250.40**	Diabetes with renal manifestations
250.41**	Diabetes with renal manifestations, not stated as controlled
250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled

	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	362.03	Nonproliferative diabetic retinopathy NOS
	362.04	Mild nonproliferative diabetic retinopathy
	362.05	Moderate nonproliferative diabetic retinopathy
92133 (2x per 12- month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve	Allowable twice per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled

250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled
250.92**	Diabetes with unspecified complication, uncontrolled
250.93**	Diabetes with unspecified complication, uncontrolled
362.01	Background diabetic retinopathy
362.02	Proliferative diabetic retinopathy
362.06	Severe nonproliferative diabetic retinopathy
362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)

92134 (1x per 12-month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled
	250.50	Diabetes with ophthalmic manifestations
	250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
	250.52	Diabetes with ophthalmic manifestations, uncontrolled
	250.53	Diabetes with ophthalmic manifestations, uncontrolled

	250.60**	Diabetes with neurological manifestations
	250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
	250.62**	Diabetes with neurological manifestations, uncontrolled
	250.63**	Diabetes with neurological manifestations, uncontrolled
	250.70**	Diabetes with peripheral circulatory disorders
	250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
	250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
	250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
	250.80**	Diabetes with other specified manifestations
	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.82**	Diabetes with other specified manifestations, uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	362.03	Nonproliferative diabetic retinopathy NOS
	362.04	Mild nonproliferative diabetic retinopathy
	362.05	Moderate nonproliferative diabetic retinopathy
92134 (2x per 12-month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes <u>below</u> . Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled

250.03**	Type 1 (juvenile type), uncontrolled
250.10**	Diabetes with ketoacidosis
250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
250.12**	Diabetes with ketoacidosis,, uncontrolled
250.13**	Diabetes with ketoacidosis
250.20**	Diabetes with hypersmolarity
250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
250.22**	Diabetes with hypersmolarity, uncontrolled
250.23**	Diabetes with hypersmolarity, uncontrolled
250.30**	Diabetes with other coma
250.31**	Diabetes with other coma, not stated as uncontrolled
250.32**	Diabetes with other coma, uncontrolled
250.33**	Diabetes with other coma, uncontrolled
250.40**	Diabetes with renal manifestations
250.41**	Diabetes with renal manifestations, not stated as controlled
250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled

	250.80**	Diabetes with other specified manifestations
	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	362.01	Background diabetic retinopathy
	362.02	Proliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)

**Not billable in primary position.

92225 92226	Extended Ophthalmoscopy (initial and subsequent)	Service Allowance*: Allowable once per 6-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below (location modifier RT/LT required). Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma

250.31**	Diabetes with other coma, not stated as uncontrolled
250.32**	Diabetes with other coma, uncontrolled
250.33**	Diabetes with other coma, uncontrolled
250.40**	Diabetes with renal manifestations
250.41**	Diabetes with renal manifestations, not stated as controlled
250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled
250.92**	Diabetes with unspecified complication, uncontrolled
250.93**	Diabetes with unspecified complication, uncontrolled
362.01	Background diabetic retinopathy

	362.02	Proliferative diabetic retinopathy
	362.03	Nonproliferative diabetic retinopathy NOS
	362.04	Mild nonproliferative diabetic retinopathy
	362.05	Moderate nonproliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)

*Not covered if fundus photography is provided within six months.

**Not billable in primary position.

92250	Fundus Photography	Service Allowance:* Allowable once per 6-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypermolarity
	250.21**	Diabetes with hypermolarity, not stated as uncontrolled
	250.22**	Diabetes with hypermolarity, uncontrolled
	250.23**	Diabetes with hypermolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled
	250.50	Diabetes with ophthalmic manifestations
	250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
	250.52	Diabetes with ophthalmic manifestations, uncontrolled

250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled
250.92**	Diabetes with unspecified complication, uncontrolled
250.93**	Diabetes with unspecified complication, uncontrolled
362.01	Background diabetic retinopathy
362.02	Proliferative diabetic retinopathy
362.03	Nonproliferative diabetic retinopathy NOS
362.04	Mild nonproliferative diabetic retinopathy
362.05	Moderate nonproliferative diabetic retinopathy
362.06	Severe nonproliferative diabetic retinopathy
362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)

9225 0	Fundus Photograph y (Retinal Screening)	<p>Service Allowance: Allowable once per 12-month period. Only Signature and Choice patients who have diabetes but do not show signs of diabetic eye disease are eligible.</p> <p>Bill diagnosis code V82.0 in the primary position and diagnosis code 250.00 in the secondary position.</p> <p>Submit claims for retinal screening with modifier 52.</p>
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*Not covered if extended ophthalmoscopy is provided within six months.

**Not billable in primary position.

Covered Services for Members with Glaucoma

Members with glaucoma and coverage under the Diabetic Eyecare Plus Program are eligible for the services listed below. All services must be billed with appropriate diagnosis codes (see VSP Glaucoma Approved Diagnosis Codes chart below).

VSP Glaucoma Covered Services

Service Allowance: Allowable once per 12-month period for patients with glaucoma.	
92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215	Medical follow-up exam
76514	Pachymetry
92020	Gonioscopy
92081-92083	Visual Field Exams
92100	Tonometry
92133	SCODI-P (optic nerve)
92134	SCODI-P (retina)
92140	Glaucoma Test
92225-92226	Extended ophthalmoscopy
92250	Fundus photography

VSP Glaucoma Approved Diagnosis Codes

Glaucoma services must be billed with one of the following diagnosis codes.	
365.00	Preglaucoma unspecified
365.01	Open angle, borderline findings, low risk
365.02	Anatomical narrow angle
365.03	Steroid responders
365.04	Ocular hypertension

365.05	Open angle, borderline findings, high risk
365.06	Primary angle closure without glaucoma damage
365.10	Open-angle glaucoma, unspecified
365.11	Primary open-angle glaucoma (chronic)
365.12	Low tension glaucoma
365.13	Pigmentary glaucoma
365.14	Glaucoma of childhood
365.15	Residual stage of open-angle glaucoma
365.20	Primary angle-closure Glaucoma, unspecified
365.21	Intermittent angle-closure glaucoma
365.22	Acute angle-closure glaucoma
365.23	Chronic angle-closure glaucoma
365.24	Residual stage of angle-closure glaucoma
365.31	Corticosteroid-induced glaucoma glaucomatous stage
365.32	Corticosteroid-induced glaucoma residual stage
365.41	Glaucoma associated with chamber angle anomalies
365.42	Glaucoma associated with anomalies of iris
365.43	Glaucoma associated with other anterior segment anomalies
365.44	Glaucoma associated with systemic syndromes
365.51	Phacolytic glaucoma
365.52	Pseudoexfoliation glaucoma
365.59	Glaucoma associated with other lens disorders
365.60	Glaucoma associated with unspecified ocular disorder
365.61	Glaucoma associated with pupillary block
365.62	Glaucoma associated with ocular inflammations
365.63	Glaucoma associated with vascular disorders of eye
365.64	Glaucoma associated with tumors or cysts
365.65	Glaucoma associated with ocular trauma
365.70	Glaucoma stage, unspecified
365.71	Mild stage glaucoma
365.72	Moderate stage glaucoma
365.73	Sever stage glaucoma
365.74	Intermediate stage glaucoma
365.81	Hypersecretion glaucoma
365.82	Glaucoma with increased episcleral venous pressure
365.83	Aqueous misdirection
365.89	Other specified glaucoma
365.90	Unspecified glaucoma

Covered Services for Members with AMD

Members with AMD and coverage under the Diabetic Eyecare Plus Program are eligible for the services listed below. All services must be billed with appropriate diagnosis codes (see VSP AMD Approved Diagnosis Codes chart below).

VSP AMD Covered Services

Service Allowance: Allowable once per 12-month period for patients with AMD.	
92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215	Medical follow-up exam
92081-92083	Visual Field Exams
92133	SCODI-P (optic nerve)
92134	SCODI-P (retina)

VSP AMD Approved Diagnosis Codes

AMD services must be billed with one of the following diagnosis codes.	
362.50	Macular degeneration (senile), unspecified
362.51	Nonexudative senile macular degeneration
362.52	Exudative senile macular degeneration
362.53	Cystoid macular degeneration
362.54	Macular cyst, hole, or pseudohole
362.55	Toxic maculopathy
362.56	Macular puckering
362.57	Drusen (degenerative)

Note: For more information about the Interpretation and Report requirement for medical procedures, refer to [Guidelines for the Interpretation and Report of Diagnostic Procedures](#).

Submitting Claims/Billing & Reimbursement

Include each procedure code and related diagnosis codes (ICD-9-CM) when completing the claim online or manually on the CMS-1500 Claim Form. For full procedure code descriptions, refer to a current CPT code book. Don't bill patients for services denied as a result of incorrect coding. Always code to the highest degree of specificity when indicating diagnosis.

We'll mail reimbursements according to your state's established pay schedule. Reimbursement for eye exams will meet your current VSP Signature Plan payable fees. Approved additional services are reimbursed at 80% of your U&C fee, up to the Medicare allowance in your area.

Note: Diabetic Eyecare Plus claims must be submitted separately from routine vision claims.

VSP EXAM PLUS PLANSM AND VSP EXAM PLUS WITH ALLOWANCES PLANSM

VSP Exam Plus PlanSM

EXAM COVERAGE

Exam Plus patients are covered for a comprehensive eye exam.

DISCOUNTS AND PROGRAMS

The discounts below are considered a private transaction between you and your patient. Your patient must pay for any discounted items.

- Patients are eligible for a 15% discount for contact lens exam services (F&E) and follow-up services.
 - Discount is based on your total U&C fee.
 - Discount is unlimited for 12 months on or following the date of the last eye exam.
 - Use professional judgment when evaluating prescriptions from another doctor. You can request an additional routine exam at a 20% discount.
 - Discounts do not apply to cleaning products or repairs of prescription lenses or frames.
- Patients are eligible for a 15% discount for contact lens evaluation/fitting services and follow-up services.
 - Discount is based on your total U&C fee.
 - The discount applies to services for prescription lenses only.
 - Discount is unlimited for 12 months on or following the date of the last eye exam.
 - Use professional judgment when evaluating prescriptions from another doctor. You can request an additional routine exam at a 20% discount.
 - Discounts do not apply to contact lens materials, solutions, cleaning products, or service agreements.

VSP Exam Plus With Allowances PlanSM

EXAM COVERAGE

VSP Exam Plus With Allowance patients are covered for a comprehensive eye exam.

MATERIALS COVERAGE

Lenses and Frames

These patients are entitled to a 20% discount on prescription glasses whether or not the patient purchases a complete pair of glasses, plus they have a group-specific schedule of allowances. The lens allowance is applied to the complete lens service—including both the base lens and any lens options selected.

VSP only covers frames that are used for prescription lenses that meet VSP's minimum prescription criteria (refractive error is at least +/- 0.50 diopter), unless the patient has plano coverage.

To receive the discount prior to applying the one-time allowance, materials must be purchased within 12 months of an eye exam from a VSP doctor. Discount your U&C by 20% first, then apply the allowance.

Contact Lenses

These patients with Elective Contact Lens (ECL) or Visually Necessary Contact Lens (NCL) coverage get a 15% discount for contact lens professional services. Elective or necessary contact lenses are covered in place of a complete set of prescription glasses. Your patient must pay any costs over the allowances listed in their client-specific schedule of allowances.

Lab

Lab work is handled privately. You may provide lenses through any lab, including in-office labs.

VALUE-ADDED DISCOUNTS AND PROGRAMS

The Value-Added discounts below are considered a private transaction between you and your patient. Your patient must pay for any discounted items.

- Patients are eligible for a 20% discount for complete sets of prescription glasses or plano (non-prescription) sunglasses from any VSP doctor within 12 months of the last eye exam. Discount is based on your total U&C fee.
 - Discount is based on your total U&C fee.
 - Discount is unlimited for 12 months on or following the date of the last eye exam.
 - Use professional judgment when evaluating prescriptions from another doctor. You can request an additional routine exam at a 20% discount.
 - Discounts do not apply to cleaning products or repairs of prescription lenses or frames.
- Patients are eligible for a 15% discount for contact lens exam services (F&E) and follow-up services.
 - Discount is based on your total U&C fee.
 - The discount applies to services for prescription lenses only.
 - Discount is unlimited for 12 months on or following the date of the last eye exam.
 - Use professional judgment when evaluating prescriptions from another doctor.

- Discounts do not apply to contact lens materials, solutions, cleaning products, or service agreements.

SUBMITTING CLAIMS/BILLING & REIMBURSEMENT

VSP Exam Plus With Allowances

- Your patient pays the difference between the schedule of allowances and your discounted U&C fees. You may charge your U&C fees for contact lens materials. Progressive lenses are reimbursed at the bifocal allowance.
- For patients with combined allowances, bill all services at the same time so your patients get their full benefits. Remaining allowances can't be carried forward. The combined allowance applies to only one set of services. Your patients may use their benefits for a complete pair of prescription glasses or contact lens fitting/materials.

SUBMITTING THE CLAIM ELECTRONICALLY

Glasses: Bill using our electronic claims submission system.

- Complete the Invoice Services page and select Non-VSP lab (Private Invoice).
- Click on the Calculate HCPCS and Continue button.
- Complete the Diagnosis and Services page by entering your full (non-discounted) U&C fees next to the appropriate CPT/HCPCS code.

Contact Lenses: Bill using our electronic claims submission system.

- Choose the type of contacts dispensed.
- If contact lens evaluation/fitting services were provided, show this in the dropdown.
- Click on the Calculate HCPCS and Continue button.
- Complete the Diagnosis and Services page by entering your full (non-discounted) U&C fees next to the appropriate CPT/HCPCS code.
- Please see the [Necessary Contact Lens Benefit Criteria section](#) of your VSP Provider Reference Manual for more information regarding benefit criteria and claim submission.

SUBMITTING THE CLAIM ON PAPER

Glasses:

- Enter your full (non-discounted) U&C fees next to the right CPT/HCPCS code.
- Complete the CMS-1500 Claim Form by entering your full (non-discounted) U&C fees next to the right CPT/HCPCS code for lens and frame.
- Enter all **eight** digits of the authorization number in **Box 23**.

Contact Lenses

- Enter your full (non-discounted) U&C fees next to the right CPT/HCPCS code.
- Select the type of contacts dispensed.
- Enter all **eight** digits of the authorization number in **Box 23**.

VSP LASER VISIONCARESM PROGRAM

- The program includes access to either Photorefractive Keratectomy (PRK) or Laser In-Situ Keratomileusis (LASIK) at a reduced cost, up to a maximum fee to the patient of \$1,500 per eye for PRK, \$1,800 per eye for LASIK, and \$2,300 per eye for Custom LASIK with wavefront technology using the microkeratome only.
- Members receive a complimentary screening as well as pre-operative and post-operative services through participating VSP doctors.
- If the laser center is offering a temporary price reduction, VSP members will get 5% off the advertised price if that's less than the usual discount price.
- Please see the Laser VisionCare page under Programs on VSPOnline at eyefinity.com for information on how to participate or for a list of participating facilities.

LASER VISIONCARESM PROGRAM

VSP considers co-management to be an integral part of refractive surgery and encourages a co-management relationship between our VSP Laser VisionCare Doctor and Laser VisionCare Facilities. We understand there may be instances when a Laser VisionCare surgeon may determine that it would be in the patient's best interest to provide pre- and post-operative care, therefore VSP allows co-management flexibility.

VSP's Laser VisionCare Program provides discounted access to facilities and surgeons for most VSP members who wish to pursue laser vision correction services. There are two plans: the standard Laser VisionCare Program (discount only) and the Laser VisionCare Preferred Program.

Laser VisionCare Program (discount only)	Laser VisionCare Preferred Program
<ul style="list-style-type: none"> • Members receive a complimentary screening as well as preoperative and postoperative services through participating VSP Primary EyeCare Providers. • The program includes discounted access to either Photorefractive Keratectomy (PRK) or Laser In-Situ Keratomileusis (LASIK) at a reduced cost, up to a maximum fee to the patient of \$1,500 per eye for PRK, \$1,800 per eye for LASIK, and \$2,300 per eye for Custom LASIK with wavefront technology using the microkeratome only. • If the laser center is offering a temporary price reduction, VSP members will receive 5% off the advertised price if it is less than the usual discount price. 	<p>In addition to discounted pricing available through the Laser VisionCare Program, the patient receives an allowance that may be applied to the cost of surgery. The allowance is provided through one of the following two options:</p> <ul style="list-style-type: none"> • Per eye allowance: This option enables the member to receive an allowance toward the cost of surgery for each eye, once per eye per lifetime. • Total allowance: This option enables the member to receive an allowance toward the cost of surgery regardless if it is on one or both eyes, once per lifetime.

Note: Information about the Laser VisionCare Program is available to members and consumers at vsp.com.

Eligibility & Authorization

PATIENT COMMUNICATION

The Laser VisionCare Program emphasizes the need for a patient to visit a VSP Laser VisionCare doctor to initiate services. If you are not participating in the Laser VisionCare Program and a VSP patient inquires about receiving services under the program, refer the patient to vsp.com or Member Services.

VSP contracts only with facilities and surgeons who meet our stringent quality standards. **Please don't refer members to facilities that are not in VSP's network.** Members of the LVC Preferred Program often have no benefit for out-of-network services, or a reduced allowance amount available. There is no guaranteed discount on services received from an out-of-network provider.

DETERMINING ELIGIBILITY

Select View Plans in the Check Patient Eligibility area on eyefinity.com. If eligible, you will see one of the two plans listed:

- Laser VisionCare Program—Discounted Services Only (nearly all VSP patients are eligible)
- Laser VisionCare Preferred Program
 - LASIK: Allowance amount \$XXX (per eye or both eyes)
 - PRK: Allowance amount \$XXX (per eye or both eyes)
 - Custom LASIK with wavefront technology: Allowance amount \$XXX (per eye or both eyes)

Note: Services are available once per eye per member's lifetime unless otherwise indicated by member's VSP coverage.

Exam Coverage

COMPLIMENTARY SCREENING

Evaluate the patient's viability for surgery. At minimum, you are required to determine refractive error and briefly discuss laser vision correction. Laser surgery can't be guaranteed until a complete preoperative exam has been performed.

PREOPERATIVE EXAM

If you and the patient agree to proceed, perform a complete preoperative exam to obtain all clinical data required by the facility.

FACILITY SELECTION

After completing all preoperative testing, assist the patient in selecting a VSP contracted facility and surgeon with whom you are affiliated. The facility confirms eligibility and is provided with a tracking number. This number is used for the Laser VisionCare Preferred

Program claim submissions or for the collection of encounter data where the patient does not have an allowance.

SURGERY

The patient is responsible for paying the facility the discounted surgery fee (less the allowance if covered by the Preferred Program). The surgery is performed at the facility by a VSP Laser VisionCare surgeon. Patient out-of-pocket expenses are not to exceed the stated maximums.

POSTOPERATIVE CARE

VSP Laser VisionCare patients should return to you for postoperative care as soon as you and the surgeon, along with the patient, agree it is appropriate.

Inform the patient about the importance of regular exams after their surgery. And don't forget—most VSP Signature Plan® patients can use their frame benefit for plano sunglasses (off the board or office stocked) after their surgery.

Note: Please see VSP Signature Plan for billing instructions.

Submitting Claims/Billing & Reimbursement

CLAIM SUBMISSION/ENCOUNTER DATA

The facility is required to submit CMS-1500 form data to VSP electronically.

COMPENSATION

The facility is responsible for paying you and the surgeon.

BILLING

Services provided as part of the Laser VisionCare process can't be billed against the members' routine benefits.

There is no charge to the patient for complimentary screening and no doctor compensation is offered, even if the patient chooses not to proceed with the surgery after the screening.

Compensation for pre- and post-operative services is disbursed to you by the facility as part of the global fee. Do not submit a claim to VSP for services.

If the patient receives a pre-operative exam and chooses not to proceed with the surgery or if you determine that the patient is not a viable candidate then:

- If the patient has Preferred Program coverage, coordinate with the facility to submit a claim to VSP for this exam.
- If the patient does not have Preferred Program coverage, you may bill the patient for the exam at 75% of your U&C fee up to \$100. There should be no charge to the patient if you would not customarily charge a private patient for this exam.

Enrollment/Doctor Participation

To participate in VSP's Laser VisionCare Program, you should:

Maintain current TPA certification, as applicable for your state.

Find a participating facility on VSPOnline.

Contact facilities directly to become affiliated. It is the facility's responsibility to offer laser vision correction training at no cost and to inform VSP of all changes in affiliation.

It is your responsibility to learn the facility's reimbursement policies, including compensatory fees for pre- and post-operative services, prior to the affiliation process. All Laser VisionCare compensation is disbursed directly to you by the facility.

Once you become affiliated with a Laser VisionCare facility, the facility will explain their process for coordinating patient care. Like reimbursement, this process will vary from facility to facility.

LOW VISION

VSP's Low Vision plan offers members low vision exams and low vision aids, up to a specified maximum, every two service years. Pre-service verification is required. Submit a [Low Vision Verification Form](#).

A low vision evaluation is covered for members who present with moderate, severe, or profound visual impairment. A low vision evaluation includes, but is not limited to, a detailed case history, effectiveness of any low vision aids in use, visual acuity in each eye with best spectacle correction, steadiness of fixation, assessment of aids required for distance vision and near vision, evaluation of any supplemental aids, evaluation of therapeutic filters, development of treatment, counseling of patient, and advice to patient's family (if appropriate).

Note: The diagnosis code describes the level of visual impairment in each eye. The AMA defines the level of visual impairment using best corrected visual acuity (BCVA) and/or visual field limitation. For example, *severe* visual impairment ranges are BCVA from 20/200 to 20/400, or visual field of 20 degrees or less, whichever is worse. *Profound* visual impairment ranges are BCVA 20/500 to 20/1000, or visual field of 10 degrees or less. VSP follows these guidelines for low vision coverage.

Low Vision Evaluation and Aids Benefit Coverage

We'll cover Low Vision Evaluation and Aids if your patient's best corrected visual acuity is 20/70 or worse in at least one eye, or if there is a visual field of 20 degrees or less, or a hemianopsia (368.46 or 368.47). The request and claim should contain the correct low vision diagnosis code(s) (368.46, 368.47, 369.02-369.76).

Don't use the Low Vision benefit to provide conventional glasses or additional contact lenses. Lenses covered under the Low Vision plan must be either specialty low vision lenses, or glasses specifically designed for use in conjunction with low vision aids. VSP's minimum prescription requirements apply. Please include a manufacturer's invoice when submitting a [Low Vision Verification Form](#).

Eligibility & Authorization

If your patient meets the benefit criteria above and is eligible for low vision benefits, obtain a case number. To get one, complete a [Low Vision Verification Form](#). A copy of the invoice or

catalog page is needed for each low vision aid requested. Fax the form to 916.851.4733. Or mail this form to: VSP, PO Box 997100, Sacramento, CA 95899. You can find this form under the Forms section of the Administration menu on VSPOnline on eyefinity.com, or in the Tools and Forms section of this manual.

- Signature Plan and VSP Choice Service Allowance: \$1,000 maximum benefit every two service years.
- Value Plan Service Allowance: \$500 maximum benefit every two service years.

The maximum benefit includes coverage for two exams. The remaining allowance is for materials.

Exam Coverage

Coverage includes two low vision supplemental exams every two service years. We'll pay up to \$125 for each exam. Don't balance bill for this service. There's no copay.

Materials Coverage

Coverage includes an allowance for low vision aids every two years, including prescription services and optical/non-optical aids. Your patient must pay any overages.

Signature Plan and VSP Choice Plan: We'll pay 75% of the covered amount up to \$1,000 (minus any amount paid for supplemental exams) for each person every two service years. Bill your patient for the remaining 25% of the covered amount, plus any amount over the maximum benefit.

Value Plan: We'll pay 50% of the covered amount up to a maximum of \$500 (minus any amount paid for supplemental exams) every two service years. Bill your patient for the remaining 50% of the covered amount, plus any amount over the maximum benefit.

Patients with Sight for Students Gift Certificates: We'll pay 100% of the allowed amount up to \$1,000 for each person every two service years.

Submitting Claims/Billing & Reimbursement

Submit Low Vision claims using our electronic claims submission system. You'll need an authorization number, which can be found on the Benefit Authorization notice. Indicate the case number in Box 23 located on the Diagnosis and Services screen.

For proper payment, bill all covered services with the appropriate CPT or HCPCS codes from this list.

Low Vision Evaluation	
92499	Unlisted ophthalmological service or procedure
Fitting of Low Vision Aids (not reimbursed separately; payment is bundled with aids)	
92354	Fitting of spectacle mounted low vision aid; single element system
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
Low Vision Aids	
V2600	Hand held low vision aids and other nonspectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system

Note: Low vision claims must be submitted on a separate claim from routine vision. CPT and HCPCS codes are not selectable from the drop-down box and must be manually entered.

SAFETY EYECARE PLAN

There are two types of Safety EyeCare plans: the Safety Supplemental Plan and the Safety Stand-Alone Plan. Most clients that provide safety benefits purchase the Safety Supplemental Plan, in addition to our VSP Signature Plan®.

The Safety Stand-Alone Plan is similar to our Signature Plan, with two exceptions:

- Prescribed materials must meet American National Standards Institute (ANSI) standards for safety eyewear.
- Value-Added discounts don't apply to non-covered materials.

Eligibility & Authorization

SAFETY REQUIREMENTS QUESTIONNAIRE

Safety EyeCare Plan patients should fill out questionnaires about their work environments and related safety requirements before exams. A sample [Safety Requirements Questionnaire](#) is located in the **Tools and Forms** section of the **Manuals** on **VSPOnline** on **eyefinity.com**. Keep a copy of the questionnaire or the information it contains in your patient's record.

COORDINATION OF BENEFITS

There's no coordination of benefits under most Safety EyeCare Plans.

Exam Coverage

When your patient has Safety Supplemental coverage, use the patient's Signature Plan coverage for a routine eye exam and the Safety Supplemental Plan for supplemental exams. Give an intermediate or comprehensive eye exam under your patient's Safety Supplemental Plan only if that patient isn't eligible for an eye exam under the Signature Plan.

Materials Coverage

Necessary corrective lenses (i.e. single vision, bifocal, trifocal, or lenticular) in glass or plastic (CR-39) that meet the American National Standards Institute (ANSI) standards are detailed below for safety eyewear.

Certified safety eyewear, lenses and frames must meet the following standards set by ANSI, effective April 13, 2010:

Lenses	Frames
<ul style="list-style-type: none"> • No safety lenses can be less than 2mm thick at the thinnest point. 	<ul style="list-style-type: none"> • Prescription spectacles must be tested as a complete device.

<p>This applies to any lens used in a frame marked Z87-2 and all Impact Rated Protector prescription lenses.</p> <ul style="list-style-type: none"> • General Purpose Protector: Lens must be engraved with the manufacturer's logo. General Purpose Protector lenses can't be less than 3.0 mm thick. • Impact Rated Protector: Minimum of 2.0 mm thickness. Lens must be marked with the manufacturer's logo and with a plus sign (+), indicating that it meets Impact Rated Protector test requirements. • If the finished product meets the General Purpose Protector requirements, the lab is no longer required to attach a hangtag stating, "This eyewear meets the Basic Impact Requirements..." 	<ul style="list-style-type: none"> • Frames that meet the Impact Rated Protector requirement must bear the mark Z87-2 (a + will be required once manufacturers can change their markings and existing inventory is depleted) and may be used for both General Purpose Protector and Impact Rated Protector applications. • Detachable side shields are marked with Z87+. If side shields are permanent they don't need to be marked.
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PATIENT PAY LENS OPTIONS

Your patients may choose certain lens options not covered under their plans. Check the Patient Record Report. Charge your patients the Signature Plan Patient Options List or your U&C, whichever is lower. Examples of options for patients:

- Anti-reflective coating
- UV coatings
- Blended lenses
- Progressive lenses
- Tints (Solid or Gradient)
- Oversize lenses
- Polycarbonate lenses
- Frames that exceed the frame allowance

Non-covered Items

The items below aren't a benefit under the Safety EyeCare plan and VSP will deny the claim if submitted for reimbursement:

- Contact lenses
- Everyday eyewear instead of safety materials
- Materials obtained from a non-VSP doctor, unless the group has out-of-network coverage
- Plano (non-prescription) lenses (unless otherwise indicated)
- Rimless mounting

FRAMES

After determining patient eligibility and lens needs, have your patient choose a frame from your safety selection or the ProTec Eyewear® [online catalog](#). ProTec Eyewear offers ANSI Z87-2 certified frames in a variety of styles and colors, including Titanium and wrap-around. If your practice carries ProTec Eyewear, please note that the frames in the kit are for display purposes only. All ProTec Eyewear should be ordered through a participating lab and will be supplied by the labs.

Side shields and a frame case are included with ProTec Eyewear frames at no additional cost. If a client requires permanent side shields, a comment on the Patient Record Report will indicate the requirement.

Under the Safety EyeCare plan, patients can choose a frame with detachable or permanent side shields. If the frame and shields are priced separately, add the cost of the shields to the cost of the frame to determine the total cost. Depending upon the patient's frame allowance, ProTec Eyewear frames may not be fully covered under the VSP Safety EyeCare Plan. Refer to the Patient Record Report for more information on the patient's frame allowance. Overages should be determined using the VSP Signature Plan frame overage policy.

Note: If a patient with or without the [VSP Safety Eyecare Plan](#) is interested in a frame from the ProTec Eyewear kit, you'll need the wholesale cost of the frame. To obtain wholesale costs please see the [Frame Data® Price Book](#), available through Jobson, or contact the manufacturer directly for the list price.

Uvex by Honeywell (formerly Titmus) at 800.446.1802

OnGuard (Hilco) at 800.955.6544

Wiley X, Inc. at 800.776.7842*

*If a patient that does not have the ProTec Safety Plan, is interested in a Wiley X, Inc. frame, you must contact Wiley X directly. Wiley X requires an account to be set up to sell their frames outside of the ProTec Safety Plan.

Lab

All safety orders must be sent to a participating lab:

VSPOne Columbus

800.251.5150

2605 Rohr Road, Lockebourne, OH 43137

VSPOne Sacramento

800.952.5518

3131 Fite Circle, Sacramento, CA 95827

Paper claim practices: You must order lab-supplied materials from one of the participating labs listed above.

EMERGENCY

In emergencies, you can use any lab capable of producing ANSI certified safety eyewear (see the [National Contract Lab List](#)); choose lab 100 when billing on eClaim.

Use one of the following comments when indicating emergency status:

- Patient's safety glasses are lost, stolen, or broken and he or she doesn't own a back-up pair.
- Patient needs safety glasses to work or drive and is unable to see well enough to do so and doesn't have a back-up pair of safety glasses.
- Patient's safety and well-being will be jeopardized without the immediate delivery of his or her prescription safety eyewear.

Submitting Claims/Billing & Reimbursement

SUPPLEMENTAL SAFETY EYECARE EXAMS

The level of eye exam or the evaluation and management service that you provide depends on the location and the time elapsed since the patient's last routine eye exam:

Time Since WellVision® Routine Exam	Reimbursement Percentage
Same day	No reimbursement
1 day or more	65% of the doctor's comprehensive exam fee when supplemental exam is billed*

When possible, perform your supplemental and comprehensive or intermediate exams in the same visit.

*If you choose to use 920XX codes to bill your WellVision Exams, please remember to bill refraction (92015) separately for accurate reimbursement.

STAND-ALONE SAFETY EYECARE PLAN EXAMS

Exams for Stand-Alone Safety EyeCare Plans are reimbursed at your Signature Plan comprehensive or intermediate exam payable fee.

DISPENSING FEES

Supplemental Safety EyeCare Plans have a lens dispensing fee only. The lens dispensing is reimbursed at a flat rate of \$25.

Stand-alone Safety Eyecare Plans have a lens and frame-dispensing fee that is also reimbursed at a flat rate. Both lens and frame dispensing are reimbursed at \$25 each.

PROTEC SAFETY® PLAN

The ProTec Safety Plan will be offered to new clients seeking a safety plan and also to current VSP Safety Eyecare clients as they renew their contracts. With ProTec Safety, your patients can see you for their safety eyewear needs, which provide continuity of care for your patients.

Eligibility & Authorization

SAFETY REQUIREMENTS QUESTIONNAIRE

ProTec Safety patients should complete a questionnaire about their work environments and related safety requirements before receiving safety services. You can use [VSP's Safety Requirements Questionnaire](#) if you'd like or one you've created. Keep a copy of the completed questionnaire in your patients' record.

COORDINATION OF BENEFITS

There's no coordination of benefits under the ProTec Safety plan.

Exam Coverage

ProTec Safety is a materials-only plan, so a safety exam isn't typically covered. In some cases, ProTec Safety patients may have routine VSP coverage that covers their routine exam. Please refer to the Patient Record Report for exam coverage and discount information because different patients may have different coverage.

To receive safety eyewear, the patient's prescription must be under two years old. You can choose to require a new exam prior to providing materials based on your professional judgment. If you decide that an exam is necessary, you must provide your patient with a 20% discount off of the exam.

Materials Coverage

Necessary corrective lenses (i.e. single vision, bifocal, trifocal, or lenticular) in glass or plastic (CR-39) that meet the American National Standards Institute (ANSI) standards are detailed below for safety eyewear.

ANSI REQUIREMENTS

The lenses and frames provided under this plan are certified as safe for the work environment by meeting the necessary requirements set forth by ANSI effective April 13, 2010.

Lenses	Frames
<ul style="list-style-type: none"> • No safety lenses can be less than 2mm thick at the thinnest point. This applies to any lens used in a frame marked Z87-2 and all Impact Rated Protector prescription lenses. • General Purpose Protector: Lens must be engraved with the manufacturer's logo. General Purpose Protector lenses can't be less than 3.0 mm thick. • Impact Rated Protector: Minimum of 2.0 mm thickness. Lens must be marked with the manufacturer's logo and with a plus sign (+), indicating that it meets Impact Rated Protector test requirements. 	<ul style="list-style-type: none"> • Prescription spectacles must be tested as a complete device. • Frames that meet the Impact Rated Protector requirement must bear the mark Z87-2 (a + will be required once manufacturers can change their markings and existing inventory is depleted) and may be used for both General Purpose Protector and Impact Rated Protector applications. • Note: Detachable side shields are marked with Z87+. If side shields are permanent they don't need to be marked.

<ul style="list-style-type: none"> If the finished product meets the General Purpose Protector requirements, the lab is no longer required to attach a hangtag stating, "This eyewear meets the Basic Impact Requirements..." 	
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LENSES

Covered Options

Covered options are available and will vary depending on the patient's benefit. VSP will pay the lab for any covered options and there's no charge to the patient. Refer to the Patient Record Report for option coverage. In most cases, ProTec Safety patients will be covered for polycarbonate lenses.

Patient Pay Lens Options

Your patients may choose to pay for certain lens options not covered in full under their plans. Charge the patient your usual and customary fee (U&C) for the option or the VSP patient option price (refer to the VSP Signature Patient Options List), whichever is lower. Refer to the Patient Record Report for option coverage.

Here are several examples of options that patients can choose to purchase for safety eyewear:

- Anti-reflective coating
- UV coating
- Blended lenses
- Tints (Solid or Gradient)
- Oversize lenses
- Progressive lenses

Non-covered Options & Items

These options and items aren't covered under the ProTec Safety plan and VSP will deny the claim if submitted for reimbursement:

- Contact lenses
- Everyday eyewear instead of safety materials
- Materials obtained from a non-VSP doctor, unless the group has out-of-network coverage
- Plano or non-prescription lenses, unless otherwise indicated on the Patient Record Report (minimum prescription ± 0.50 diopters required for lenses)

FRAMES

Covered Frames

ProTec Safety patients must choose one of the 30 ANSI-approved frames from the ProTec Eyewear kit or [online catalog](#). ProTec Eyewear frames are fully-covered for the patient and will be supplied by a participating lab (see the Lab section for more details). Don't charge patients for any frame overages.

Non-Covered Frames

Non-covered ProTec Eyewear frames can only be dispensed, if one of the following occurs:

- The needed eye size isn't available in any of the covered frames

- None of the frames meets the hazardous work environment of your patient.
- The patient has an allergy to the standard safety frame materials used in the covered frames.

If a non-ProTec Eyewear frame is selected due to one of these circumstances, the frame is not covered in full. The patient will have a retail frame allowance of \$65 (wholesale allowance of \$25). If the member chooses a frame with a cost that exceeds both the wholesale and retail allowances, the retail overage will be discounted by 20%. Determine the patient's cost (if any) as you do today and collect any overages from patient.

Important! You must submit a [ProTec Safety® Verification Form](#) to VSP to document the exception.

ADDITIONAL MATERIALS

Patients are eligible for a 20% discount on non-covered materials when a complete pair of glasses, including plano sunglasses, is dispensed within 12 months from the date of the last eye exam. Refer to the **Value-Added Discounts and Programs** in the [VSP Signature Plan®](#) section for details.

Lab

All ProTec Safety orders must be sent to a participating lab:

VSPOne Columbus
800.251.5150
2065 Rohr Road, Lockbourne, OH 43137

VSPOne Sacramento
800.952.5518
3131 Fite Circle, Sacramento, CA 95827

When billing electronically, eClaim will only offer these lab choices for ProTec Safety orders. If you don't already have an account with the lab, you may submit the order, but they may contact you for more information.

Paper claim practices: You must order lab-supplied materials from the any of the participating labs listed above.

EMERGENCY SITUATIONS

In emergencies, you can use any lab capable of producing ANSI certified safety eyewear (see the [National Contract Lab List](#)); choose lab 100 when billing on **eClaim**.

The following situations are considered emergencies. Include the reason for the emergency when submitting claims to VSP:

Use one of the following comments when indicating emergency status:

- Patient's safety glasses are lost, stolen, or broken and he or she doesn't own a back-up pair.
- Patient needs safety glasses to work or drive, is unable to see well enough to do so, and doesn't have a back-up pair of safety glasses.
- Patient's safety and well-being will be jeopardized without the immediate delivery of his or her prescription safety eyewear.

Note: If a non-ProTec frame is selected due to an emergency situation, the frame is not covered in full. To obtain wholesale costs of ProTec Eyewear safety frames please see the Frame Data® Price Book, available through Jobson, or contact the manufacturer directly for the list price.

Uvex by Honeywell (formerly Titmus) at 800.446.1802

OnGuard (Hilco) at 800.955.6544

Wiley X at 800.776.7842

Refer to the [Frame](#) section for complete details and instructions on emergency situations.

Submitting Claims/Billing & Reimbursements

LENSES

You'll receive a flat rate dispensing fee of \$25 for covered lenses. There are no additional reimbursements for dispensing progressive lenses or covered options. Use CPT code 99022 (for shipping) when submitting for progressive lenses to be reimbursed up to the maximum allowable.

FRAME

Patients must choose a covered ProTec Eyewear frame which will be supplied by a participating lab. You won't receive a dispensing fee or material reimbursement for the frame. When submitting the claim, be sure to look for the Collection with ProTec next to it (i.e. Baseline Collection – ProTec) when entering frame information on EasyFind.

Note: If a patient with or without the [VSP Safety Eyecare Plan](#) is interested in a frame from the ProTec Eyewear kit, you'll need the wholesale cost of the frame. To obtain wholesale costs please see the Frame Data® Price Book, available through Jobson, or contact the manufacturer directly for the list price.

Uvex by Honeywell (formerly Titmus) at 800.446.1802

OnGuard (Hilco) at 800.955.6544

Wiley X, Inc. at 800.776.7842*

*If a patient that does not have the ProTec Safety Plan, is interested in a Wiley X, Inc. frame, you must contact Wiley X directly. Wiley X requires an account to be set up to sell their frames outside of the ProTec Safety Plan.

COMPUTER VISIONCARESM PLAN

Computer VisionCare services are usually provided at the same time as your patient's routine eye exam to treat Computer Vision Syndrome (CVS). There are two Computer VisionCare plans: Supplemental Computer VisionCare and Computer VisionCare Only.

Eligibility & Authorization

COORDINATION OF BENEFITS

There's no coordination of benefits for services provided under the Computer VisionCare Plan.

Exam Coverage

Computer VisionCare patients should complete a questionnaire about their work environments and viewing distance from the computer before the exam. A sample [Computer VisionCare Questionnaire](#) can be found in the **Patient Education** section in the **Forms Library** area under **Administration** on **VSPOnline** on **eyefinity.com**. Keep a copy of the questionnaire or the information in your patient's record.

Supplemental Computer VisionCare patients are eligible for a supplemental exam to determine computer vision requirements in addition to the tests listed below.

Computer VisionCare Only: Patients receive a comprehensive exam and the tests listed below.

ADDITIONAL TESTS AND RECORDS

In addition to services provided under the VSP Signature Plan®, include the following tests and records with the Computer VisionCare eye exam:

- Occupational history, including viewing distances, lighting, viewing angles, and symptoms
- Binocular vision assessment (at least two of the following):
 - Near point of convergence test
 - Cover test or heterophoria test at the near working distance of the computer monitor
 - Fusion quality (assessment of fusion ranges when indicated)
- Accommodative Function (at least two of the following):
 - Facility of accommodation
 - Amplitude of accommodation
 - Plus and minus lenses to blur at the computer monitor working distance
- Refraction determination at computer viewing distance
- Dry eye discussion, when indicated (only during initial visit; no coverage for ongoing treatment)
- Other testing as indicated, to support the diagnosis

Treatment requirements

- Determination if computer glasses are indicated
- Occupational prescription, if indicated
- Recommendation regarding the visual environment and work station
- Dry eye discussion, when indicated
- Vision therapy, when indicated

Materials Coverage

Patients qualify for Computer VisionCare materials only if they have one of the following diagnoses. Claims require at least one of the following diagnosis codes.

Diagnosis	Code
Presbyopia	367.4
Hyperopia	367.0
Disorder of Accommodation	367.51, 367.52, 367.53
Heterophoria	378.40, 378.41, 378.42, 378.43, 378.44, 378.45
Astigmatism	367.20, 367.21, 367.22
Disorder of Convergence	378.81, 378.82, 378.83, 378.84, 378.85, 378.86, 378.87

LENSES

Under both plans, patients are eligible for covered lenses and a wholesale/retail frame allowance. Value-Added discounts don't apply. Materials prescribed are for **computer use only**.

Spectacle lens coverage includes:

- Minimum prescription of ± 0.50 diopters required for lenses.
- Single vision, bifocal, and trifocal specifically designed for working at a computer glass/plastic.
- Near Variable Focus lenses (VSP option code IA or IL) are covered in full.
- The following occupational progressive lenses are covered in full and are available under Near Variable Focus B (VSP option code IL): Essilor Computer Clear (patient must pay out of pocket for polycarbonate portion of lens, unless covered by their plan benefit) and Zeiss Gradal RD.
- Eye sizes up to and including 60 mm.
- The prescription for Computer VisionCare materials must differ by more than ± 0.50 diopters from the patient's everyday eyewear. Due to the design characteristics of Essilor Computer Clear and Zeiss Gradal RD, these lenses do not need to meet this requirement.
- Pink I, II or Rose tints, up to 20% absorption level.

Note: If an "S" appears in the tint position on the grid, a pink or rose tint is only available if it's a #1, #2 or has up to a 20 % absorption level.

Frame

Most VSP plans provide a blended wholesale/retail allowance toward the purchase of a new frame. Patients may also use a serviceable existing frame. If the member chooses a frame with a cost that exceeds both the wholesale and retail allowances, discount the retail overage by 20%.

Patient Pays Options

Patients may choose certain lens options not covered under their plan. Charge your patient according to the VSP Signature Plan Patient Options List or your U&C, whichever is lower. Examples of options patients can choose:

- Blended lenses
- Polycarbonate
- Mid or Hi-Index
- UV coating
- Anti-reflective coating
- Oversize lenses
- Non-pink or non-rose tints, up to 20% absorption level
- Scratch resistant coating
- Edge treatment

Non-covered Materials

The following items aren't benefits under the Computer VisionCare Plan. Clients may make exceptions to this list. Please check your patient's option information for coverage. If these items are provided, the lenses and frame will be denied.

- Everyday eyewear materials instead of Computer VisionCare materials
- Any tint greater than 20% absorption level, even if patients choose to incur the added cost
- Progressives not listed above under "Lenses"
- Photochromic lenses
- Plano lenses
- Polarized
- Lenticular lenses
- Clip-on lenses
- X-Ray lenses
- Didymium lenses
- Mirror/Ski coating
- Sunglasses

Labs

- Use VSP contract labs.
- Submit orders through eClaim at eyefinity.com.
- For redos, please check the [First-Time Doctor Redos](#) policy in **Dispensing and Patient Options** section.
- You can use non-contract labs in emergency situations only.
- Doctor in-office lens options are acceptable if they follow Computer VisionCare guidelines for tints. See [Doctor In-Office Lens Options](#) for details.

Submitting Claims/Billing & Reimbursement

Claims submitted under the Computer VisionCare Plan must meet the following criteria:

- All materials prescribed are for computer use only.
- Claims include at least one of the diagnoses listed above. Please note that the electronic default diagnosis code, V72.0, isn't sufficient.
- The prescription for Computer VisionCare materials must differ by more than ± 0.50 diopters from your patient's everyday eyewear. (Due to the design characteristics of Essilor Computer Clear and Zeiss Gradal RD, these lenses don't need to meet this requirement.)

- A patient can't get Computer VisionCare glasses that are the same as everyday eyewear.

VSP will verify that Computer VisionCare glasses meet all requirements. Paid materials claims that don't meet the above criteria may be reversed. You may not bill your patients for claims that are reversed.

If your patient can't adjust to occupational progressive lens, benefits won't be reinstated. Payment becomes a private transaction between you and your patient.

Note: Use the authorization number issued under the Computer VisionCare Plan when submitting claims for Computer VisionCare exams/materials.

CLAIM REIMBURSEMENT

Supplemental Computer VisionCare: When your patient has Supplemental Computer VisionCare coverage, use their routine benefit for the eye exam and the Computer VisionCare coverage for supplemental Computer Vision Syndrome testing.

Please refer to the chart below to determine your reimbursement:

Time Since WellVision® Routine Exam	Reimbursement Percentage
Same day	30% of comprehensive exam payable fee*
1 day or more	65% of comprehensive exam payable fee*

When possible, perform your supplemental and comprehensive or intermediate exams in the same visit.

*If you choose to use 920XX codes to bill your WellVision Exams, please remember to bill refraction (92015) separately for accurate reimbursement.

Computer VisionCare Only: We'll reimburse you for exams at your VSP Signature Plan comprehensive or intermediate exam payable fee.

Computer VisionCare-Related Vision Therapy

Computer VisionCare-related vision therapy provides evaluations and orthoptic and/or pleoptic sessions for patients with one of the following conditions:

- Convergence insufficiency—378.83
- Accomodative insufficiency—367.50
- Accomodative spasm—367.53

If your patient meets the benefit criteria above and is eligible for Computer VisionCare-related vision therapy, please refer to the Vision Therapy section of this manual for billing instructions.

Coverage:

- VSP will pay up to a maximum of \$200.
- The \$200 allowance includes any supplemental testing. VSP does not provide coverage for supplemental testing without treatment.
- The patient is responsible for additional therapy above the \$200 allowance.

- No additional copay is required.

VDT EYECARE PLAN

VDT EyeCare services are usually provided at the same time as your patient's routine eye exam to treat Computer Vision Syndrome. There are two VDT EyeCare plans: Supplemental VDT and VDT Only.

Eligibility & Authorization

COORDINATION OF BENEFITS

There is no coordination of benefits for services provided under the VDT EyeCare Plan.

Exam Coverage

VDT EyeCare patients should fill out a questionnaire about their work environments and viewing distance from the computer before exams. A sample Computer VisionCare Questionnaire can be found in the Patient Education section in the Forms Library area under Administration on VSPOnline on eyefinity.com. Keep a copy of the questionnaire or the information in your patient's record.

Supplemental VDT patients can qualify for a supplemental exam to determine computer vision requirements, in addition to the tests listed below.

VDT Only patients must receive a comprehensive exam, in addition to the tests listed below.

ADDITIONAL TESTS AND RECORDS

In addition to services given under the VSP Signature Plan, please include the following tests and records with the VDT eye exam:

- Occupational history, including viewing distances, lighting, viewing angles, and symptoms
- Near point of convergence test
- Cover test or heterophoria test at the near working distance of the VDT
- Plus and minus lenses to blur at the VDT working distance
- Plan of treatment
- Other testing, as indicated, to support the diagnosis

Materials Coverage

Your patients qualify for VDT materials only if they have one of the following diagnoses. Claims require at least one of the following diagnosis codes:

Diagnosis	Code
Presbyopia	367.4
Hyperopia	367.0
Disorder of Accommodation	367.51, 367.52, 367.53
Heterophoria	378.40, 378.41, 378.42, 378.43, 378.44, 378.45

Astigmatism	367.20, 367.21, 367.22
Disorder of Convergence	378.81, 378.82, 378.83, 378.84, 378.85, 378.86, 378.87

LENSES

Under both VDT plans, patients qualify for covered lenses and have a wholesale/retail frame allowance. Value-added discounts don't apply to non-covered materials. Materials prescribed are for computer use only.

Spectacle lens coverage includes:

- Necessary corrective lenses (Single vision, bifocal, and trifocal) specifically designed for working at a computer
- Eye sizes up to and including 60 mm
- The prescription for VDT materials must differ by more than ± 0.50 diopters from your patient's everyday eyewear

Covered Lens Options

- Pink or rose tints, up to 20% absorption level

Patient Pay Options

Patients can choose lens options not covered under their plans. Charge patients according to the Patient Options List or your U&C, whichever is lower. Examples of options patients can choose include:

- Blended lenses
- Oversize lenses
- Polycarbonate
- Hi-Index
- UV Coating
- Anti-Reflective Coating
- Non-pink or non-rose tints, up to 20% absorption level

Non-covered Materials

Some clients may make exceptions to the following list. Check your patient's option information to be sure. If these items are provided, we won't cover the lenses and frame.

- Contact lenses
- Two pairs of single vision lenses, instead of bifocal lenses
- Plano lenses
- Photochromic lenses
- Polarized
- Mirrored
- Sunglasses
- Everyday eyewear materials instead of VDT materials

- Any tint greater than 20%, even if patients choose to incur the added cost

Note: If an “S” appears in the tint position on the grid, a pink or rose tint is only available if it is a #1, #2 or has up to a 20% absorption level.

Labs

- Use VSP contract labs.
- Submit orders through eClaim.
- For redos, please check the First-Time Doctor Redos policy in Section 4: Dispensing and Patient Options.
- Use non-contract labs in emergency situations only.
- Doctor in-office lens options are acceptable if they follow VDT VisionCare guidelines for tints. See Doctor In-Office Lens Options for details.

Submitting Claims/Billing & Reimbursement

VDT EyeCare Plan claims must meet the following criteria:

- All materials prescribed are for computer use only.
- Claims include at least one of the diagnoses indicated in “Diagnosis Qualifications” above. Please note the electronic default diagnosis code, V72.0, is not sufficient.
- The prescription for VDT materials must differ by more than ± 0.50 diopters from the patient’s everyday eyewear.
- Your patient can’t get VDT glasses that are the same as their everyday eyewear.

We must make sure *VDT* glasses meet all requirements. Paid materials claims that don’t meet the above criteria may be reversed. You may not bill your patients for claims that are reversed.

Note: Use the authorization number issued under the VDT EyeCare Plan when submitting claims for VDT EyeCare Plan exams/materials.

CLAIM REIMBURSEMENT

Supplemental VDT: When your patient has Supplemental VDT coverage, use their routine benefit for the eye exam and VDT coverage for supplemental Computer Vision Syndrome testing.

Use the chart below to determine your reimbursement:

Time Since WellVision® Routine Exam	Reimbursement Percentage
Same day	30% of comprehensive exam payable fee
1–122 days	50% of comprehensive exam payable fee
123 days or more	65% of comprehensive exam payable fee

When possible, perform your supplemental and comprehensive or intermediate exams in the same visit.

VDT Only: Exams for VDT Only are reimbursed at your Signature Plan comprehensive or intermediate exam payable fee.

You'll be reimbursed both your lens and frame dispensing fees.

VDT-Related Vision Therapy

VDT-related vision therapy provides evaluations and orthopic and/or pleoptic sessions for patients with one of the following conditions:

- Convergence insufficiency—378.83
- Accommodative insufficiency—367.50
- Accommodative spasm—367.53

If your patient meets the benefit criteria above and is eligible for VDT-related vision therapy, please refer to the Vision Therapy section of this manual for billing instructions.

Coverage:

- VSP will pay up to a maximum of \$200.
- The \$200 allowance includes any supplemental testing. VSP does not provide coverage for supplemental testing without treatment.
- The patient is responsible for additional therapy above the \$200 allowance.
- No additional copay is required.

VISION THERAPY

Authorization

Evaluations for qualified conditions are to be submitted directly through eClaim with the appropriate ICD-9 codes indicated. If your patient meets the benefit criteria and is eligible for Vision Therapy, obtain a case number. To get one, complete a [Vision Therapy Verification Form](#). Fax it to 916.851.4733, or mail the form to: VSP, PO Box 997100, Sacramento, CA 95899. You can find this form under Benefit Administration in the Forms section of the Administration menu on VSPOnline at eyefinity.com or in the Tools and Forms section of this manual.

Coverage

We'll pay a maximum of \$85 for one approved sensorimotor exam per service year. You may not balance bill the patient for any amount over the approved amount. The \$85 maximum per year for the exam is not included in the \$750 yearly vision therapy allowance described below.

The number of vision therapy sessions is dependent upon pre-established benefit criteria, indicated on the Benefit Authorization Notice along with the case number. This information is available after we receive your completed [Vision Therapy Verification Form](#).

The maximum allowable for vision therapy sessions is \$750 per service year. We'll pay 75% of the allowable amount for vision therapy sessions. Your patient will pay 25%. Additional

sessions beyond those covered by us are a private transaction between you and your patient.

Patients with Sight for Students Gift Certificates: We'll pay 100% of the allowed amount up to \$750 for each person per service year.

Submitting Claims/Billing

For Vision Therapy sessions, include the authorization number from the Benefit Authorization notice in Box 23 located on the Diagnosis and Services screen on eClaim. Also include one of the CPT procedure codes and an appropriate diagnosis code from the tables below:

SENSORIMOTOR EXAM

92060 Sensorimotor examination with multiple measurements of ocular deviation, with interpretation and report.

368.33	378.06	378.07	378.11
378.14	378.15	378.18	378.20
378.21	378.22	378.23	378.24
378.41	378.42	378.83	378.84
378.85	379.57	379.58	

VISION THERAPY SESSIONS

92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation.

You can find a list of appropriate diagnosis codes for CPT 92065 on the [Vision Therapy Verification Form](#).

Note: Vision therapy claims must be submitted on a separate claim from routine vision. CPT and HCPCS codes are not selectable from the drop-down box and must be manually entered.

INTERIM BENEFITS

Interim Benefits covers services or materials for your patients when they're not eligible for services or materials under the core plan, and there's a significant prescription change. Interim benefits criteria may vary from client to client. Check your patient's interim benefits by calling VSP at 800.615.1883 before providing services or materials. Interim Benefits may be covered for exam, frame, and additional pairs of lenses, including elective contact lenses.

Exam	Lenses	Frames
Exams are approved only if your patient has interim benefits for	New lenses are allowed if: <ul style="list-style-type: none"> your patient has 	A new frame is allowed only if your patient has interim benefits for frames

<p>exams and the change in prescription meets the criteria outlined under “Lenses.”</p>	<p>interim benefits;</p> <ul style="list-style-type: none"> • your patient meets the criteria for interim lens coverage; • you’ve received authorization for interim lenses. 	<p>and interim lenses have been approved.</p> <p>Depending on your patient’s coverage, frame benefits may be limited to lost or broken frames, or to prescription changes requiring a frame of a different shape or size. If a frame is approved, the benefit is limited to your patient’s standard wholesale/retail frame allowance.</p>
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Inform your patients that they must pay for services and/or materials provided if they:

- Don’t qualify for the services or materials requested;
- Don’t have interim benefits for the services or materials requested;
- Have interim benefits but don’t meet the interim services/materials criteria;
- Have recently received laser vision correction surgery, as they are not entitled to use Interim Benefits.

Contact VSP at 800.615.1883 to obtain an authorization for interim benefits. You may need your patient’s previous and new prescription, plus the current visual acuity achieved with each prescription. If approved, you’ll get an authorization number.

REPAIR/REPLACE BENEFITS

Repair/Replace Benefits cover materials your patients get when they’re not eligible for materials under their core plan. Refer to the Patient Record Report to determine if the patient is eligible for repair or replacement coverage. Patients are eligible if their spectacle lenses or frames are broken or damaged and need repair or replacement.

It also covers materials your patients receive when they’re not eligible for materials under the core plan and they can no longer use their glasses.

Patients covered under this additional benefit may be entitled to eyeglass lens and frame repair. Frame repair includes temples only, front only, hinge, and miscellaneous repairs. The Repair Benefit may also include replacement of a complete frame and/or basic lens.

Benefit Instructions

- Patients need to bring the glasses to you before obtaining an authorization.
- You’ll determine if glasses can be repaired. If they can’t, replacement may be covered.

Exam	Lenses	Frames
Exams aren’t covered.	<p>New lenses are allowed if:</p> <ul style="list-style-type: none"> • repair or replacement for single vision or multifocal lenses will be approved if the doctor 	<p>Replacement parts are covered if:</p> <ul style="list-style-type: none"> • frame temples, front, and/or hinges are

	<p>determines the glasses can't be repaired;</p> <ul style="list-style-type: none"> the benefit is limited to the patient's standard lens coverage. <p>Note: Contact lens repair or replacement isn't covered under this plan.</p>	<p>damaged beyond repair;</p> <ul style="list-style-type: none"> the benefit is limited to the patient's standard wholesale frame allowance. <p>Replacement of the complete frame is covered if:</p> <ul style="list-style-type: none"> frame is damaged beyond repair or the cost of repairing the parts exceeds the cost of replacement; the benefit will be limited to the patient's standard wholesale/retail frame allowance.
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Inform your patients that they must pay for services and/or materials provided if they:

- Aren't eligible for the services/materials requested;
- Have Repair/Replace benefits but don't meet the criteria for repair or replacement services/materials.

Authorizations

Contact VSP at 800.615.1883 to obtain an authorization for repair/replace benefits.

SUNCARE ENHANCEMENT

Eligible members can use the Suncare enhancement for plano (non-prescription), ready-made sunglasses instead of contact lenses or prescription glasses, exhausting both their lens and frame eligibility.

Eligibility

Eligible members will be indicated with the following comment on the Patient Record Report:

Members may receive non-prescription ready-made sunglasses instead of prescription glasses. This will exhaust both lens and frame benefits. Refer to the prm or emanuals for additional information.

Materials Coverage

FRAMES

Coverage includes any ready-made, doctor-supplied sunglasses. Apply the patient's retail frame allowance to the cost of the complete pair (lens and frame). Patients will also receive a 20% discount to any amount over their retail allowance. Sunglasses can be ordered if not available at the time of the member's visit.

LENSES

To cover the lenses, the patient must select the lenses included in the frame with no additional options or coatings. Members wishing to change the prefabricated plano sunglass lenses by adding lens options (such as polarized, anti-reflective, or mirror coatings) can purchase new lenses and lens options on a private-pay basis, at a 20% discount.

Submitting Claims

When submitting claims for non-prescription sunglasses on eClaim, indicate the order as a “frame only” order.

Reimbursement

For all eligible Suncare Plan Enhancement claims, you’ll be reimbursed both your frame dispensing fee and a frame material fee (up to the patient’s wholesale/retail frame allowance).

RETINAL SCREENING

Retinal Screening Value-Added Feature

Retinal screening is offered to VSP Signature Plan® and VSP Choice Plan® members as a value-added feature to complement their WellVision Exam® benefit. This value-added feature only pertains to routine, retinal or fundus photography or imaging such as Optos, but not a scanning laser procedure such as OCT, HRT, or GDx.

Please use your professional judgment to determine if this service is appropriate for your patient.

Important! Retinal screening does not replace pupil dilation. Dilation is still the best way to see inside the eye and is the standard of care for patients with diabetes.

ELIGIBILITY

For the value-added feature, all VSP Signature Plan and VSP Choice Plan patients are eligible.

Retinal screening is an enhancement to a patient’s eye exam; therefore, patients are typically eligible every 12 months. However, there are no restrictions to the number of procedures performed each year.

CHARGING THE PATIENT

Charge the patient \$39 or your U&C fee (whichever is lower) for each routine retinal screening.

SUBMITTING CLAIMS

For the value-added feature, you do not need to submit a claim. This charge is considered a private transaction between you and the patient.

Retinal Screening Covered Benefit

Retinal screening is offered to VSP clients for purchase as an optional benefit enhancement to their WellVision Exam covered under their VSP Signature Plan or VSP Choice Plan benefit. This covered benefit only pertains to routine, retinal, or fundus photography or imaging such as Optos, but not a scanning laser procedure such as OCT, HRT, or GDx.

Important! Retinal screening does not replace pupil dilation. Dilation is still the best way to see inside the eye and is the standard of care for patients with diabetes.

ELIGIBILITY

Please refer to the Patient Record Report for eligibility. Retinal screening is an enhancement to an eye exam; therefore, patients are typically eligible every 12 months.

CHARGING THE PATIENT

Please refer to the Patient Record Report for coverage amount and/or applicable copays.

SUBMITTING CLAIMS

Retinal screening must be billed with a patient's eye health exam and refraction.

Note: If you're seeing the patient for medical reasons and retinal photography is appropriate, it must be billed under the patient's major medical plan or Primary EyeCare.

When submitting claims for routine retinal screening, use CPT code 92250 with modifier 52 to identify and separate the routine covered service from the medical service.

Note: No Interpretation and Report is required for pictures or images taken during a routine retinal screening procedure.

REIMBURSEMENT

For all eligible routine retinal screening claims, you'll be reimbursed \$39 or your U&C fees (whichever is lower) less any applicable patient copay.

SECTION 3: EYE EXAMS

LEVELS OF SERVICE

All covered services must be rendered in a VSP qualified office location. Below, you'll find guidelines, tests, and processes for each service level.

Comprehensive Exam

This level of service provides evaluation of the complete visual system with or without cycloplegia or mydriasis. A comprehensive level of service is considered to make up a single service. But you are not required to provide all of those services in one session. Where possible, record all tests with quantitative measurements.

Important! Don't charge your patients for any services included in the exam, as outlined below.

Appropriate evaluation and recording of data in each area outlined below is required. See the Exam Documentation for these requirements.

CASE HISTORY

- Your patient's chief complaint or reason for an exam (note: the chief complaint should also be the primary diagnosis on the claim and should determine whether to bill VSP for a routine exam or bill for a medical exam)
- Ocular and visual health history (your patient's and patient's family, past and present)
- General health status (e.g., significant illnesses and medical conditions)
- Current medication and medication allergies
- Visual demands for work, school, and recreation

VISUAL SYSTEM HEALTH STATUS EVALUATION

- External exam/Biomicroscopy* (anterior segment photos are a separate procedure and are not acceptable as a replacement for biomicroscopy without separate documentation of anterior segment findings)
- Visual field screening
- Tonometry (see guidelines for pediatric patients)
- Internal/Fundus exam including direct and/or indirect ophthalmoscopy, with or without dilation and, at minimum, a numerical notation of cup-to-disc ratio documented for each eye*

***Note: We consider fundus photos and optomap® retinal exams to be separate procedures. They are not acceptable as a replacement for performing direct or indirect ophthalmoscopy, and they do not replace dilation for patients with diabetes or other conditions requiring dilation based on standard of care.**

NEUROLOGICAL INTEGRITY

- Pupillary reflexes
- Ocular motility/Versions (versions must be recorded separately from binocular function testing)

REFRACTIVE STATUS EVALUATION

- Entering visual acuities (at 20 ft) with habitual Rx or unaided acuity, all recorded monocularly. Document monocular *distance* acuities for each eye for monovision contact lens patients.
- Subjective refraction with best corrected visual acuities (recorded monocularly). Test is to be performed by a licensed VSP network doctor and may be done with or without DPAs.
- Accommodative function is a guideline based on the doctor's professional judgment and not an exam requirement. Any near point accommodation testing should be performed when clinically indicated.

BINOCULAR FUNCTION

At least one of the following binocular tests is required for VSP patients and must be recorded separately from versions results.

- | | |
|--------------------|-------------------------------|
| • Cover testing | • Grade of fusion |
| • NPC | • Fixation disparity |
| • Phorias | • Prism reflex test |
| • Stereopsis** | • Hirschberg corneal reflexes |
| • Vergence testing | • Ocular dominance |

**Stereopsis Guideline: test at an early encounter, but not required at every encounter. If it is not tested at the encounter (examination) being performed, one of the other binocular tests would be essential to satisfy this requirement.

DIAGNOSIS & TREATMENT PLAN

We require ICD-9-CM diagnosis codes and/or related descriptions, plus documentation of the diagnosis in the doctor's own handwriting on exam chart notes. V72.0 is not acceptable as the sole diagnosis when there is another more appropriate refractive or medical diagnosis to use.

A diagnosis taken from an eClaim printout, CMS-1500 Form, VSP Savings Statement, or a superbill will not be acceptable unless signed or initialed by the doctor. Subjective Rx findings will not be accepted as a replacement for the written diagnosis.

Documentation of a treatment plan, by the doctor, is required in your patient's chart notes.

Intermediate Exam

Use this level of service when your patient will not benefit from all services included in a comprehensive exam. Evaluation and data recording in each area outlined below is required to qualify a service as intermediate.

CASE HISTORY

- Your patient's chief complaint or reason for an exam

- Ocular and visual health history (your patient's and family, past and present)
- General health status (e.g., significant illnesses and medical conditions)
- Current medication and medication allergies
- Visual demands for work, school and recreation

VISUAL SYSTEM HEALTH STATUS EVALUATION

- External exam
- Biomicroscopy (anterior segment photos are a separate procedure and are not acceptable as a replacement for biomicroscopy without separate documentation of anterior segment findings)
- Internal/Fundus exam including direct and/or indirect ophthalmoscopy, with or without dilation and, at a minimum, a numerical notation of cup-to-disc ratio documented for each eye*

*Note: Fundus photos and optomap® retinal exams are separate procedures. They are not acceptable as a replacement for performing direct or indirect ophthalmoscopy, and they do not replace dilation for patients with diabetes or other conditions requiring dilation based on standard of care.

REFRACTIVE STATUS EVALUATION

- Best corrected visual acuities through subjective refraction (recorded monocularly).
- Determination of refractive state. A licensed VSP network doctor must give the test, which can be done with or without DPAs.

BINOCULAR FUNCTION

At least one of the following is required. Record this separately from versions results.

- | | |
|--------------------|-------------------------------|
| • Cover testing | • Grade of fusion |
| • NPC | • Fixation disparity |
| • Phorias | • Prism reflex test |
| • Stereopsis* | • Hirschberg corneal reflexes |
| • Vergence testing | • Ocular dominance |

*Stereopsis Guideline: test at an early encounter, but not required at every encounter. If it is not tested at the encounter (examination) being performed, one of the other binocular tests would be essential to satisfy this requirement.

DIAGNOSIS & TREATMENT PLAN

We require ICD-9-CM diagnosis codes and/or related descriptions, plus documentation of the diagnosis in the doctor's handwriting on exam chart notes. V72.0 is not acceptable as the sole diagnosis when there is another more appropriate refractive or medical diagnosis to use.

A diagnosis taken from an eClaim printout, CMS-1500 Form, VSP Savings Statement, or a superbill will not be acceptable unless it is signed or initialed by the doctor. Subjective Rx findings will not be accepted as a replacement for the written diagnosis.

Documentation of a treatment plan, by the doctor, is required in your patient's chart notes.

Patient Referrals

In some cases, you may need to refer your patient to another VSP network doctor, as appropriate under the circumstances. If you determine that your VSP patient needs care beyond your own scope of practice, please refer the patient to the appropriate doctor as follows:

- Give your findings, in writing, to the doctor you refer your patient to
- Keep a copy of the referral letter in your patient's records
- In case of a medical emergency, call the primary care doctor if required by your patient's medical plan, or refer your patient to the appropriate doctor. If the primary doctor and/or the appropriate doctor is/are not available, please refer your patient to a hospital emergency room

Evaluation and Management Services

We will cover Evaluation and Management exams under the [VSP Primary EyeCare PlanSM](#). Refer to your Physician's Current Procedural Terminology (CPT) codebook for explanation and a description of evaluation and management services.

Patients with Diabetes

The American Diabetes Association, American Optometric Association, and American Academy of Ophthalmology recommend that patients with diabetes receive an annual dilated eye exam. This exam is also a measure of clinical quality designated by the National Committee for Quality Assurance (NCQA).

We require that eye exams for VSP patients with diabetes include dilation. We recognize that at times there are good reasons for not providing a dilated exam. In those cases, documentation of the rationale for not performing dilation is required. Examples include:

- Patient refused.
- Dilated exam was performed within the last 12 months.
- Patient is under the care of an ophthalmologist.
- Patient scheduled dilation for a later date.

Additionally, communicating exam findings to a patient's primary care physician (PCP) is critical to ensuring continuity of care for patients with chronic and serious conditions. This communication also establishes you as an important part of the health care continuum and identifies your role in the care of patients with diabetes and other health conditions. To help you with this communication, we provide the optional [Primary Care Physician Communication Form](#). You can find it in the Forms Library section of the Administration area on VSPOnline. If you prefer to use your own form, you are welcome to do so.

Please see our algorithm for further reference.

Note: Retinal photography, such as optomap[®], doesn't replace a dilated eye exam as the standard of care for a patient with diabetes.

PEDIATRIC EYE EXAMS

PEDIATRIC EYE EXAMS

You can perform independent diagnostic and treatment procedures if a child's history indicates a development lag or learning problem. Please refer to the [Supplemental Testing](#) section.

Note: You can bill the following services at the comprehensive exam level if all parts of the age-related exam are completed and documented.

Infants and Toddlers (Birth to 2 years and 11 months)

CASE HISTORY AND VISUAL SYSTEM HEALTH

Case History	Visual System Health Status Evaluation
<ul style="list-style-type: none"> • Visual and ocular history • Prenatal, perinatal, and postnatal general health history • Current medications and medication allergies • Family eye and medical histories • Child's developmental history 	<ul style="list-style-type: none"> • External exam • Biomicroscopy (anterior segment photos are separate procedures. They're not acceptable in place of biomicroscopy without separate documentation of anterior segment findings) • Internal/Fundus exam including direct and/or indirect ophthalmoscopy with or without pupillary dilation and at minimum, a numerical notation of cup-to-disc ratio documented for each eye* • Pupillary reflexes • Ocular motility/Versions (must be recorded separately from binocular function testing) <p>*Note: Fundus photos and optomap® retinal exams are separate procedures. They're not acceptable in place of performing direct or indirect ophthalmoscopy.</p>

REFRACTIVE STATUS EVALUATION

Entering and Best Corrected Visual Acuity	Refraction or Autorefractation
<p>Suggested measure of acuity assessment, not limited to the following (recorded monocularly):</p> <ul style="list-style-type: none"> • Fixation preference tests • Bruckner's test • Preferential looking visual acuity test 	<ul style="list-style-type: none"> • Cycloplegic retinoscopy

Preschool Children (3 years to 5 years and 11 months)

CASE HISTORY AND VISUAL SYSTEM HEALTH

<p>Case History</p> <ul style="list-style-type: none"> • Identification and description of the chief complaint • Visual and ocular history • Prenatal, perinatal, and postnatal general health history and review of systems • Current medications and medication allergies • Family eye and medical histories • Child's developmental history 	<p>Visual System Health Status Evaluation</p> <ul style="list-style-type: none"> • External exam • Biomicroscopy (anterior segment photos are separate procedures. They're not acceptable in place of biomicroscopy without separate documentation of anterior segment findings) • Internal/Fundus exam including direct and/or indirect ophthalmoscopy with or without pupillary dilation and at minimum, a numerical notation of cup-to-disc ratio documented for each eye* • Pupillary reflexes • Ocular motility/Versions (must be recorded separately from binocular function testing) • Screening visual fields/confrontations at doctor's discretion <p>*Note: Fundus photos and optomap® are separate procedures. They're not acceptable in place of performing direct or indirect ophthalmoscopy.</p>
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REFRACTIVE STATUS EVALUATION

<p>Entering and Best Corrected Visual Acuity</p> <p>Suggested measure of quantitative acuity, not limited to the following (recorded monocularly):</p> <ul style="list-style-type: none"> • Broken wheel acuity cards • Lighthouse cards with matching blocks • HOTV test • Tumbling E chart • Snellen acuity chart 	<p>Refraction or Autorefraction</p> <p>At least one, with corrected visual acuity as stated at left:</p> <ul style="list-style-type: none"> • Static retinoscopy • Cycloplegic retinoscopy 	<p>Accommodative</p> <p>Function is a guideline based on the doctor's professional judgment and not an exam requirement. Any near point accommodation testing is performed when clinically indicated.</p>
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School-Age Children (6 years to 18 years and 11 months)

CASE HISTORY AND VISUAL SYSTEM HEALTH

<p>Case History</p> <ul style="list-style-type: none"> • Identification and description of the chief complaint 	<p>Visual System Health Status Evaluation</p> <ul style="list-style-type: none"> • External exam • Biomicroscopy (anterior segment photos)
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<ul style="list-style-type: none"> • Visual and ocular history • Prenatal, perinatal, and postnatal general health history • Current medications and medication allergies • Family eye and medical histories • Child's developmental history 	<p>are separate procedures. They're not acceptable in place of biomicroscopy without separate documentation of anterior segment findings)</p> <ul style="list-style-type: none"> • Internal/Fundus exam including direct and/or indirect ophthalmoscopy with or without pupillary dilation and at minimum, a numerical notation of cup-to-disc ratio documented for each eye* • Pupillary reflexes • Ocular motility/Versions (must be recorded separately from binocular function testing) • Screening visual fields/confrontations at doctor's discretion • Tonometry Guideline: Attempt either applanation or noncontact at the earliest age that a child is cooperative. Tactile estimations acceptable if documentation supports the reason why numerical tonometry wasn't performed. <p>*Note: Fundus photos and optomap® retinal exams are separate procedures. They're not acceptable in place of performing direct or indirect ophthalmoscopy.</p>
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REFRACTIVE STATUS EVALUATION

<p>Entering and Best Corrected Visual Acuity</p> <p>Must be recorded monocularly:</p> <ul style="list-style-type: none"> • Snellen acuity chart 	<p>Refraction</p> <p>Both, with corrected visual acuity as stated at left:</p> <ul style="list-style-type: none"> • Static retinoscopy or Auto refractor results- acceptable in non-verbal patients • Subjective refraction with corrected visual acuity (as stated at left) Licensed VSP network doctor must perform and may be done with or without DPA) 	<p>Accommodation</p> <ul style="list-style-type: none"> • Accommodative Function is a guideline based on the doctor's professional judgment and not an exam requirement. Any near point accommodation testing is performed when clinically indicated.
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SUPPLEMENTAL TESTING

Supplemental testing isn't considered routine.

Your patient may need services beyond those included in the routine exam. Please follow the guidelines below when providing individually billable diagnostic and treatment services that aren't included in the routine eye exam. Please ensure that the following conditions are met:

- Procedure is associated with a medical eye-related condition and is visually, developmentally, or medically necessary for your patient
- A CPT code has been established for the procedure
- Procedure is covered by your patient's plan (see the Primary EyeCare or Diabetic Eyecare Programs sections for a complete list of covered services)

Note: Routine ophthalmoscopy (with or without dilation), routine tonometry, and confrontation or gross visual field screenings are part of our covered general vision services (routine exam). Please don't bill the patient separately for these services.

GUIDELINES FOR THE INTERPRETATION AND REPORT OF DIAGNOSTIC PROCEDURES

Some procedures require an Interpretation and Report. This report is a major part of the procedure which is being reimbursed and should be a separately identifiable document. Include the following information in your report write-up:

- Clinical Findings (pertinent findings of the procedure) – What did you do? What did you find? Was the procedure reliable?
- Comparative Data (change in condition) – If prior procedures have been performed and a comparison is possible, has the patient's condition gotten better, worse, or stayed the same?
- Clinical Management – Document what affect the test or procedure will have on your clinical management of the patient. For example, will you adjust medications, recommend surgery, or suggest further diagnostic testing?

EXAM DOCUMENTATION

The following exam records must be maintained:

- All exam, diagnostic, and treatment procedures should be filed in your patient's chart.
- Descriptive or quantitative data for all tests. Check marks or slash lines made on your patient's chart are not acceptable as evidence of test results, unless you check specific conditions/structures. We'll accept checking "lens, disc (with numerical cup-to-disc ratio at a minimum for each eye), fovea, and media" if the check indicates the structure has a normal appearance and function, but won't accept checking ophthalmoscopy if no results are provided.
- An itemized record of charges made to your patients for plan copays, frame overages, non-covered patient options, and contact lens overages. Keep these records for ten years in some form (paper copy, on CD, etc.). Financial records are kept on your patient's record card, a separate ledger card, or a fee slip.

Acceptable VSP Exam Documentation

Actual findings for each patient must be recorded on medical exam records. All records submitted for evaluation must contain true findings. You can't alter, falsify, or add to records in any way.

Doctors using electronic record-keeping systems must record the actual results of tests and procedures done for each patient on the date of service. We won't accept computerized "default" entries. This standard applies to patients of all ages and exams of all levels.

Below, you'll find descriptive recording standards for adult (19 years and older), intermediate and comprehensive eye exams, and pediatric comprehensive exams. For pediatric exams (patients up to 18 years and 11 months), refer to Pediatric Eye Exams.

You can find a sample Patient Exam Form in the Practice Administration section under the Administration area on VSPOnline on eyefinity.com.

Our guidelines for examination procedure and documentation requirements will supersede any specific state minimum requirements for care provided to VSP patients, except to the extent expressly limited by law.

Note: Reimbursement of a comprehensive service relies on the proper recording of all testing included in the comprehensive exam.

Procedure	Recorded Data
Case History (Hx)	<ul style="list-style-type: none"> • Patient's chief complaint or reason for exam • Ocular and visual health history (your patient and family, past and present) • General health status (e.g., significant illnesses and medical conditions) • Current medication and medication allergies • Occupational and vocational visual demands

Procedure	Recorded Data
Ophthalmoscopy	<p>At minimum, a nerve head assessment, including a numerical cup-to-disc ratio or hand-drawing of cupping is required to satisfy this requirement. If the C/D ratio is the same for each eye, indicate OU. If different for each eye, document OD and OS accordingly. Ophthalmoscopy may be done with or without diagnostic pharmaceutical agents (DPAs)*.</p> <p>In addition, we advise you record the following:</p> <ul style="list-style-type: none"> • Vascular assessment, including A/V size ratio or grading of hypertensive or arteriosclerotic retinopathy changes; • Descriptive retinal findings, macula assessment and grading of foveal reflex brightness; • Observations of media. <p>Note: We consider Fundus photos and Optomap retinal exams separate procedures. They're not acceptable in lieu of performing direct or indirect ophthalmoscopy.</p>
Neurological Integrity (pupil reflexes)	<p>Record descriptions of normal pupillary reflexes, such as "equal, round, reactive to light and accommodation (PERRLA)," WNL, pupils R&R (round and reactive), -APD, Ø APD, direct and consensual, and/or -Marcus-Gunn. Also, clearly record deviations from normal responses with diagnostic impressions. Measurement and documentation of pupil size in one level of illumination alone is <u>not</u> acceptable.</p>
Versions	<p>Record assessments of extraocular muscle motility, such as "full and smooth," FROM (full range of motion), SAFE, 1-4+, unrestricted, etc., describing any deviations from normal. Must be documented separately from binocularity testing results.</p>
External/Adnexa Exam	<p>Record lids, lacrimal apparatus, sclera and conjunctiva as "clear," describing any deviations from normal in the ocular adnexa.</p>
Biomicroscopy (SLE)	<p>When recording slit lamp exam, include a description of anterior segment, corneal clarity, media clarity or anterior chamber angle quantification.</p> <p>Anterior segment photos are separate procedures. They're not acceptable in lieu of biomicroscopy without separate documentation of anterior segment findings.</p>
Screening Visual Fields	<p>Gross visual fields or confrontation testing is acceptable for the comprehensive level of service. Record any depressions found in the gross visual fields or confrontation testing. Record a normal finding as "negative, WNL, FTFC (full to finger count), full in all quadrants, etc." or taken from automated visual field printouts. At minimum, a tangent screen is an acceptable device used to get gross visual fields.</p> <p>For visual field screening, at minimum, evaluate and record at least two meridians of visual field. Vision screeners that only test or measure single meridian fields won't be accepted.</p>

Procedure	Recorded Data
Tonometry	<p>Record a numerical pressure measurement for each eye, type of instrument, date and time performed. Tactile estimations of intraocular pressure are only acceptable if there's a documented reason for not having done a quantitative measurement.</p> <p>If tonometry is omitted for any reason on an adult, bill a lesser level of service. For pediatric patients, tonometry is a guideline, not a requirement. Attempt tonometry, either applanation or noncontact, at the earliest age the child is cooperative.</p>
Visual Acuity (VA)	<p>Record monocularly as:</p> <ul style="list-style-type: none"> • Entering visual acuity (at 20 ft) with habitual Rx or unaided. Document monocular distance acuities for each eye for monovision contact lens patients. • Best corrected visual acuity at distance through the subjective refraction.
Subjective Refraction	<p>Include data regarding subjective refraction (manifest refraction) for distance, including assessment of accommodative function at near. Subjective refraction must be performed by a licensed VSP doctor and may be done with or without DPAs.</p> <p>Subjective refraction must be performed without spectacle or contact lenses. The only exceptions to this rule are:</p> <ul style="list-style-type: none"> • Spectacle overrefractions are acceptable if your patient can't respond properly to subjective testing (e.g., non-verbal, illiterate patients) and are recorded quantitatively. • Contact lens overrefractions are acceptable only in cases of corneal irregularity where the manifest refraction is inconclusive (keratoconus, corneal transplants, dystrophies, etc.). <p>For the above exceptions, indicate why you couldn't perform the subjective Rx.</p>
Objective Refraction	<p>Patient's chart must include numerical readings from retinoscopy, objective computerized refraction data, corneal topography or keratometry.</p>
Accommodative Function	<p>Accommodative Function is a guideline based on the doctor's professional judgment and not an exam requirement. Any near point accommodation testing (pediatric and adult exams) is performed when clinically indicated.</p>

Procedure	Recorded Data
Binocular Status	<p>Include recorded data from at least one of the following tests; date must be recorded separately from versions results:</p> <ul style="list-style-type: none"> • Cover testing* • NPC • Phorias* • Stereopsis** • Vergence testing • Grade of fusion • Fixation disparity • Prism reflex test • Hirschberg corneal reflexes • Ocular dominance <p>*Note: All phoria testing (distance/near; horizontal/vertical) and all cover testing (distance/near; unilateral/bilateral) constitutes only one test category for binocular function.</p> <p>**Stereopsis Guideline: test at an early encounter but not required at every encounter. If it's not tested at the encounter (examination) being reviewed, one of the other binocular tests would be essential to satisfy this requirement.</p>
Diagnosis	<p>Document the diagnosis on the exam chart. The diagnosis must be supported by the documented clinical findings.</p> <p>Any charge to your patient for special testing procedures must be supported by a recorded diagnosis. Diagnoses, either written or coded, must be able to cross-reference an ICD-9-CM billable code.</p> <p>A diagnosis taken from an eClaim printout, CMS-1500 Form, WellVision Savings Statement, or a superbill isn't acceptable unless it's signed, initialed, or has some unique identifier by the doctor. Subjective Rx findings, a written Rx copy, or optical materials order are not acceptable in lieu of the written diagnosis.</p> <p>*Note: V72.0 isn't acceptable as the sole diagnosis when there is another more appropriate refractive or medical diagnosis to use.</p>
Treatment Plan	<p>The treatment plan should be consistent with the diagnosis and/or reflect the clinical findings. The treatment plan/therapies can include specific treatments or documentation that no therapy was needed.</p> <p>Documentation of a treatment plan by the doctor is required in the patient's chart notes. Record the instructions provided to your patient.</p>

Eye Health Management Program Data Requirement

Doctors are required to report Eye Health Management patient conditions through Eyefinity's eClaim, practice management software, or paper claims. Reporting will be monitored as part of the Quality Assurance (QA) process.

Beginning with patients seen in April 2011, VSP network doctors will be reimbursed for the additional education and services provided to patients with certain chronic health conditions, and by reporting those conditions to VSP.

Doctors will earn:

- \$5 for reporting diabetes and/or diabetic retinopathy.
- \$2 for reporting hypertension and/or high cholesterol.

Note: Payment will not exceed \$5 and is not cumulative. If a \$5 condition and a \$2 condition are checked, then \$5 is paid. If two \$2 conditions are checked, \$2 is paid. The patient's medical record must include the applicable condition that is submitted on a claim.

Please refer to the following sections for more information on the Eye Health Management Program.

- **Eligibility and Authorization:** Submitting Claims/Timelines
- **Policies:** Eye Health Management

MEDICAL-RECORD DOCUMENTATION

Requirements

The medical-record review ensures the doctor meets our documentation requirements.

VSP network doctors should keep all records related to providing covered services as required by federal and individual state law(s).

Our definition of a medical-record is: "The documentation recorded by the doctor regarding the patient's medical history, as well as every encounter between the doctor and the patient, and all information shared with the doctor related to other encounters with other doctors."

For example:

- Patient history questionnaires or "welcome to the office" forms;
- Exam chart notes and follow-up related to the same date of service;
- Visual field, topography, auto-refractor, auto-keratometry or tonometry either electronic or hard copy documentation;
- Referral summaries and letters;
- Optical records and lab order forms, including spectacle order forms/sheets and contact lens order forms/sheets; and
- Superbills, eClaim billing printouts, or CMS-1500 Claim Forms.

Note: Fundus photos and Optomap retinal exams are not acceptable in lieu of performing a direct or indirect ophthalmoscopy. These are considered separate procedures.

Anterior Segment photos are also considered a separate procedure from biomicroscopy; and are not acceptable in lieu of biomicroscopy without separate documentation of anterior segment findings.

Medical Record Requirements	Description
Comprehensive or Intermediate Exams meet VSP guidelines	Ensure all procedures are documented following our recording guidelines for the level of service provided (explained in the Eye Exams section). Undocumented procedures are considered not performed.
Exam and claim record is the exact date the patient was seen	The exam date and date of service on the claim must be the same date the patient was seen. Inaccurate dates on a claim can negatively affect your patient's vision care coverage in the future.
Past medical history	Record the patients past medical history including childhood diseases, past surgeries, illnesses, injuries, family medical history and the date of last eye exam or physical, old glasses or contact lens Rx. Note any information that's unobtainable.
Current significant illnesses and medical conditions	Document and date any significant patient illnesses or medical conditions (or the absence of chronic problems) in the medical record or <u>currently</u> updated history form.
Current medications	Clearly document and date <u>current</u> medications. Medications should relate to the patients' specific condition(s). Also record "no medications" taken by the patient
Current medication allergies and reactions	Clearly document and date <u>current</u> medication allergies or reactions. List patient allergies to medications on the patient's chart. Also record "no known medication allergies/reactions".
Subjective/objective information	Subjective information must show the patients presenting reason or complaint for the exam. Objective information documents physical findings related to the presenting complaint, including <u>both</u> normal and abnormal findings. If the patient presents with "no complaint – routine exam" the level of exam billed must meet all service requirements for that exam level.
Diagnoses and exam findings are consistent	A diagnosis must be documented for each visit and support the documented clinical findings. The diagnosis (written or coded) must be recognized as an ICD-9-CM code. *Note: V72.0 is NOT acceptable as the sole diagnosis if there is another more appropriate refractive or medical diagnosis to use.
Diagnoses and treatment plan or therapies are consistent	Documentation should include all treatments, such as glasses, contact lenses, medication therapy or visual training. An order for optical materials, a written Rx copy or a note stating, 'no treatment', can meet this requirement. Treatment plans/therapies must be appropriate and consistent with the diagnosis. If a diagnosis isn't noted, the treatment plan should reflect the clinical findings.

Medical Record Requirements	Description
Follow-up care/visits	Exam notes must indicate a specific time frame when your patient should return (one month, one year, etc.). Computerized recall documentation alone isn't sufficient. Electronic records must have recall dates present within the medical record and a Doctor identifier must also be present.
Signed entries	Indicate the doctor's initials, full signature or electronic identification on all chart notes, from the claim date forward.
No potential risk for Patient	Doctor interventions are appropriate for the clinical findings, patient history/complaints, and the diagnoses. There should be no indication that a patient was placed at potential risk due to diagnostic or therapeutic procedures given or not given.
Complete diagnostic contact lens procedures	Make sure all procedures for first-time contact lens wearers and refit patients are recorded following our recording guidelines.

California Language Assistance Program (CA LAP)

For California patients, include the following documentation. Refer to the Language Assistance Program for more information.

Patient's preferred written and spoken language.	Include the patient's preferred written and spoken language on the patient history form and/or medical record.
Refusal of interpreter	If patient prefers a language that is not provided in the office and refuses the use of a trained, professional interpreter, document the refusal in the patient medical record or on the refusal form used by your office. Note: A trained, professional interpreter does not include friends or family members, unless the person is professionally trained, including knowledge of medical terminology.
Use of interpreter	Document the use of an interpreter in the patient medical record or the use of interpreter form used by your office when a person is providing interpreter services for the patient requiring interpreter services. Document who provided the interpretation (trained professional interpreter, office staff, family member, minor, friend, etc.)

CONTACT LENS CASE MANAGEMENT PROCEDURES

Contact lens services (evaluation/fitting) are in addition to eye exams.

Diagnostic contact lens fittings can be for a first-time contact lens wearer or a refit patient. The diagnostic fitting includes your patient's contact lens history, evaluation/fitting services, assessment, and a treatment plan. We define contact lens refittings as cases in which your patients have worn contact lenses before but must fit into a different parameter (base curve, diameter, etc.) or different lens type (RGP to soft, spherical to toric, extended wear to daily wear, etc.).

If your patient's case is complex and you choose to refer them to another doctor, we'll reimburse you for the eye exam level of service provided. If the referral is to a doctor outside your practice and you've already billed us for a comprehensive level of service, we'll pay that doctor an intermediate exam service fee plus contact lens fees for services and materials. If you provide both services, we'll pay the global fees.

Procedures and Recording Guidelines

We require evaluation and record-keeping as outlined in each area below.

DIAGNOSTIC CONTACT LENS FITTING

Contact lens history	Additional case history impacting the use and care of contact lenses (e.g., work conditions, desired wearing schedule, previous lenses, and solutions).
Contact lens exam services (fitting and evaluation)	<ul style="list-style-type: none"> • Keratometry • Slit lamp evaluation (SLE):** <ul style="list-style-type: none"> ▪ With diagnostic contact lenses to assess lens fit (record the diagnostic lenses through which all tests are performed) ▪ Without contact lenses to assess condition of the cornea, sclera, conjunctiva, lids, or tear film • Over-refraction performed with diagnostic contact lenses • Monocular visual acuity measurements with and without new contact lenses • Patient's subjective and/or doctor's objective response to the diagnostic lenses <p>**Note: Anterior segment photos are a separate procedure. We won't accept them in place of biomicroscopy without separate documentation of anterior segment findings.</p>
Assessment	Record your clinical impressions and diagnosis.
Plan	<p>The treatment plan is related to the assessment above and includes the following:</p> <ul style="list-style-type: none"> • Ordering information, such as lens material and parameter: base curve, diameter, power, peripheral curves, and thickness, when applicable • Prior to dispensing the contact lenses, verify the lens parameters, if possible • At the time of dispensing the contact lenses, provide instructions for lens care, handling, and wearing schedule. Your patient must demonstrate at this time the ability to handle, insert, and remove the contact lenses • Maintain complete records of financial data relating to contact lens materials, fitting, and management

ROUTINE PROGRESS EVALUATION OR SUBSEQUENT VISITS

Contact lens history	Case history, including lens care and wearing schedule compliance
Contact lens exam services	<ul style="list-style-type: none"> • Monocular visual acuities with new contact lenses • Over-refraction, if appropriate

(fitting and evaluation)	<ul style="list-style-type: none"> • Slit lamp exam with and without contact lenses** • Keratometry when indicated <p>**Note: Anterior segment photos are a separate procedure. We won't accept them in place of biomicroscopy without separate documentation of anterior segment findings.</p>
Assessment	Record your clinical impressions and diagnosis.
Plan	<ul style="list-style-type: none"> • Recommendations and advice, including the recording of any lens changes or modifications to the lens, wearing schedule, or care • Record of any financial transactions

CLINICAL PRACTICE GUIDELINES (ALGORITHMS)

Note: You must follow these clinical guidelines or document your clinical justification for not following the guidelines in the patient's medical record.

Purpose and Development

The following clinical practice guidelines, known as algorithms, detail recommended procedures for administering exams and treatments. Every patient is different. So these algorithms are offered only as recommendations—they shouldn't replace the doctor's professional clinical judgment.

The algorithms were first developed by a nationwide group of optometrists and ophthalmologists using requirements from NCQA. We then augmented them following guidelines from the American Optometric Association.

Medical Record Documentation

We'll reference the algorithms when we evaluate practice patterns for our continuous quality-improvement initiative. If you choose to deviate from recommended procedures, your decision should be supported by detailed medical-record documentation.

- Acute Angle Closure Glaucoma
- Age-Related Macular Degeneration (ARMD)
- Diabetes
- Glaucoma
- Ocular Surface Disorder
- Posterior Capsular Opacification (PCO)
- Recurrent Corneal Erosion

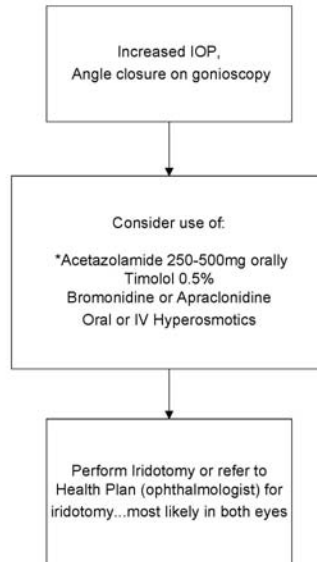
Acronyms

ALT	Argon laser trabeculoplasty
ARMD	Age related macular degeneration
BCVA	Best corrected visual acuity
BP	Blood pressure

Nd: YAG	Neodymium yttrium-aluminum-garnet laser
NP	Non profusion
NSAID	Nonsteroidal anti-inflammatory drugs
PCP	Primary care physician

BRVO	Branch retinal vein occlusion
CME	Cystoid macular edema
CMV	Cytomegalovirus
CNVM	Choroidal neovascular membrane
CRVO	Central retinal vein occlusion
CSME	Clinically significant macular edema
DD	Disc diameter
DFE	Dilated fundus exam
DME	Diabetic macular edema
Dx	Diagnosis
E & M	Evaluation and management
ECL	Elective contact lens
FA	Fluorescein angiography
FTMH	Full thickness macular hole
Hgb	Hemoglobin
HgbA1C	Glycohemoglobin
Hs	Hora somni – at bedtime
Hx	History
IOL	Intraocular lens
IOP	Intraocular pressure

PDR	Proliferative diabetic retinopathy
PHVA	Previous history visual acuity
po	Postoperative
POTF	Production of tear film
prn	Pro re nata – As needed
PRP	Panretinal photocoagulation
q (e.g., q4h)	Every (e.g., every four hours)
qid	Quater in die – four times a day
R/O	Rule out
RD	Retinal detachment
Rx	Prescription
SLE	Slit lamp exam
TA	Tension by applanation
TBUT	Tear breakup time
Tx	Treatment
UCVA	Uncorrected visual acuity
UV	Ultraviolet
VA	Visual acuity
VF	Visual field
YAG	Yttrium-aluminum-garnet laser

ACUTE ANGLE CLOSURE GLAUCOMA

*Depending on state guidelines



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AGE RELATED MACULAR DEGENERATION (ARMD)

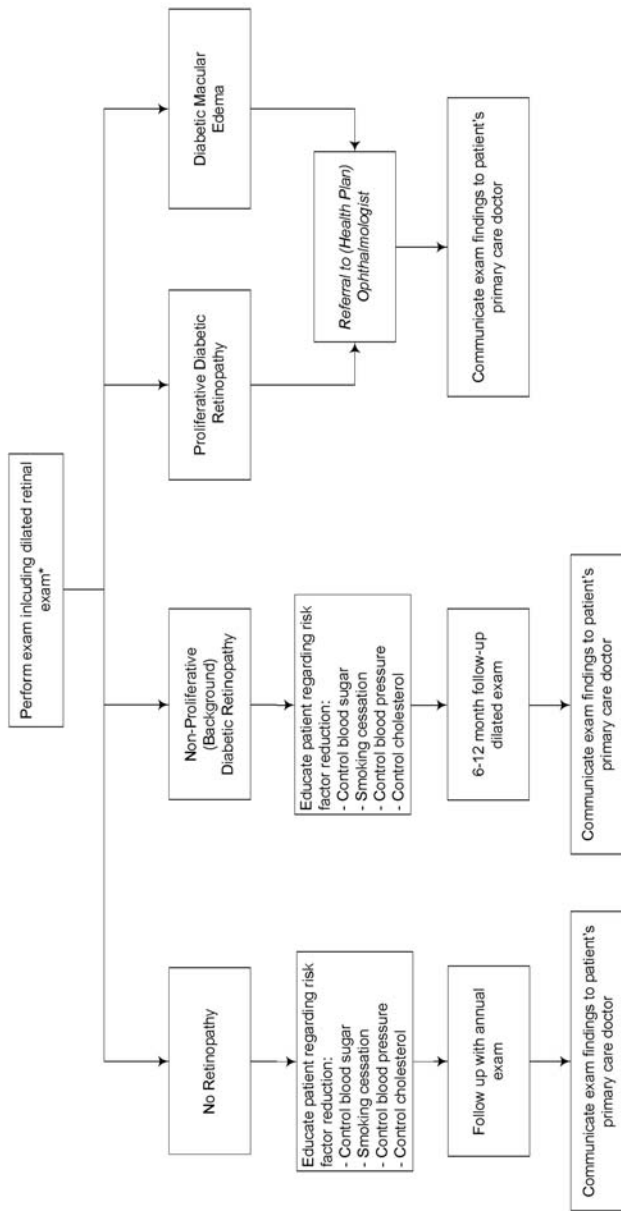


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Patients should return to the Primary EyeCare Provider for post-operative care as soon as the surgeon and Primary EyeCare Provider, along with the patient, agree it is appropriate.

DIABETES



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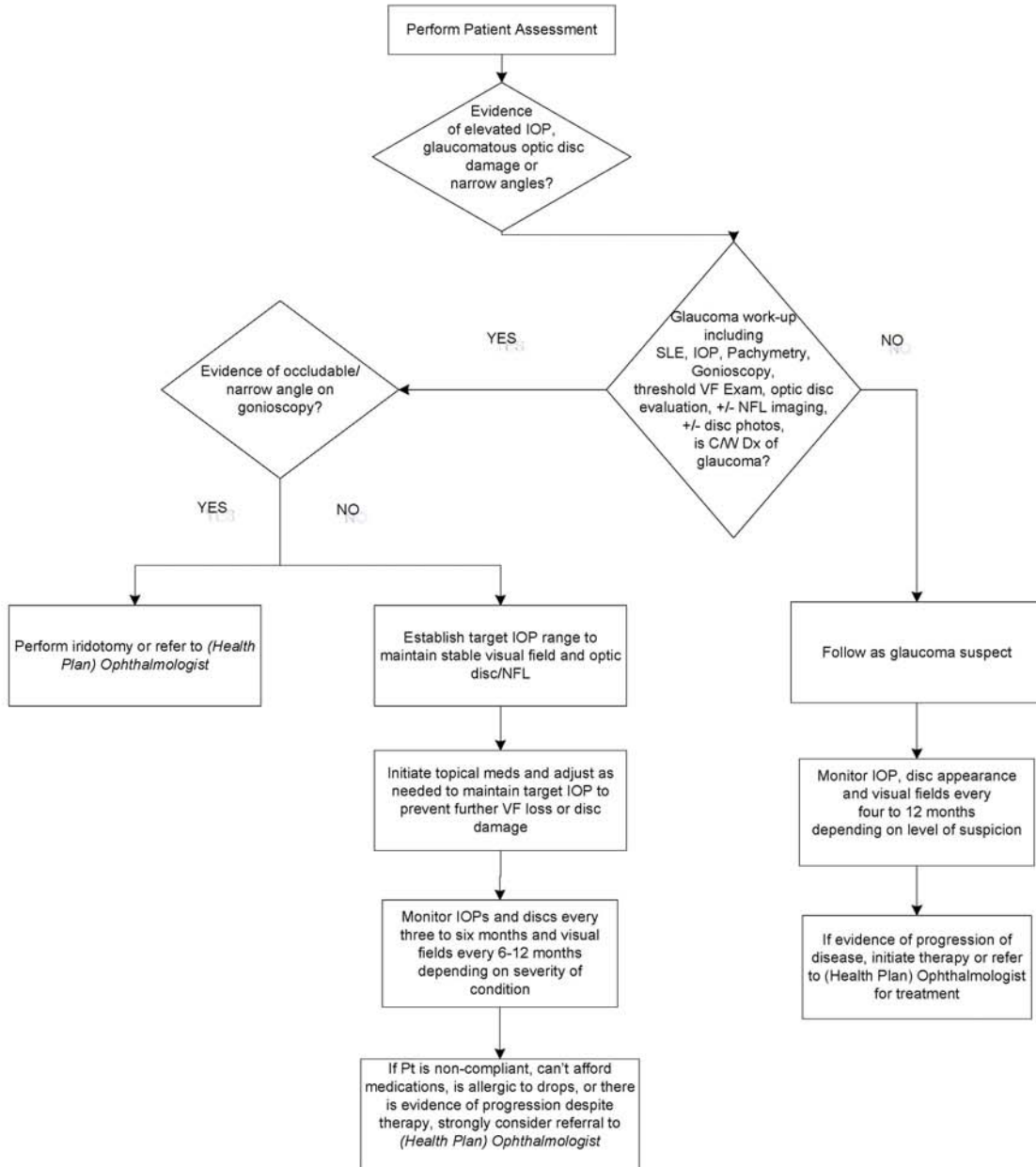


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*Dilated fundus exam is the recognized standard of care of diabetic patients. Retinal photography does not take the place of dilated exam of these patients. If dilation not performed, document clinical rationale in patient medical record.

NOTE: Submit ICD-9 code or check claim box for diabetes. So VSP can aid in the treatment and coordination of care of the patient by integrating medical data with the health care system. VSP will also issue an exam reminder to patients you've identified with diabetes/retinopathy who have not returned for their annual eye exam

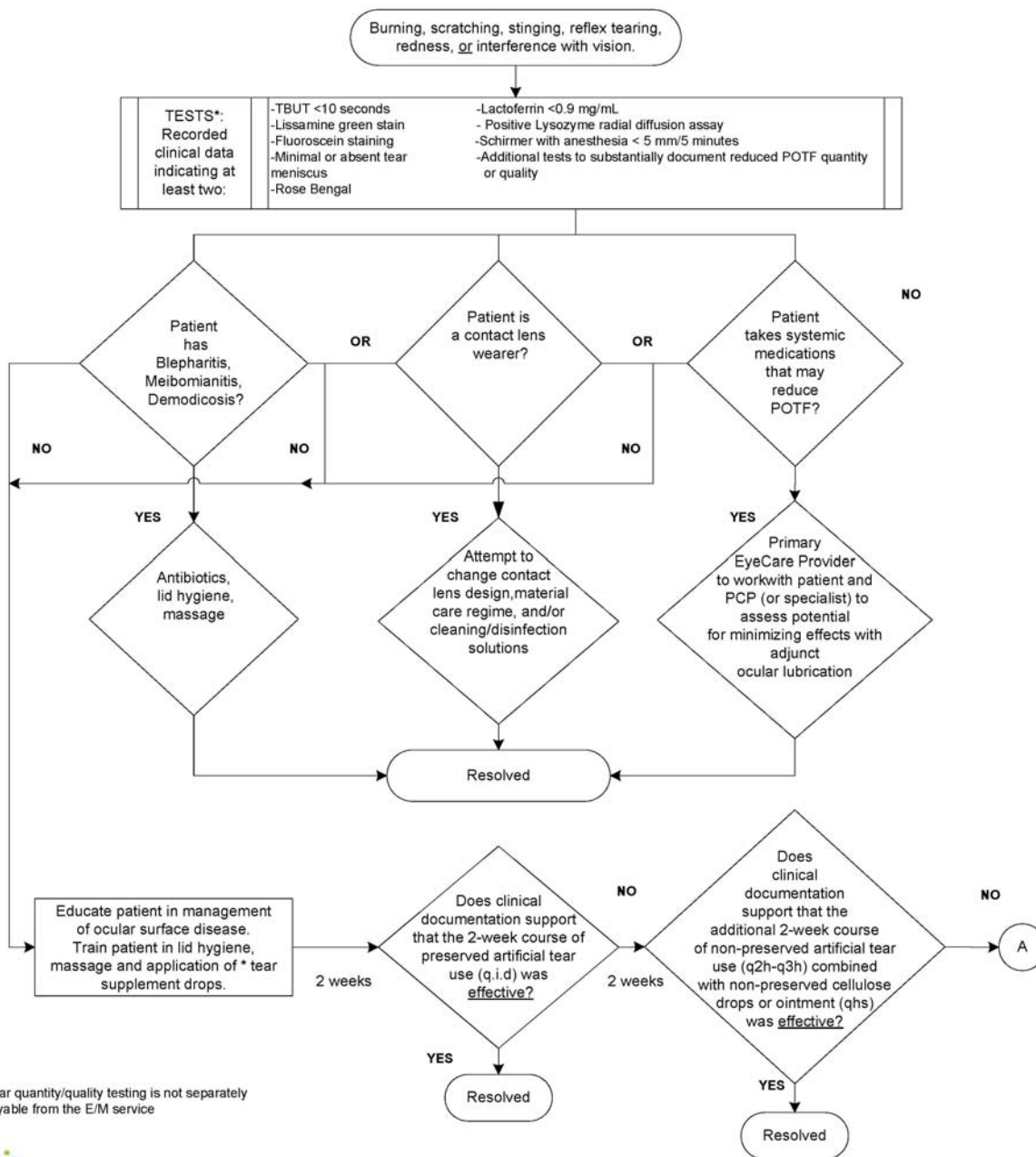
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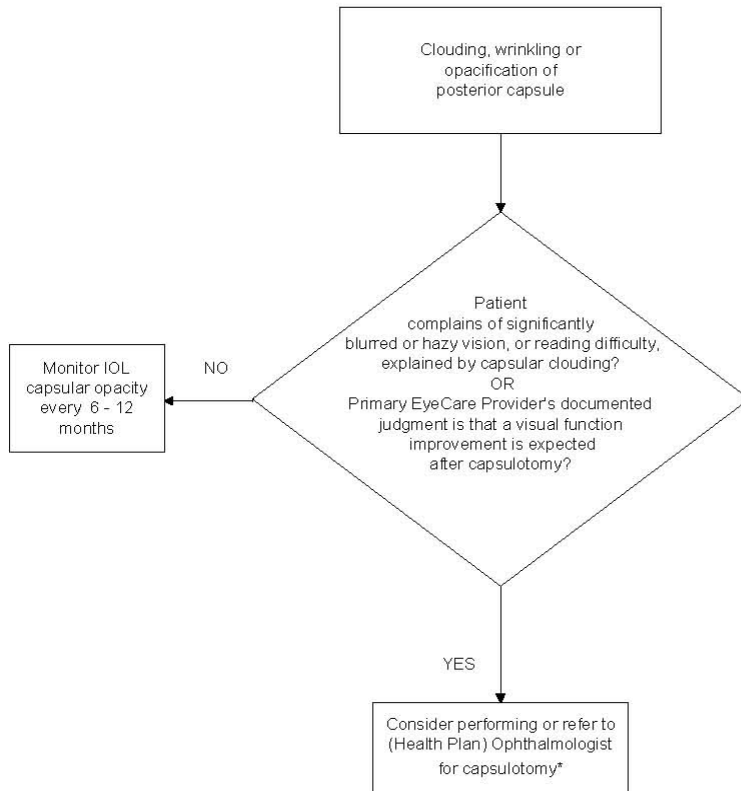
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OCULAR SURFACE DISORDER



POSTERIOR CAPSULAR OPACIFICATION (PCO)

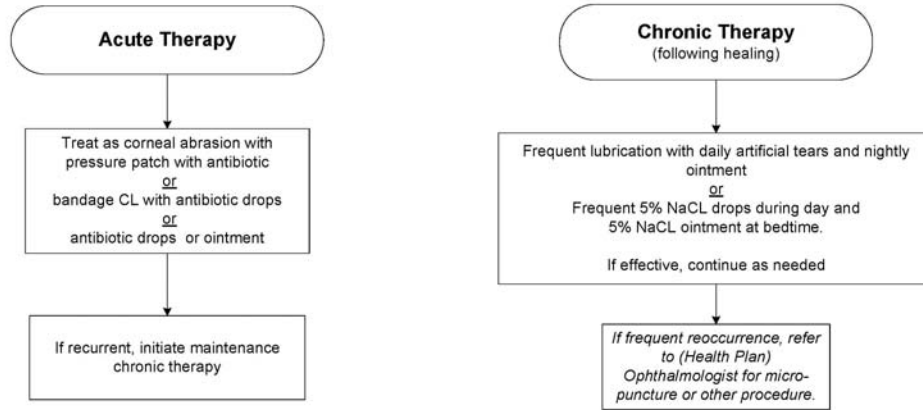


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RECURRENT CORNEAL EROSION



SECTION 4: DISPENSING & PATIENT OPTIONS

USING THE VSP CONTRACT LAB SYSTEM

We contract with optical labs throughout the United States to manufacture prescription orders submitted by VSP network doctors. Claim payment for orders with materials will only be processed after the contract lab completes a prescription and submits the claim to VSP for payment.

Important! The VSP Signature Plan® doesn't cover lenses made in your office unless they're processed under the [VSP In-Office Finishing Program](#). Covered lenses dispensed to VSP patients must be fabricated entirely by a participating VSP contract lab (unless you're providing an in-office option or the lens qualifies for the [VSP In-Office Finishing Program](#)).

For additional materials (such as a second discounted pair of eyeglass lenses and frames), you can use any lab you choose, including in-office labs. See [VSP Signature Plan](#) in the Plans & Coverages section for details.

Submitting Prescriptions

Submit orders to contract labs through eClaim or on paper using the [CMS-1500 form](#) and [Materials Invoice](#). Include all prescription information. You can choose any lab on the [National Contract Lab List](#).

Charge your patients for non-covered options unless their plans say otherwise. For non-covered options, chargebacks are deducted from your reimbursement to pay the lab (see [VSP Signature Options Chart](#) for more information).

The lab will ship the completed order to you and forward your claim to VSP for payment.

USING NON-CONTRACT LABS

You can only use non-contract labs in emergencies or if, in your professional opinion, it is necessary for your patient's visual needs. VSP monitors the use of non-contract labs -- please use them sparingly and only as needed.

Examples of emergencies include:

- Loss, theft, or breakage of prescription eyewear when your patient doesn't own an alternate pair and can't wear contact lenses
- Situations where your patient can't function at work or school and doesn't have another pair of glasses or contact lenses
- Patients whose safety and well-being will be jeopardized without the immediate delivery of their prescription eyewear

Emergency situations don't include:

- Instances where faster turn-around time is requested to accommodate trips, vacations, or other discretionary events
- Providing faster service when your patient has another functional pair of glasses or contacts

To submit a claim when a non-VSP lab is used, select Non-VSP Lab (Private Invoice) from the pull-down menu in the Lab Selection box on eClaim or write “Non-VSP Lab (Private Invoice)” in the Special Instructions area of the Materials Invoice.

You’ll be responsible for the entire cost of the lab bill and should pay the lab on a private-transaction basis. VSP will pay you an established fee of \$10.50 for single vision, \$23.50 for bifocal/progressive and \$33.50 for trifocal, in addition to your regular dispensing fees. Use your bifocal lens-dispensing fee for progressives. When providing materials not covered by your patient’s group, charge your patient according to the **VSP Signature Options Chart** or your adjusted U&C fee (whichever is lower). Don’t balance-bill the patient.

Important! Always verify orders upon receipt by checking all lab option codes.

Limitations

You can order the following on a private-transaction basis:

- Special lenses (see Special Lenses in this section)
- Plano lenses (if not covered by your patient’s plan)
- Additional pairs of glasses using the value added discount (20 or 30 percent discount unless covered by your patient’s plan—refer to Section 2—Plans and Coverages for more information about discounts on additional pairs of glasses)

VSP In-Office Finishing Program

Certain single vision stock lenses may be finished in your office through the VSP In-Office Finishing Program. Refer to the In-Office Finishing Program section of the manual for complete details.

VSP® IN-OFFICE FINISHING PROGRAM

Program Guidelines

Refer to the [VSP In-Office Finishing flier](#) for program benefits and guidelines.

In-office finishing is available for single vision, stock lenses purchased from the VSP Optics Group Single Vision Stock Lens Catalog on eBay for your VSP Signature Plan[®], VSP Choice Plan[®], and VSP Advantage PlanSM patients.

The program excludes the following:

- Orders from other practices—you can only finish lenses from patients seen at your practice; you may not finish work for other VSP Network providers.
- Lenses not purchased from the VSP Optics Group through eBay at eyefinity.com from the assigned VSPOneTM Optical Technology Center for your state.
- Lenses surfaced or altered by any lab (uncuts).

- Charity care claims (Sight for Students®, American Red Cross, and VSP Mobile Eyes®)—these orders must be submitted to a VSPOne Optical Technology Center.
- Lab-supplied frames—only frames supplied by the doctor or the patient are eligible for the program.
- AR coating applied at a lab—only pre-coated stock lenses are eligible for the program.
- Custom coatings.
- Lab applied coatings (Mirror and Ski Coats).
- Lab applied scratch coatings (VSP option code QS: Scratch Resistant Coating B—other Approved Coatings).
- Products not specified in the VSP Optics Single Vision Stock Lens Catalog.
- Any Rx that doesn't meet the VSP [minimum prescription requirements](#).

Lens Purchasing and Ordering

You must purchase single vision stock lenses through eBay at eyefinity.com for VSP In-Office Finishing claims.*

Refer to the [VSP In-Office Finishing Map](#) to determine which VSPOne Optical Technology Center will fulfill your single vision stock lens orders.

*Exceptions apply in the following states: [Alabama, Georgia, Illinois, South Dakota, Tennessee, and Texas](#).

Claim Submission

ONLINE

Claims must be submitted electronically through eClaim at eyefinity.com or through a practice management system that's integrated with Eyefinity.

1. Select In-Office Stock Lenses in the Lens Finishing section of the Lab Invoice screen.
2. Select Single Vision.
3. Choose the appropriate lens from the menu.
4. Select VSP IOF Program from the Lab section.
5. Choose either Doctor Supplied or Patient Supplied from the Frame Supplier menu.
6. Complete all other required fields and submit the claim.

PAPER

Claims for the VSP In-Office Finishing Program must be submitted electronically; paper claim submissions aren't eligible.

Documentation Standards

Your patient records should accurately document VSP In-Office Finishing Program claims as billed. Patient records must clearly indicate the materials supplied and how and when the order was completed, including the frame manufacturer and model, lens purchase details, prescription, lens materials, patient options, date of lens finishing, date received by patient,

and any other relevant data. The VSP Doctor Service Report is not considered adequate documentation.

You must charge patients for all copays and non-covered options.

In-Office Finishing Doctor Redos

The following redo policies and procedures apply to VSP In-Office Finishing Program single-vision stock lens orders. You're responsible for the cost of all redos. Your patient should not be charged for redos resulting from errors made by office staff or in office labs.

VSP IN-OFFICE FINISHING PROGRAM DOCTOR REDO REQUIREMENTS AND LIMITATIONS

Requirements – A patient is entitled to a redo when one of the following requirement(s) is met:	Limitations – You may deny or charge for a redo that falls within the following limitations:
Power changes (not including changes resulting in plano lenses) Axis changes Errors in transcription (not including transcription errors involving tints, photochromics, coatings, or frames) Change in materials (e.g., glass to plastic, plastic to polycarbonate, plastic to high index plastic, or glass, etc.) Changes in base curves	Change made by the patient in the frame size, shape, or style Addition or change made by the patient in tint or coating Materials lost, broken, or damaged by the patient

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PATIENT OPTIONS ON REDOS

Important! Lenses covered by a manufacturer's warranty (e.g., photochromics and aspheric lenses) are not considered a redo. Please contact your assigned lab for policies and warranty information.

On qualified first-time doctor redo prescriptions, patient options ordered on the original prescription will be covered on the first-time doctor redo.

Important! Ordering additional covered options not supplied on the original prescription is not a valid reason for a redo, but if there's another reason to remake an order, you may include additional options on the new lenses.

Adding a patient option that was not on the original prescription should be administered as follows:

Additional Non-covered Options	Additional Covered Options
Charge the patient either the patient option fee or 80% of your U&C fees for non-covered lens options or add-	Don't charge the patient. Submit a Post-Authorization Form with a

ons according to their plan type.	copy of the order form to VSP for reimbursement.
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REDOS SENT TO CONTRACT LABS

If lenses must be remade into a style or with options not available through the VSP In-Office Finishing Program, you are responsible for the cost of the new materials from the lab of your choice. Don't charge the patient unless additional non-covered options are ordered. If a new covered option is ordered, submit a [Post-Authorization Form](#) with a copy of the lab's invoice to VSP for reimbursement. You'll only be paid for the additional covered option.

Reimbursement

Refer to the [VSP In-Office Finishing Program Fee Schedule](#) for a complete list of materials, options, and services and their reimbursement amounts. A few important items to note:

- The In-Office Finishing reimbursement per order will be the cumulative total of all associated lens option fees (In-Office Finishing Fees). If there are no associated options or the cumulative total of the fees is less than \$10, the reimbursement for that order will be \$10.
- Reimbursements cover your cost for the lenses. You won't be reimbursed for taxes on In-Office Finishing payments for services or materials.
- You'll receive your In-Office Finishing fee in addition to your base lens dispensing fee and any applicable doctor service fees for options provided by your office.

Important! Options not listed in the [In-Office Finishing Program Fee Schedule](#) are not included in the program and can't be finished in your office. Payment for these services will be denied.

Explanation of Payment

Your reimbursements under the VSP In-Office Finishing Program will be included in your VSP Explanation of Payment (EOP). The claims detail will appear as it does today, with a new IOF message code, IF. The In-Office Finishing section outlines your VSP In-Office Finishing Program reimbursements associated with claims submitted under the program. Payments will be included in your VSP check or EFT total.

NATIONAL CONTRACT LAB LIST

VSP doctors can use any of the contract labs listed below for the VSP Signature Plan®. Initials to the left of the lab numbers indicate the lab is approved for other VSP plans as noted in the legend below. The number to the left of the lab is the VSP lab number used to identify participating labs.

A: VSP Advantage Plan—for use by all doctors; labs will charge the fixed VSP Advantage Plan lab fees

C: California RNP/Medi-Cal—for use by California doctors; labs will charge the fixed CA RNP/Medi-Cal lab fees

N: National RNP/Medicaid—for use by all doctors; labs will charge the fixed RNP/Medicaid lab fees

P: ProTec—approved ProTec® Safety and VSP Safety Eyecare Labs

Alabama									
A	N	206	Opti-Matrix, Inc.	1317 Virginia Blvd.	Huntsville	35801	256.533.1369	800.445.2565	
A	N	280	Optical Prescription Lab	120 Applegate Circle	Pelham	35124	205.620.9019	800.829.3937	
Arizona									
A	N	880	Aspen Optical	1050 West Main Street, Suite 102	Mesa	85201	480.894.8770	800.926.5367	
		882	Bristow Optical Co.	3840 E. 5 th Street	Tucson	85716	520.327.5885	800.303.5885	
A	N	884	Carl Zeiss Vision Southwest	410 S. Madison Drive, Suite 2	Tempe	85281	480.993.0101	800.333.5110	
		885	Meridian Optical Laboratory	3711 E. Atlanta Avenue	Phoenix	85040	602-257-8555	800-352-5465	
Arkansas									
A	N	237	Central Optical, Inc.	6518 Fox Run East End	Mabelvale	72103	501.888.3886	800.888.3886	
A	N	238	NEA Optical	1426 East Washington Avenue	Jonesboro	72401	870.935.2179	800.535.7774	
A	N	214	Plunkett Optical	1705 North A Street	Ft. Smith	72901	479.783.2001	800.272.4730	
California									
A	C	N	901	Bartley Optical	1300 Optical Drive	Azusa	91702	626.969.6181	800.347.4733
A	C	N	902	Brothers' Optical Lab, Inc.	870 North Eckhoff Street	Orange	92868	714.634.9303	800.531.3112
A	C	N	967	Capitol Optical Co.**	457 Grass Valley Highway, Suite 11	Auburn	95603	530.823.3937	800.400.5367
A	C	N	915	Carl Zeiss Vision California	4661 Arrow Highway	Montclair	91763	909.622.1248	800.824.4868
	C		923	Collard-Rose Optical	12402 Philadelphia Street	Whittier	90601	562.698.2286	800.242.2020
	C		940	Continental Sales Co.	180 Westgate Drive	Watsonville	95076	831.426.7423	800.288.2721
A	C	N	929	Elite Optical Company	9901 Horn Road, Suite G	Sacramento	95827	916.368.6650	800.556.5502
A	C	N	973	Elite Optical Company	801 N. Burke	Visalia	93292	559.625.5816	800.624.6672
A	C	N	994	Elite Optical Company	1450 W. Walnut Street	Rancho Dominguez	90220	310.604.8668	800.468.6788
A	C	N	935	Empire Optical**	7633 Varna Avenue	N. Hollywood	91605	818.997.6474	800.767.6784
A	C	N	920	Hoya-Los Angeles	1100 East Elm Avenue	Fullerton	92831	800.273.2133	
A	C	N	966	Hoya-Modesto	1400 Carpenter Lane	Modesto	95351	209.579.7739	800.692.5730
A	C	N	918	Hoya-San Diego*	4255 Ruffin Road	San Diego	92123	858.490.3490	800.544.2015
A	C	N	969	J & J Optical	6153 Center Street	Paradise	95969	530.876.1586	800.498.4344
A	C	N	979	Katz & Klein, Inc.	1909 H Street	Sacramento	95811	916.444.2024	800.698.5265
A	C	N	903	Meridian Optical Laboratory	9560 Ridgehaven Court	San Diego	92123	858.565.0751	800.532.3840
A	C	N	941	Ocular Labs, Inc.	923 Berryessa Road	San Jose	95133	408.955.7250	800.773.9910
A	C	N	910	Peggy's Optical Service**	1925 Divisadero Street	Fresno	93701	559.268.1010	800.858.8800
A	C	N	913	Precision Optical Products	4950 Waring Road, Suite 4	San Diego	92120	619.287.4436	866.472.4436
A	C	N	968	Prestige Lens Lab*	338 N. Canal Street, #13 & #14	S. San Francisco	94080	650.266.8584	800.210.9449
	C		917	Richmond Optical Co.	29425 Ruus Road	Hayward	94544	510.783.1420	800.870.3937

	985	Signetek	1001 Armorlite Drive	San Marcos	92069	760.744.4000	800.759.0075
A C N	999	VSPOne Sacramento	3131 Fite Circle	Sacramento	95827	916.369.6161	800.952.5518
A C N	961	VSPOne San Diego	2651 La Mirada Drive	Vista	92081	760.305.7400	866.569.8800
A C N	948	X-Tra Lite	5421 McFadden Avenue, Suite D	Huntington Beach	92649	714.897.3525	800.878.9872
Colorado							
A N	770	Duffens Optical Company	2929 W. 9 th Avenue	Denver	80204	303.623.5301	800.999.5367
A N	778	Pasch Optical Lab, Inc.	2700 W. Hampden	Sheridan	80110	303.789.0089	800.888.0036
A N	769	Walman Optical Co.	495 Cedar Avenue	Denver	80223	303.777.4484	800.332.8477
Connecticut							
A N	499	Encore Optics	140 Commerce Way	S. Windsor	06074	860.282-0082	866.833-2020
A N	460	Hoya-Hartford	580 Nutmeg Road North	S. Windsor	06074	860.289.5367	800.722.7659
A N	483	McLeod Optical Company	451 Meriden Road	Waterbury	06705	203.754.2187	
A N	465	Precision Optical Co.	351 Burnham Street	East Hartford	06108	860.289.6023	800.842.8622
Florida							
A N	867	Hoya-Largo	12345 Starkey Road, Suite E	Largo	33773	727.531.8964	800.882.8131
A N	863	Kosh Ophthalmic, Inc.	2901 W. McNab Road	Pompano Beach	33069	954.975.0100	800.327.4118
A N	872	Milroy Optical	5067 Savarese Circle	Tampa	33634	813.889.0858	800.366.2702
A N	865	Optiks Unlimited, Inc.	3210 Corrine Drive, #1	Orlando	32803	407.895.6147	800.495.7255
A N	866	Pelican Optical Labs, Inc.	6850 Whitfield Industrial Avenue	Sarasota	34243	941.751.4437	800.862.0966
A N	821	VSPOne Fort Lauderdale	6611 NW 15 th Way	Ft. Lauderdale	33309	954.975.8600	800.327.3718
A N	862	VSPOne Tampa Bay	5600 115th Avenue North	Clearwater	33760	727.528.8873	
Georgia							
	255	Better Optics	3213 Humphries Hill Road, Bldg. #4	Austell	30106	770.819.8800	800.831.1846
A N	292	Carl Zeiss Vision Georgia	216 Valley Hill Road	Riverdale	30274	770.478.2121	800.241.9030
A N	228	Hoya-Atlanta	591-F Thornton Road	Lithia Springs	30122	770.944.1800	800.647.3640
A N	220	Robertson Optical Lab	2309 Highway 81 South	Loganville	30052	770.554.3000	800.929.2765
A N	267	Southern Optical Co.	1914 A. North Leg Road	Augusta	30909	706.737.5995	800.969.1296
A N	223	Southern-Reid Optical	1856 Corporate Drive, Suite 150	Norcross	30093	678.380.7425	800.765.7343
Hawaii							
A N	953	Optical Suppliers, Inc.	99-1253 Halawa Valley Street	Aiea	96701	808.486.2933	800.448.0477
Idaho							
A N	578	Deschutes Optical - Idaho	5236 Chinden Blvd.	Boise	83714	208.323.8981	800.241.2338
Illinois							
A N	650	Expert Optics	305 Earl Road	Shorewood	60431	815.741.1414	800.892.0097
A N	626	Hoya-Chicago	3531 Martens Street	Franklin Park	60131	847.678.4700	800.223.3510
A N	618	Hoya-St. Louis	301 Vision Drive	Columbia	62236	618.281.3344	800.279.3721
A N	661	Illinois Ophthalmics, Inc.	3373 N. Woodford St.	Decatur	62526	217.877.1192	800.252.1621
A N	630	Soderberg, Inc.	1280 11 th Street West, Suite 2	Milan	61264	563.386.3030	800.383.2083
A N	625	Walman Optical Company	1280 11th Street, West	Milan	61264	320.363.7211	800.447.1376
Indiana							
A N	619	Bell-Duffens Optical Co.	1718 Lafayette Road	Indianapolis	46222	317.637.2391	800.382.4523
A N	699	Expert Optics	3702 W. Sample Street, #32	South Bend	46619	574.287.8402	800.287.9778
A N	635	G.K. Optical	2902 Mitthoeffer Palace	Indianapolis	46229	317.881.2585	800.500.8830
	687	LensTech Optical Lab	1064 S Greenwood Springs Blvd., Suite A	Greenwood	46143	317.882.1249	800.564.5546
A N	641	Soderberg, Inc.	119 South Seventh Street	Terre Haute	47807	812.232.1389	800.457.0535
A N	642	Soderberg, Inc.	4920 Executive Blvd., Suite A	Fort Wayne	46808	260.471.5077	800.736.7411
A N	646	Walman Optical Co.	2540 Waterbridge Way	Evansville	47711	812.424.7521	800.727.5367
A N	647	Walman Optical Co.	4920 Executive Blvd., Suite C	Fort Wayne	46808	260.484.5527	800.688.2365

Iowa									
A	N	623	Carl Zeiss Vision Iowa	4186 Alyssa Court	Iowa City	52240	888.891.0214	319.338.8370	
A	N	645	Carl Zeiss Vision Siouxland	300 W. 16 th Street	Sheldon	51201	712.324.4352	800.831.8583	
A	C	N	603	Pech Optical Corp.	2717 Murray Street	Sioux City	51111	712.277.3937	800.831.2352
A	N	696	Precision Optical Group	701 S. Oak Street	Creston	50801	641.782.6685	800.497.9239	
A	N	632	Soderberg, Inc.	1214 Maple Street	W. Des Moines	50265	515.223.5280	800.733.4641	
A	N	682	Twin City Optical	529 Seneca	Storm Lake	50588	712.732.5279	800.792.6826	
A	N	683	Twin City Optical	1445 C Street SW	Cedar Rapids	52403	319.365.8707	800.245.5859	
Kansas									
A	N	612	Duffens Optical Co.	400 SE Quincy Street	Topeka	66603	785.234.3481	800.432.2475	
A	N	614	Duffens/Langley	8140 Marshall Drive	Lenexa	66214	913.492.5379	800.397.2020	
A	N	615	Duffens Optical Co.	145 Wabash	Wichita	67214	316.262.5411	800.657.5758	
Kentucky									
A	C	N	132	Carl Zeiss Vision Kentucky	1050 World Wide Blvd.	Hebron	41048	859.689.1243	866.289.7652
A	N	120	Twin City Optical	4601-B Proximity Drive	Louisville	40213	502.966.5662	800.647.6970	
Louisiana									
A	N	208	Gulf States Optical Labs	313 Coolidge Street	Jefferson	70121	504.834.1646	800.662.7889	
Maine									
A	N	485	McLeod Optical Co., Inc.	179 Mount Vernon Avenue	Augusta	04330	207.623.3841		
Maryland									
A	N	302	Carl Zeiss Vision B&W	812 West Patapsco Avenue	Baltimore	21230	410.355.8880	800.638.0377	
A	N	310	Homer Optical Co., Inc.	2401 Linden Lane	Silver Spring	20910	301.585.9060	800.627.2710	
A	N	313	New City Optical Co., Inc.	1107-09 Wilson Drive	Baltimore	21223	410.646.3500	800.638.3536	
A	N	306	Walman Optical Company	6304 Blair Hill Lane	Baltimore	21209	410.828.7424	800.638.5098	
Massachusetts									
A	N	733	Carl Zeiss Vision Northeast	90 Oak Street	Newton	02464	617.964.6797	800.403.8997	
Michigan									
A	N	107	Carl Zeiss Vision Great Lakes	1784 Larchwood Drive	Troy	48083	248.524.0550	800.693.0099	
A	N	110	Optical Supply, Inc.	1526 Plainfield NE	Grand Rapids	49505	616.361.6000	800.441.4441	
A	N	125	Soderberg, Inc.	5533 Ann Arbor Road	Jackson	49201	517.764.5100	800.733.3645	
A	N	119	Twin City Optical	2323 Aero Park Court	Traverse City	49686	231.922.0344	800.424.0344	
A	N	133	Visioncraft-Optical Dimensions	3825 Martin Road, #110	Walled Lake	48390	248.669.1130		
Minnesota									
A	N	660	Carl Zeiss Vision North Central	4605 Rusan Street	St. Cloud	56303	320.255.9787	800.328.3829	
A	N	621	D.B.L. Labs, Inc.	6650 Saukview Drive	St. Cloud	56303	320.654.6650	800.888.0222	
A	N	607	Index 53	306 Main Street	St. Stephen	56375	320.252.9380	800.328.7035	
A	N	610	Precision Optics	6925 Saukview Drive	St. Cloud	56303	320.251.8591	800.328.7075	
A	N	675	Soderberg, Inc.	230 Eva Street	St. Paul	55107	651.291.1400	800.755.5655	
A	N	665	Twin City Optical	5205 Highway 169 North	Minneapolis	55442	763.551.2000	800.328.4912	
A	N	685	Twin City Optical	905 North 4 th Street	Staples	56479	218.894.3385	800.328.9402	
A	N	604	Walman Optical Co.	801 12 th Avenue North	Minneapolis	55411	612.520.6000	800.926.9276	
A	N	688	Walman Optical Co.	510 Beltrami Avenue	Bemidji	56601	218.751.5327	800.891.1019	
A	N	689	Walman Optical Co.	306 West Superior Street	Duluth	55802	218.722.7034	800.945.3937	
Mississippi									
		275	I-Care Optical Lab, Inc.	160 McTyere Avenue	Jackson	39202	601.352.3576	800.748.9521	
A	N	234	Superior Optical Labs, Inc.	6525 Sunplex Drive	Ocean Springs	39564	228.875.3796	800.476.2285	

Missouri								
A	N P	636	Carl Zeiss Vision Kansas City	13731 East 42 nd Terrace	Independence	64055	888.807.0072	
A	N	605	Gateway Optical	18 Kirkham Industrial Drive	Webster Groves	63119	314.968.1905	800.325.1416
A	N	609	Midland Optical Co.	2360 59 th Street	St. Louis	63110	314.533.2020	800.325.3176
A	N	602	Ozarks Optical Lab, Inc.	1845 Arbor Court	Springfield	65807	417.890.5367	800.876.5362
A	N	627	Sutherlin Optical	1941 Central Street	Kansas City	64108	816.421.0369	800.999.8193
Montana								
A	N	503	Twin City Optical	1002 10 th Street, West, #3	Billings	59102	406.248.4429	800.258.4192
A	N	581	Walman Optical Co.	2747 Enterprise Avenue, Suite 3	Billings	59102	406.252.2143	800.759.5501
A	N	589	Walman Optical Co.	410 Central Avenue, 320 Strain Bldg.	Great Falls	59401	406.761.2872	800.831.5889
A	N	594	Walman Optical Co.	1245 South 3 rd West	Missoula	59801	406.549.6429	800.877.3014
Nebraska								
		673	Hi-Tech Optics	121 Oakcreek Drive	Lincoln	68528	402.434.2700	402.434.2705
A	N	628	Rite-Style Optical Co.	12240 Emmet Street	Omaha	68164	402.492.8822	800.373.3200
A	N	697	Walman Optical Co.	11019 I Street	Omaha	68137	402.339.4474	800.759.3937
Nevada								
A	N	853	Sunstar Optical*	5960 Edmond Street	Las Vegas	89118	702.739.8880	800.429.2416
A	N	856	Sunstar Optical*	4865 Longley Lane, Suite B	Reno	89502	775.359.7554	888.695.7554
A	N	809	Truckee Meadows Optical	2970 Sutro Street	Reno	89512	775.359.6667	800.245.6667
A	N	815	Walman Optical Co.	3321 Sunrise Avenue, Suite #110	Las Vegas	89101	702.438.1235	800.621.1150
New Hampshire								
A	N	726	N. H. Optical Laboratory, LLC	32 Library Street	Allenstown	03275	603.218.1470	800.852.3717
New Jersey								
A	N	445	M. H. Optical Supplies	128 Leuning Street	South Hackensack	07606	201.489.1110	800.445.3090
A	N	435	S & G Optical, Inc.	53 Brown Avenue	Springfield	07081	973.379.2020	973.379.2030
A	N	438	Sheridan Optical Company Inc.	108 Clinton Avenue	Pitman	08071	856.582.0963	800.704.1375
New Mexico								
A	N	779	Precision Optical Laboratory	5115 Coors Blvd. NW, Suite E	Albuquerque	87120	505.897.2468	505.897.2507
A	N	761	Twin City Optical*	120 Jefferson Street, NE	Albuquerque	87108	505.256.9000	800.239.3540
New York								
A	N	433	21 st Century Optics, Inc.	47-00 33 rd Street	Long Island City	11101	718.392.2310	800.221.4170
A	N	403	Advance Optical	37 Goodway Drive, East	Rochester	14623	585.427.0800	800.828.6331
		417	Hirsch Optical Corp.	83 Milbar Blvd.	Farmingdale	11735	516.752.2211	800.344.0010
		437	Optics Plus, Inc.	4291 Delaware Avenue	Tonawanda	14150	716.744.2636	800.640.1653
A	N	407	Optogenics Of Syracuse**	2840 Erie Blvd. East	Syracuse	13224	315.446.7500	800.247.3072
A	N	406	Tri-Supreme Optical, LLC	91 Carolyn Boulevard	Farmingdale	11735	631.249.2020	800.321.1100
A	N	402	Winchester Optical	1935 Lake Street	Elmira	14901	607.734.4251	800.847.9357
North Carolina								
A	N	207	Southern Optical Co.	860 Aviation Pkwy, Suite 1300	Morrisville	27560	919.469.1623	800.969.8256
A	N	218	Southern Optical Co.	1909 North Church Street	Greensboro	27405	336.272.8146	800.888.8842
A	N	283	Southern Optical Co.	103 J & L Drive	Goldsboro	27530	919.735.2084	800.672.4780
North Dakota								
A	N	634	Soderberg, Inc.	1404 33 rd Street South, Suite K	Fargo	58103	701.282.2416	800.437.3652
A	N	653	Twin City Optical	1213 Continental Avenue	Bismarck	58501	701.223.7640	800.258.4186
A	N	624	Walman Optical Co.	1404 33 rd Street South, Suite K	Fargo	58103	701.235.0571	800.678.9755
A	N	670	Walman Optical Co.	17 2 nd Avenue SE	Minot	58701	701.852.1048	800.735.5954

Ohio							
A C N	121	Bell Optical Laboratory, Inc.	9221 Ravenna Road, Unit 3D	Twinsburg	44087	330.425.3003	800.622.9008
A N	638	Bell Optical Laboratory, Inc.	2510 Lance Drive	Kettering	45409	937.294.8022	800.543.4864
A N	102	Carskadden Optical Co.	1525 High Pointe Court	Zanesville	43701	740.452.9306	800.282.9861
A N	103	Central Optical	6981 Southern Blvd.	Boardman	44512	330.783.9660	800.322.6678
A N	175	Diversified Ophthalmics, Inc.	250 McCullough Street	Cincinnati	45226	513.321.7988	800.626.2281
A N	115	Hoya-Cleveland	94 Pelret Industrial Parkway	Berea	44017	440.234.5703	800.861.3661
	104	Interstate Optical Company, Inc.*	680 Lindaire Lane	Mansfield	44906	419.529.6800	800.472.5790
A N	109	Optical One, Inc.	1750 South Avenue	Youngstown	44502	330.743.8518	800.223.3200
A N	111	Rooney Optical, Inc.	5440 West 164 th Street	Cleveland	44142	216.267.5600	800.362.1400
A N	112	Select Optical, Inc.	6510 Huntley Road	Columbus	43229	614.846.5750	800.331.1603
A N	124	Soderberg, Inc.	1851 Ebert Avenue	Dayton	45439	937.298.0223	800.762.4827
A N	114	Toledo Optical Laboratory, Inc.	1201 Jefferson Avenue	Toledo	43604	419.248.3384	800.472.0107
A N	199	VSPOne Columbus	2605 Rohr Road	Lockbourne	43137	614.409.8900	800.251.5150
Oklahoma							
A N	252	Duffens Optical Company	4419 SW 21 st Street	Oklahoma City	73108	405.682.1988	800.256.9800
	216	Rx Optical	2006 N. Yellowwood Avenue	Broken Arrow	74012	918.459.3833	800.886.3467
A N	254	E.Magine Optical	4139 S. 88 th E. Avenue	Tulsa	74145	918.627.0593	800.767.8545
A N	204	Team Effort Optical	5201 South Western, Suite 100	Oklahoma City	73109	405.631.7885	405.631.8190
Oregon							
A N	718	Carl Zeiss Vision Northwest	14450 SE 98th Court	Clackamas	97015	503.655.4787	800.547.3156
A N	712	Hoya-Eugene*	1370 S. Bertleson Road	Eugene	97402	541.683.3898	800.442.5969
A N	713	Hoya-Portland	4500 SE Criterion Court, #220	Milwaukie	97222	503.233.6211	800.547.8064
A C N	711	Opti-Craft, Inc.	17311 NE Halsey Street	Portland	97230	503.256.5330	800.288.8078
Pennsylvania							
A N	495	Allentown Optical Corp.	525 Business Park Lane	Allentown	18109	610.433.5269	800.523.1141
A N	411	Balester Optical Company	388 North River Street	Wilkes-Barre	18702	570.824.7821	800.233.8373
A N	490	K Optical, Inc.	29 West Main Street	Hummelstown	17036	717.566.5681	800.548.7540
A N	443	Luzerne Optical Laboratories, Ltd.	180 N. Wilkes-Barre Blvd.	Wilkes-Barre	18702	570.822.3183	800.233.9637
A N	422	Rooney Optical, Inc.	LD Bldg. 4, Center Drive	Latrobe	15650	724.539.1130	800.442.6953
A N	408	Three Rivers Optical Co.	260 Bilmar Drive	Pittsburgh	15205	412.928.2020	800.756.2020
A N	436	Walman Optical Company	150 Rose Court	York	17402	717.767.5193	800.673.2425
Puerto Rico							
	868	MGM Optical Laboratories, Inc.	621 De Diego Avenue, Caparra Terrace	San Juan	00920	787.781.6299	
	875	Rainbow Optical Lab, Inc.	Parque Ind'l Valle Tolima Edificio Multifabril 14-A #3	Caguas	00725	787.745.8875	787.438.4280
Rhode Island							
A N	480	Crown Optical Company	15 Commerce Street	Greenville	02828	401.949.3400	800.766.2769
A N	481	McLeod Optical Co., Inc.	50 Jefferson Park Road	Warwick	02888	401.467.3000	
South Carolina							
A N	212	Robertson Optical Lab	411 Commerce Drive, NE	Columbia	29223	803.254.9381	800.922.5525
A N	236	Robertson Optical Lab - Greenville	120 Howe Street	Greenville	29601	864.370.2015	800.223.0890
A N	215	Southern Optical Co.	128 Greenacre Road	Greenville	29607	864.232.7316	800.999.4805
South Dakota							
A N	633	Soderberg, Inc.	623 S. Lyons Avenue	Sioux Falls	57106	605.336.3650	800.843.7968
A N	678	Twin City Optical	3109 W. 41 st Street, Suite 115	Sioux Falls	57105	605.373.0264	800.615.1106

Tennessee									
A	N	213	Carl Zeiss Vision Cumberland	806 Olympic Street	Nashville	37203	615.254.5868	800.888.8316	
A	N	286	Hoya-Knoxville	1529 Western Avenue NW	Knoxville	37921	865.524.5448	800.227.5697	
A	N	222	Muller Optical Company	203 W. Baltimore Street	Jackson	38301	731.422.1601	800.238.3811	
A	N	211	Precision Optical Lab	225 Overton Road	Gallaway	38036	901.867.2991	800.238.6828	
A	N	253	Southern Optical Co.	4835 Hwy 58	Chattanooga	37416	423.499.4000	800.966.8255	
A	N	265	Southern Optical Co.	501 Merritt Avenue	Nashville	37203	615.256.6631	800.333.8498	
A	N	288	Southern Optical Co.	1528 Edgemont Avenue	Bristol	37620	423.538.5544	800.888.2544	
Texas									
A	N	240	Carl Zeiss Vision Texas	440 E. Vista Ridge Mall Drive	Lewisville	75067	866.326.5541	866.970.2561	
A	N	260	DJ's Optical Lab	300 Brushy Creek Road, Suite 404	Cedar Park	78613	512.257.2020	512.257.2021	
A	N	241	Duffens Optical Company	3625 Willowbend Blvd. #110	Houston	77054	713.663.3000	800.392.9774	
A	N	242	Hoya-Dallas	651 E. Corporate Drive	Lewisville	75057	972.221.4141	800.423.2361	
A	N	249	Omega Dash Lab	5901 63 rd Street, Suite B	Lubbock	79424	806.793.2088	800.327.8522	
A	C	N	246	Omega Optical Company	13515 N. Stemmons Fwy.	Dallas	75234	972.241.4141	800.366.6342
A	N	235	Southwest Lens Corporation	4735 Memphis Street	Dallas	75207	214.634.8109	800.662.2251	
A	C	N	201	VSPOne Dallas	440 E. Vista Ridge Mall Drive	Lewisville	75067	972.956.5400	866.934.0400
A	N	230	Wilson Optical	8990 Summerford Lane	El Paso	79907	915.859.3415	800.351.2287	
Utah									
		772	Salt Lake Optical, Inc.	3007 SW Temple, Suite F	Salt Lake City	84115	801.328.4791	800.657.7448	
Vermont									
A	N	730	Lenco, Inc.	175 Quality Lane	Rutland	05701	802.775.2505	800.244.2505	
Virginia									
A	N	319	Carl Zeiss Vision Southeastern	6490 Commonwealth Drive	Roanoke	24018	540.989.8644	800.456.0088	
		321	Carl Zeiss Vision Virginia	1301 N. Kingston Avenue	Chester	23836	800.328.2984		
A	N	315	New City Optical Co., Inc.	5819-A Ward Court	Virginia Beach	23455	757.460.0938	800.446.4001	
A	N	317	Professional Oph. Labs	2126 Winston Avenue SW, Suite #G	Roanoke	24014	540.345.7303	800.476.4050	
A	N	318	Southern Optical Co.	10813 Trade Road	Richmond	23236	804.747.8700	800.229.5367	
Washington									
A	N	515	Central Optical Lab	412 Diagonal Street	Clarkston	99403	509.758.1791	800.366.1790	
A	N	568	Hoya-Seattle	2330 South 78 th Street	Tacoma	98409	253.474.0610	800.562.8135	
A	N	519	Jorgenson Optical Supply	1901 S. Union Avenue, #B1001	Tacoma	98405	253.572.4522	800.426.8918	
		549	Nouveau Vision, Inc.	8567 Willows Road	Redmond	98052	425.882.4333	800.365.3611	
A	N	558	Peninsula Optical Lab	1631 Northeast Franklin Avenue	Bremerton	98311	360.478.8975	800.540.4640	
A	N	520	QC Optical Spokane	South 135 Scott Avenue	Spokane	99202	509.535.4920	800.927.1090	
A	N	573	Vision Craft, Inc.	202 South Front Street	Yakima	98901	509.248.1951	800.733.3937	
A	N	539	Walman Optical Company	20417 80th Avenue South	Kent	98032	253.872.7137	800.752.5227	
A	N	505	VSPOne Olympia	310-K South Bay Road NE	Olympia	98506	360.352.7502	888.352.7502	
West Virginia									
A	N	122	Bell Optical Laboratory, Inc.	Boaz Commercial Park #6	Williamstown	26187	304.375.2166	800.225.2157	
A	N	123	Bell Optical Laboratory, Inc.	2182 Route 75, Suite 2	Kenova	25530	304.429.8470	800.553.3402	
Wisconsin									
A	N	656	Soderberg, Inc.	207 North Barstow	Eau Claire	54703	715.834.1271	800.472.6655	
A	N	657	Soderberg, Inc.	3108 Airport Road	La Crosse	54603	608.784.5836	800.356.9504	
A	N	658	Soderberg, Inc.	205 S. Stoughton Road	Madison	53714	608.249.7364	800.736.6544	
A	N	659	Soderberg, Inc.	7300 South 1 st Street	Oak Creek	53154	414.764.8878	800.677.0680	
A	N	651	Twin City Optical	4605 London Road	Eau Claire	54701	715.833.7088	800.752.4187	
A	N	649	Walman Optical Co.	715 14 th Avenue	Green Bay	54304	920.498.2928	800.365.2828	

Wyoming								
A	N	768	Twin City Optical	1905 East A Street	Casper	82601	307.265.0151	800.438.3413

*Safety Eyewear monogrammed only by request.

**Safety Eyewear not provided at this lab.

PATIENT OPTION FEES INSTRUCTIONS

Covered Options

Don't charge a fee for any option item covered by your patient's plan. We'll pay you a service fee, as shown on the [VSP Signature Options Chart](#). Please note that if your patient is covered for plastic dyes, glass tints, or plastic or glass photochromics, there's no service fee for these options. There's also no service fee for covered polycarbonate lenses when dispensed to children or handicapped patients.

POLYCARBONATE LENSES FOR MONOCULAR PATIENTS

Don't charge for the polycarbonate option used by functionally monocular patients, defined as those having best corrected vision of 20/200 or worse in one eye. Polycarbonate lenses are covered in full.

We'll cover the option fee, even if it's not specifically covered by your patient's plan. We'll also pay you a service fee. Simply include the most appropriate ICD-9 diagnosis code describing your patient's level of visual impairment on the claim form.

Monocular Diagnosis Codes: The claim must be submitted with a Polycarbonate lens option and one of the following monocular diagnosis codes:

369.16	369.17	369.24	369.62	369.63	369.65
369.66	369.68	369.69	369.72	369.73	

Non-covered Options

When providing materials not covered by your patient's group, charge the patient according to the [VSP Signature Options Chart](#) or your U&C fee (whichever is lower).

Important! If an option is listed with an "N" or is Not Covered, the patient's plan doesn't allow that option to be ordered for the patient. If the item is provided, we'll deny payment for the lenses and frame, and the patient must pay for the entire cost of the lens and frame.

DETERMINING WHAT TO CHARGE THE PATIENT

VSP patient fees are all add-on fees. Your private-pay option fees may be an add-on to your lens fee or included in your total lens fee. Example A on the following page explains what to charge your patient when your U&C add-on fees are higher than VSP's Patient Options fees. Example B on the following page explains what to charge your patient when your U&C add-on fees are lower than VSP's Patient Options fees.

EXAMPLES

Example A

Example B

1. Convert your total U&C fees to add-on fees.

Your U&C fee for Photogray Extra FT28 bifocal lenses is:	\$145	\$125
Subtract your U&C fee for clear FT28 bifocal lenses:	<u>-\$100</u>	<u>-\$100</u>
Your U&C add-on fee for multifocal Photogray Extra is:	\$45	\$25

2. Determine what to charge your patient. Compare your U&C add-on fee to the VSP patient option fee and select the lower of the two.

Your U&C add-on fee for multifocal Photogray Extra:	\$45	\$25
The Patient Fee for multifocal Photochromic—Glass is:	<u>\$37</u>	\$35
Patient pays:	\$37	Go to Step 3 to continue

The purpose of the following step is to adjust your U&C fee based on contract lab fees. This step preserves your service fees as necessary.

3. (Example B only) Adjust the amount to charge your patient, if needed. If your U&C fee is lower than the Patient Fee, you'll need to adjust the amount.

Your U&C add-on fee for multifocal Photogray Extra is:	\$25
Subtract your private lab's add-on charge to you for multifocal Photogray Extra:	<u>-\$15</u>
Your U&C service charge for multifocal Photogray Extra:	\$10
Add the VSP Option Chargeback for multifocal Photogray Extra (Photochromic—Glass):	<u>+\$23</u>
Your adjusted U&C add-on fee for multifocal Photogray Extra is:	<u>\$33</u>

4. (Example B only) Compare your adjusted U&C add-on fee to the fee shown on the Patient Options list and charge the lower fee.

Your adjusted U&C add-on fee for multifocal Photogray Extra is:	\$33
The Patient Fee for multifocal Photochromic—Glass is:	<u>\$37</u>
Patient pays:	\$33

Flexible Options

To offer more customized coverage to VSP Vision Care clients and members, we've developed several flexible option programs that allow partial coverage for the most popular VSP options, including anti-reflective (AR) coatings, photochromics, and progressives. Always refer to the online Patient Record Report and Patient Option Charges report for complete information on option coverage. The [VSP Flexible Option Coverage Tip Sheet](#) provides more information and helps you calculate patients' out-of-pocket expenses.

Single Lens Orders

Even though your patient can request a single lens instead of a pair of lenses, VSP doctors and labs are reimbursed for a complete pair of lenses. If your patient only orders one lens and then needs a second lens within 12 months, your patient is entitled to a second lens at no additional cost.

If your patient gets an option on a single lens order, charge them the full patient-option price.

Half-Pair Option Orders

There may be instances where a patient ordering two prescription lenses, might only need a particular option on one of the lenses, such as one plastic progressive lens and one single-vision plastic lens.

PATIENT CHARGES

If the option is covered, don't charge the patient. If it's not covered by your patient's plan, charge the patient half of the VSP Patient Fee. Only half of the chargeback will be deducted from your VSP Explanation of Payment.

CLAIM SUBMISSION

When you submit orders electronically, indicate in Box 19 on the CMS-1500 Form "half-pair option" and clearly describe half options in Lab Special Instruction area. When you submit a paper claim, indicate in Box 19 on the CMS-1500 "half-pair option" and include the lab invoice.

PATIENT OPTION EXPLANATIONS

Below, you'll find details about patient options on the VSP Signature Plan® and VSP Choice Plan® Option Charts.

Lens Styles

Style	Option Codes
Mid and High Index Plastic Lenses	AB, BB, DB, FB, IB, JB, KB, NB, OB, AH, BH, DH, NH, OH, FH, JH, KH, AJ, BJ, NJ, OJ, FJ, JJ, KJ, II
All plastic lenses with an index of refraction between 1.53 and 1.74 in both non-aspheric and aspheric designs, not including polycarbonate, use these codes. The option price includes front and backside scratch-resistant coating and inherent UV protection.	
High Index Glass—Non-Aspheric	AF
All glass lenses with an index of refraction between 1.60 and 1.80 in non-aspheric designs.	
Polycarbonate	AD, BD, DD, ND, FD, ID, ND, OD, JD, KD
These codes cover polycarbonate lenses. The option price includes front and backside scratch-resistant coating and inherent UV protection.	
Aspheric Lenses	AA
Aspheric lenses ordered in 1.50 plastic are available using this code.	
Note: Cataract lenses aren't categorized under the aspheric option. For cataract lens orders processed through eClaim , choose Lenticular from the pull-down menu under Vision Type. For paper orders processed with Material Invoices, choose the Other box and write Lenticular in the space provided.	
Digitally Surfaced Aspheric Lenses	BA, BB, BD, BH, BJ
Digital Aspheric lenses ordered in any plastic material are available using these codes. If Digital Aspheric lenses are ordered in high index plastic 1.53 -1.60/Trivex, high index plastic 1.66/1.67, or high index plastic 1.70 and above, charge option code BA plus the appropriate fee for the material. These additional costs are listed on the option cards directly below the	

main lens charge (e.g., charge option codes BA and BB, for 1.60 Digital Aspheric lenses). When ordered in polycarbonate, charge the patient for option code BD only. There is no charge to the patient for option BD when the patient is covered for polycarbonate.

Occupational Lenses

There is no charge to the patient for occupational lenses (e.g., double seg/double D, double executive, quadrifocal, CRT trifocal, 10x25, 10x28, 10x35, 12x35, 14x35 and Datalite lenses). Single Vision glass occupational safety lenses (e.g., Didymium and X-Ray) are not available for use with VSP benefits. ED and FD trifocals aren't paid under this category.

Blended Myo-Disc

For standard myo-disc orders on **eClaim**, choose "Lenticular" from the pull-down menu under Vision Type. For paper orders on a Materials Invoice, write "Lenticular" in the "Other" box. Blended Myo-Disc lenses are not available for use with VSP benefits.

Polarized Lenses

DA, DE, NP, OP, FP, JP, KP

Single vision and lined multifocal plastic polarized lenses are included under option code DA. Glass polarized lenses are included under option code DE. If polarized lenses are ordered in high index plastic 1.53-1.60/Trivex, high index plastic 1.66/1.67, or polycarbonate, charge additionally for the appropriate material. These additional costs are listed on the option cards directly below the main lens charge. (e.g., charge option codes DA and DD for polarized lenses in polycarbonate). Premium polarized lenses are not available for use with VSP benefits.

Plastic polarized lenses with a progressive design are included under progressive option codes NP, OP, FP, JP, and KP and must be used with corresponding progressive option codes NA, OA, FA, JA, and KA respectively. Do not use option codes DA, DE, DB, DC, DD, or DH, for progressive polarized lenses.

Note: Don't charge for full UV protection on polarized lenses, since this is included in the option price. For backside only UV protection, charge the patient using option BV.

Near Variable Focus

IA

If near variable focus lenses are ordered in high index plastic 1.53-1.60/Trivex, high index 1.66/1.67, or polycarbonate, charge option code IA plus IB, IA plus II, or IA plus ID. These lenses are only available pre-scratch coated; don't charge for scratch resistant coating. Don't use this option code for Digitally Surfaced Near Variable Focus or Occupational Progressive lenses.

In **eClaim**, choose **Near Variable Focus** from the pull-down menu under Vision Type. On paper, mark the **Bifocal** box located in the **Lens Type** section of the Materials Invoice form.

Digitally Surfaced Near Variable Focus

IL

Digital near variable focus and occupational progressive lenses are available using this option code. When ordered in high index plastic 1.53-1.60/Trivex, high index 1.66/1.67, or polycarbonate, charge option code IL plus IB, IL plus II, or IL plus ID. These lenses are only available pre-scratch coated; don't charge for scratch resistant coating. Don't use this option code for conventionally surfaced Near Variable Focus lenses.

In **eClaim**, choose **Near Variable Focus** from the pull-down menu under Vision Type. On paper, mark the **Bifocal** box located in the **Lens Type** section of the Materials Invoice form.

Blended Bifocals

GA

Charge the GA option code for blended bifocals in plastic.

Doctor In-Office Lens Options

Doctors can provide the following options in their office:

Plastic Dyes—Pink I and II (IM)
 Plastic Dyes—Gradients (IP)
 Plastic Dyes—Solid Other Colors (IN)
 UV Protection - plastic lenses only (IV)

Important! Tell the contract lab when your in-office lab will provide any of the above options.

Guidelines:

You're responsible for lenses to which you apply in-office options. You must completely and carefully inspect lenses before beginning work on them. If the lenses become damaged (scratched, etc.), you're responsible to replace the full cost of the lenses.

You can provide in-office options (plastic dyes and UV protection) only if the option is the last step in the fabrication process. For example, anti-reflective coating must be applied after a lens has been tinted; so to avoid delay to your patient, the lab will complete the entire job including the tint. If a contract lab must dye or UV-coat the lens, the lab will replace the doctor code(s) with the lab code(s) for payment.

If lab order information isn't completed correctly to show you'll provide the options in-office, the lab may perform and receive payment for those services. However, if a lab order form is completed correctly to show options supplied in-office and the lab inadvertently provides the options, we will pay your office for the dispensed options.

When a redo is needed, you'll be required to provide the option in-office again, regardless of fault.

You're required to remit the tax on in-office options as appropriate.

Progressive N/O/F/J/K

NA, OA, FA, FE, JA, JE, KA, KE

The difference between the progressive categories is determined only by the market price of the lenses. Refer to the [Product Index](#) for information on which option codes to use with specific progressives.

If progressive lenses are ordered in high index plastic 1.53-1.60/Trivex, high index plastic 1.66/1.67, high index plastic 1.70 and above, glass/high index glass, polycarbonate, or polarized, charge additionally for the appropriate material. These additional costs are listed on the option cards directly below the main lens charge (e.g., charge option codes JA and JD for Progressive J lenses in polycarbonate).

If a progressive design includes asphericity, don't charge extra. Asphericity is built into the option price.

Important! There is no additional charge for factory-applied scratch resistant coating (category A, code QQ) on any progressive lens, as the option prices include factory scratch-resistant coating. If a progressive is available either uncoated or pre-scratch coated, the lab will always provide the pre-scratch coated version.

Dyes, Tints and Color Coatings

Plastic Dyes

MN, MP

Patients are fully covered for all plastic Pink I and II solids tints, which can be ordered under a variety of names including Cruxite A, Cruxite AX, Softlite A, Softlite B, Rose I, Rose II, Mellowlite, Tonotex, Flesh, Blush, Nutratint Pink, and Lite Pearl.

Charge option code MN for all other plastic color solid tints. Option code MP includes single, double, and triple gradients.

You may provide plastic dyes in-office (option codes IM, IN, and IP). Please refer to [Doctor In-Office Lens Options](#) for instructions on specifying in-office options on a lab order form.

Glass Tints

MR

Patients are fully covered for all glass Pink I and II tints. Charge option code MR for all other tints. Glass yellow tints are not available for use with VSP benefits.

Glass Color Coatings	MS, MT
Charge option code MS for solid glass color coatings and MT for gradient glass color coatings.	

Photochromics

Photochromics—Glass	PM
Charge this option for photochromic glass lenses.	
Photochromics—Plastic A	PR
<p>The difference between the photochromic categories is determined only by the market price of the lenses. Refer to the Product Index for information on which option codes to use with specific photochromics.</p> <p>These lenses come with UV protection and scratch resistant coating; please don't charge for them separately as options. Always charge for the appropriate lens material when photochromic lenses are ordered in combination with 1.53-1.60/Trivex high index plastic or 1.66/1.67 high index plastic.</p>	
Photochromics—Plastic B	PP
<p>Charge this option for most plastic photochromic lenses. Refer to the Product Index for information on which option codes to use with specific photochromics. Always charge for the appropriate lens material when photochromic lenses are ordered in combination with 1.53-1.60/Trivex high index plastic, 1.66/1.67, 1.70 high index plastic, and above, and polycarbonate. These lenses come with UV protection and scratch resistant coating; don't charge separately as options. If SunSensors are ordered in mid-index 1.56, please refer to the section below.</p>	
Photochromics—1.56 Index SunSensors	PP
<p>Charge this option for SunSensors or Sun Gray on 1.56 lenses. Option code PP includes the 1.56 material and photochromic properties of these lenses. UV protection, scratch-resistant coating, and 1.56 index properties are inherent in these lenses; don't charge for UV protection, scratch-resistant coating, or the 1.56 material.</p>	

Other Coatings

Anti-Reflective Coatings A	QM
<p>All anti-reflective coatings except those specifically listed under Anti-Reflective Coatings B, C, or D are in this category. Many anti-reflective coatings have scratch-resistant properties. Contract labs must use the same anti-reflective "formula" and coating methods for your VSP patients that they use for private work (e.g., some labs always include scratch-coated base lenses with their anti-reflective coatings). The scratch-resistant coating options (option codes QQ and QS) can't be used in conjunction with any anti-reflective coating.</p>	
Anti-Reflective Coatings B, C, and D	QN, QT, QV
<p>These anti-reflective option categories are for pre-approved AR coatings that are more durable than other AR coatings. All AR brands under these categories are guaranteed for two years, covering any scratches (normal wear) on the coating and lenses. Please see the Product Index for brands under these categories.</p> <p>Don't use the scratch-resistant coating options (option codes QQ and QS) in conjunction with any anti-reflective coating.</p>	
Mirror Coatings	QP

Silver and gold mirror coatings, including solid and single gradient, are captured in this category. This option includes base color (excluding yellow glass tint), if any. For any colored or double gradient mirror coatings, charge Ski Type Coating (code QR).

Scratch-Resistant Coating A, Factory Applied QQ

This option applies only to factory applied scratch-resistant coatings on standard plastic (CR-39) lenses. Independent testing has demonstrated that backside (dip and spin) coatings don't provide the same level of scratch-resistance protection as factory applied coatings on CR-39 lenses. Don't provide or charge for backside scratch coating on any plastic lens.

Note: Dip and spin coatings are effective and required for the backside of polycarbonate, mid-index, and high-index plastic materials and are included in the price of those options.

Don't charge for scratch-resistant coating on anti-reflective, progressive, polycarbonate, photochromic, and high-index plastic lenses. The option prices for these materials include front and backside coating.

If a lens has a unique design and is only available with a scratch-resistant coating (e.g., plastic photochromic), don't charge for the scratch-resistant coating. If a lens is available with or without a factory scratch-resistant coating, and the coated version is chosen, charge for the coating option. It is assumed the particular lens was chosen for the coating.

There is no additional charge for scratch-resistant coating on any progressive lens. The option prices for progressive lenses in standard plastic include factory scratch-resistant coating. Most progressive brands are only available pre-scratch-coated. If a progressive brand is available either uncoated or pre-scratch-coated, the pre-scratch-coated version must always be provided by the contract lab.

We require contract labs to guarantee scratch-resistant coatings on prescriptions for VSP orders for at least one year under normal wear or the lab's policy for private orders, whichever is longer.

Ski Type Coating QR

Charge this option for duplications of proprietary coatings (e.g., Revo, Vuarnet, Suncloud, Serengeti, Bolle, and Sportlife), double-mirror gradient, color mirror, and dielectric mirror coatings. This option price includes the base tint and color coating (excluding yellow glass tint), if any. So, for example, on Serengeti-like lenses, don't charge for the Photobrown base lenses. For any solid or single-gradient silver and gold mirror coating, charge Mirror Coating (option code QP).

Scratch-Resistant Coating B (Other Approved Coatings) QS

Charge this option for non-factory-applied scratch-resistant coatings approved by VSP. You can charge these scratch coatings with progressive, polycarbonate, photochromic, as well as mid-index or high-index plastic lenses. Scratch-resistant coatings can't be billed with anti-reflective coatings (option codes QM, QN, or QT).

Oversize

Oversize RM, RN

Charge option code RM for any lenses supplied with a 61 mm eyesize or greater in plastic. Charge option code RN for any lenses supplied with a 61 mm eyesize or greater in glass. Use the eyesize stated by the frame manufacturer to see if the oversize option applies.

Miscellaneous

Rimless Drill and Groove

There's no charge to your patient for rimless drilled, grooved, or notched mountings. For slotted lenses that require the use of a non-VSP contract lab, see [Special Lens Procedures](#).

Labs with private policies to only drill and mount certain material types (e.g., polycarbonate, Trivex) may also apply these policies to our prescriptions.

Follow the contract lab's private redo policy to handle doctor redo requests caused by lens breakage on drilled prescriptions.

Anti-Fog Coatings

Spray-on coatings are included in the base lens price. Don't charge your patient separately.

Coatings requiring a UV cure or application within a vacuum chamber are not available for use with VSP benefits.

Beveling

Rolled edges or special placement of lenses in the frame (e.g., hide-a-bevel, fifty-fifty) are included in the base lens price. Don't charge your patient separately. Interchangeable lenses for "sport" frames are not available for use with VSP benefits.

Cement Segs (laminating a wafer segment onto the lens)

Cement Segs are not available for use with VSP benefits.

Center Thickness Below 1.5 mm— Polycarbonate Minus Powers Only

Center thicknesses below 1.5 mm on all applicable plastic materials are covered. Don't charge your patient extra for center thickness below 1.5 mm.

Clip-Ons

If the clip-on is priced with the frame (e.g., a frame's wholesale cost, including a clip-on, is \$69.95), and can only be ordered with the frame, write the cost of the frame and clip-on in the frame cost box.

If the clip-on is priced separately from the frame (e.g., the frame's wholesale cost is \$45.85 and the clip-on's wholesale cost is \$29.95), charge your patient the retail price of the clip-on as a private transaction.

Custom Measurement

Each time you submit a claim for an eligible lens and include the frame wrap, pantoscopic tilt, and vertex distance, the CM option code and HCPC v2702 Deluxe Lens Feature will automatically be added to your claim. All three measurements are required to receive the additional reimbursement.

Review the Patient Options Charges Report when authorizing benefits. VSP will reimburse you directly for additional custom measurements when patients are covered in full for progressive lenses with or without a copay. If the patient isn't covered for progressives, you'll collect the patient fee and see a chargeback on your Explanation of Payment.

Refer to the [VSP Signature Plan Options Chart](#), [VSP Choice Plan Options Chart](#), or the [Product Index](#) for eligible lenses.

Diving Mask

If the lenses have an adapter within the mask, charge the option codes that apply. Lenses that are glued directly into the mask are not available for use with VSP benefits.

Edge Coating, Painted Groove

SQ

This option applies to edge coating or painted groove.

Note: "Painted Groove" refers to cosmetic grooving and painting of the lens edge. It doesn't refer to grooving needed for rimless mountings. There's no additional charge to your patient for rolled edges or grooving of rimless mountings.

Engravings	
Engravings aren't available. Handle engravings as a private transaction between you and the lab and charge the patient your U&C fees.	
Facetted Lenses	SR
This option applies to single and double faceting, and includes polishing. Specialty sculpturing (e.g., Multi Facet Lenses, Billy Brock Facets, etc.) are a private transaction between you, the lab, and the patient. Provide your patient with a 20% discount.	
Frosted Lenses	
These are included in the base lens price. Don't charge your patient separately.	
Half -Pair Option Orders	
Your patient may need a prescription with a half-pair option, such as one plastic progressive lens and one single vision plastic lens. Please refer to the section on Half-Pair Orders for ordering and claim submission information.	
High Luster Edge Polish	SP
Charge option code SP for high luster edge polish.	
Important! If a high luster edge polish is provided at your request, the contract labs must always code for this option even if it's provided privately at no additional charge (e.g., polycarbonate). The lab must notify you when this occurs to confirm that you requested high-luster edge polish and you're collecting the correct fees.	
When you request a specific lens package that is defined as including high-luster edge polish, the high luster edge polish is to be provided as billed.	
Note: Don't charge your patient for rolled edges or for grooving of rimless mountings.	
Lenticular	
This option applies to aphakic lenses (e.g., hyper-aspheric and Welsh 4-drop lenses), and standard myo-disc lenses. For eClaim orders, choose Lenticular from the pull-down menu under Vision Type . For paper orders on a Materials Invoice, write "Lenticular" in the "Other" box.	
Modified Lens Shapes (for any style of frame or mounting)	
Modified lens shapes aren't available and should be handled as a private transaction between you and the lab. Charge your U&C fee for modified lens shape.	
No-fault Warranties	
No-fault warranties aren't available and should be handled as a private transaction between you and the lab. Charge your U&C fee for the no-fault warranty.	
Nose Pads	
Don't charge your patients for replacement nose pads. The addition of adjustable guard arms and pads and zyl build-ups is a private transaction between you, the lab, and the patient. Provide your patient with a 20% discount.	
Prism: Ground-in Prism	
Don't charge your patients for ground-in prism.	
Satin Edge Polish	
VSP does not define Satin Edge polishes. Please consult your laboratory regarding their definition of Satin Edge polish. Don't charge patients extra for providing any type of edge polish except "High Luster Edge Polish."	

Safety Eyewear

Our contract labs must meet ANSI standards for lens production. Certified safety eyewear is defined as lenses and frames that meet the criteria listed below (from “*Are you ready for ANSI Z87.1-2003*” sponsored by OLA, Titmus, Colts Laboratories; Q7M.06.03.WHA; SAL2246 REV.06.03).

Prescription Lenses

There are two categories of lenses in the standard: basic impact and high impact.

- Basic Impact: Must be 3.00 mm thick, except those lenses having a plus power of 3.00D or greater, which must have a minimum thickness of 2.5 mm.
- High Impact: Must not be less than 2.00 mm thick at their thinnest point.

Lens Marking

All marking is permanent.

- Manufacturer’s logo—complies with Basic Impact test requirements
- +—Complies with High Impact test requirements
- Applicable shade designation
- V—Photochromic lenses
- S—Special purpose lenses

Impact**Basic Impact Prescription Lenses**

- Must be capable of resisting impact from a 25.4 mm (1 in) steel ball dropped from a height of 127 mm (50 in). The lens must not fracture.
- Glass lenses must be tested 100 percent.
- Plastic lenses must be statistically sample tested.

High Impact Prescription Lenses

- Must be tested to the high-velocity impact test. The lenses must be mounted on a test holder and must be capable of resisting impact from a 6.35 mm (0.25 in) diameter steel ball traveling at a velocity of 45.7 m/s (150 ft/s). Three lenses must be tested.
- Failure consists of any posterior displacement of the lens completely through the test holder; any fracture of the lens; any detachment of a portion of the lens from its inner surface; or full thickness penetration of a lens.
- If all test lenses pass, any prescription lens of the same or greater thickness at its thinnest point made by the same manufacturer and from the same material with the same coatings may bear the “+” mark.

Frames

- Made so that if impacted from the front, the lens won’t come out of the back of the frame.
- All frames made after August 19, 2003, must be tested with 2.0 mm High Impact lenses.
- Frames meeting the High Impact requirement must bear the mark Z87-2, and may be used for both Basic Impact and High Impact applications.

Important! If the finished product only meets the Basic Impact requirements, the lab must to attach a hangtag stating, “This eyewear meets the Basic Impact Requirements of ANSI Z87.1-2003, but should not be relied upon for protection from high-impact exposures.” Only the patient may remove this label.

Side Shields

Add the cost of side shields to the wholesale cost of the frame. Indicate the total cost in the Frame Cost box on **eClaim** or the **Materials Invoice Form**.

Slab-Off

Don't charge your patient for slab-off.

UV Protection

SV

This option includes UV treatment and UV coating. Don't use this option code in conjunction with mid- or high-index plastic, polycarbonate, plastic photochromic, or polarized lenses. These lenses block 98-100 percent UVA and UVB by nature of the material or color of the lens. You may provide UV protection in-office on plastic lenses only (option code IV). [See Doctor In-Office Lens Options](#) for instructions.

Per ANSI Z80 standards, "Manufacturers of lenses who claim specific ultraviolet attenuating properties shall state the average percent transmittance between 290 and 315nm (UVB) and between 315 and 380nm (UVA)." Note that blocking wavelengths above 380nm interferes with the visible spectrum and may impact the color of the lens.

Note: This does not include UV Protection-Backside. Please refer to UV Protection-Backside (BV), when ordering an AR Coating that is inherent with backside UV.

UV Protection-Backside

| BV

Charge this option code in conjunction with qualifying anti-reflective coatings that include an additional back surface ultra-violet protection.

SALES TAX

Sales Tax

Effective May 1, 2013, VSP doesn't pay sales tax to providers. Charge sales tax to your patients, as you normally would, based on your state's sales tax laws and regulations.

VSP Acquisition Costs

If appropriate, use the amount paid to the lab on your behalf to assist with your sales tax calculations.

Base Lenses: VSP's acquisition costs for base lenses are:

- Single Vision: \$12.67
- Bifocal/Progressive: \$24.56
- Trifocal/Other: \$35.95

Options: Refer to the appropriate Options Charts ([VSP Signature Plan](#), [VSP Choice Plan](#), or [VSP Advantage Plan](#)) depending on the patient's plan type and use the Charge Back amount to determine the amount paid to the lab for each lens option.

PRODUCT INDEX

Products listed in the Product Index, plus corresponding descriptions and codes, are for reference only. Entries don't imply endorsement, promotion, contracts, or any other relationship between VSP and listed companies. Please contact the manufacturer for more details on individual products.

Effective November 20, 2013

[PDF printer-friendly copy](#)

Product changes are indicated with red text.

Product	Option(s) to be charged	Option Code	CM* Eligible
1.67 FT35/7x28/8x35 (Specialty Lens Corp)	High Index Plastic 1.66/1.67	AH	
1.71 Spherical SV (Polycore)	High Index Plastic 1.70 & Above	AJ	
1.74 w/ SuperClean AR (Seiko)	SV Aspheric 1.74 with SuperClean AR: High Index Plastic 1.70 & Above Anti-Reflective Coating B	AJ QN	
	SV Aspheric 1.74 Transitions: High Index Plastic 1.70 & Above Photochromic—Plastic B	AJ PP	
	SV Aspheric 1.74 Transitions with SuperClean AR: High Index Plastic 1.70 & Above Photochromic—Plastic B Anti-Reflective Coating B	AJ PP QN	
8 x 35 1.55 Transitions (X-Cel)	Trifocal Mid-Index Plastic 1.55 Transitions: High Index Plastic 1.53-1.60 Trivex Photochromic—Plastic B	AB PP	
A			
Access (Sola)	Plastic: Near Variable Focus A Choose Near Variable Focus under Vision Type in eClaim.	IA	
	Polycarbonate: Near Variable Focus A Polycarbonate Choose Near Variable Focus under Vision Type in eClaim.	IA ID	
Acclaim (X-Cel)	8 x 34, 10 x 35, 12 x 35, 61% Intermediate: Occupational Lens—Plastic – no charge to the patient		

Acclaro AR (Toledo Optical)	Anti-Reflective Coating C	QT	
Accolade (Essilor)	1.50 Plastic: Progressive K—Plastic	KA	
	1.50 Plastic Transitions: Progressive K—Plastic Photochromic—Plastic B	KA PP	
	1.60 High Index Plastic: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	
	1.60 High Index Plastic Transitions: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	KA KB PP	
	1.67 High Index Plastic: Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH	
	1.67 High Index Plastic Transitions: Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP	
	1.74 High Index Plastic w/ applicable AR: Progressive K—Plastic High Index Plastic 1.70 & Above Crizal Easy UV, Crizal Alizé UV, Crizal SunShield, or Crizal Avancé UV.	KA KJ	
	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD	
	Polycarbonate Xperio Polarized: Progressive K—Plastic Polycarbonate Polarized	KA KD KP	
	Polycarbonate Transitions/XTRActive: Progressive K—Plastic Polycarbonate Photochromic—Plastic B	KA KD PP	
	Polycarbonate Transitions Vantage: Progressive K—Plastic Polycarbonate Polarized Photochromic—Plastic B	KA KD KP PP	
	Trivex: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	
	Accolade Freedom (Essilor)	1.50 Plastic: Progressive F—Plastic	FA

	1.50 Plastic Transitions : Progressive F—Plastic Photochromic—Plastic B	FA PP
	1.60 High Index Plastic : Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	1.60 High Index Plastic Transitions : Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	1.67 High Index Plastic : Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	1.67 High Index Plastic Transitions : Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	1.74 High Index Plastic w/ applicable AR: Progressive F—Plastic High Index Plastic 1.70 & Above Crizal Easy UV, Crizal Alizé UV, Crizal SunShield or Crizal Avancé UV.	FA FJ
	Polycarbonate : Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate Xperio Polarized : Progressive F—Plastic Polycarbonate Polarized	FA FD FP
	Polycarbonate Transitions/ XTRActive : Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Polycarbonate Transitions Vantage : Progressive F—Plastic Polycarbonate Polarized Photochromic—Plastic B	FA FD FP PP
	Trivex : Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	Trivex Transitions : Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
ACRO (Rite-Style)	Anti-Reflective Coating D	QV
Adage (Younger)	1.50 Plastic: Progressive K—Plastic	KA

	1.50 Plastic Transitions: Progressive K—Plastic Photochromic—Plastic B	KA PP
	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
	Polycarbonate Transitions: Progressive K—Plastic Polycarbonate Photochromic—Plastic B	KA KD PP
	Polycarbonate Polarized: Progressive K—Plastic Polycarbonate Polarized	KA KD KP
Adaptar (Essilor)	1.50 Plastic: Progressive K—Plastic	KA
	1.50 Plastic Transitions: Progressive K—Plastic Photochromic—Plastic B	KA PP
	1.60 High Index Plastic: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
	Clear Glass: Progressive K—Glass/High Index Glass	KE
	Photochromic Glass: Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM
Adaptar Digital/Short (Essilor)	1.50 Plastic: Progressive K—Plastic	KA
	1.50 Plastic Transitions: Progressive K—Plastic Photochromic—Plastic B	KA PP
	1.67 High Index Plastic: Progressive K—Plastic High Index Plastic 1.67	KA KH
	1.67 High Index Plastic Transitions: Progressive K—Plastic High Index Plastic 1.67 Photochromic—Plastic B	KA KH PP
	1.67 High Index Plastic Polarized: Progressive K—Plastic High Index Plastic 1.67 Polarized	KA KH KP

	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Polycarbonate Transitions: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive K—Plastic KA Polycarbonate KD Polarized KP
	Trivex: Progressive K—Plastic KA Trivex KB
	Trivex Transitions: Progressive K—Plastic KA Trivex KB Photochromic—Plastic B PP
AF Progressive (Pentax)	1.50 Plastic: Progressive J—Plastic JA
	1.66 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
AF mini Progressive (Pentax)	1.50 Plastic: Progressive F—Plastic FA
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.66 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
Airwear Colors	Polycarbonate AD Plastic Dyes - Solid Color MN
Allure Coating (Zeiss)	Anti-Reflective Coating C QT
Ambervision	See Blue Blocker .
Amplitude/Amplitude Mini (Hoya)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH

	1.67 High Index Plastic Transitions: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic—Plastic B PP
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Trivex: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Trivex Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
AO Compact (Sola)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
AO Easy (Sola)	1.50 Plastic: Progressive J—Plastic JA
	1.50 Plastic Transitions: Progressive J—Plastic JA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive J—Plastic JA Polarized JP
	Polycarbonate: Progressive J—Plastic JA Polycarbonate JD
	Polycarbonate Transitions: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP
	High Index Plastic 1.67: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
	High Index Plastic 1.67 Transitions: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP
AO Easy HD (Sola)	1.50 Plastic: Progressive F—Plastic FA

1.50 Plastic PhotoFusion:	
Progressive F—Plastic	FA
Photochromic—Plastic B	PP
1.50 Plastic Transitions:	
Progressive F—Plastic	FA
Photochromic—Plastic B	PP
1.50 Plastic Transitions Vantage:	
Progressive F—Plastic	FA
Polarized	FP
Photochromic—Plastic B	PP
High Index Plastic 1.67:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
High Index Plastic 1.67 PhotoFusion:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic—Plastic B	PP
High Index Plastic 1.67 Transitions/XTRActive:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic—Plastic B	PP
Polycarbonate:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polycarbonate PhotoFusion:	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic—Plastic B	PP
Polycarbonate Transitions/XTRActive:	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic—Plastic B	PP
Trivex:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Trivex Transitions:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic—Plastic B	PP
NXT (Trivex) Tinted Sun Lenses:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Plastic Dyes - Solid Color	MN

	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Plastic Dyes - Solid Color MN Mirror Coating QP
	NXT (Trivex) Photochromic Sun Lenses: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP
AO-XT166 (Sola)	Aspheric 1.66 High Index Plastic: High Index Plastic 1.66/1.67 AH
Aris (X-Cel)	Trivex SV, RD24, FT28, FT35, 7x28, 8x35: High Index Plastic 1.53-1.60/Trivex AB
	Trivex SV, RD24, FT28, FT35, 7x28 Transitions: High Index Plastic 1.53-1.60/Trivex AB Photochromic—Plastic B PP
	Trivex SV Transitions XTRActive: High Index Plastic 1.53-1.60/Trivex AB Photochromic—Plastic B PP
	Trivex Double D28: High Index Plastic 1.53-1.60/Trivex AB Occupational Lens—Plastic – no charge to the patient for the occupational portion of the lens.
	Trivex FT35: High Index Plastic 1.53-1.60/Trivex AB Photochromic—Plastic B PP
Armorx EZst (VisionCraft Optical Dimensions)	Anti-Reflective Coating C QT
Armorx Sun (VisionCraft Optical Dimensions)	Anti-Reflective Coating C QT
ARxHP (Interstate Optical)	Anti-Reflective Coating C QT
AR-X Performance (RX Optical)	Anti-Reflective Coating B QN

AR-X Performance Plus (RX Optical)	Anti-Reflective Coating C	QT	
AR-X Performance Plus UV (RX Optical)	Anti-Reflective Coating D	QV	
ASL Polycarbonate Aspheric (Sola)	Aspheric Polycarbonate: Polycarbonate	AD	
Aspire (X-Cel)	Aspheric 1.56 Plastic Mid-Index: High Index Plastic 1.53-1.60/Trivex	AB	
Aspire Clear 16 (X-Cel)	High Index Glass 1.60—1.80 (Clear non-aspheric)	AF	
atLast (Pixel Optics)	atLast 1.59: Progressive K—Polycarbonate Polycarbonate	KA KD	
	atLast 1.59 Transitions: Progressive K—Polycarbonate Polycarbonate Photochromic—Plastic B	KA KD PP	
	atLast 1.67: Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH	
	atLast 1.67 Transitions: Progressive K—Plastic Transitions High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP	
Aura (I-Coat)	Anti-Reflective Coating D	QV	
Autograph II Fixed 11/13/15/18, Variable (Shamir)	1.50 Plastic: Progressive O—Plastic	OA	CM
	1.50 Plastic Transitions: Progressive O—Plastic Photochromic—Plastic B	OA PP	CM
	1.50 Plastic Polarized: Progressive O—Plastic Polarized	OA OP	CM
	1.50 Plastic DriveWear: Progressive O—Plastic Polarized Photochromic—Plastic B	OA OP PP	CM
	1.50 Plastic Transitions Vantage: Progressive O—Plastic Polarized Photochromic—Plastic B	OA OP PP	CM
	1.60 High Index Plastic: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB	CM

1.60 High Index Plastic Transitions:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Photochromic—Plastic B	PP	
1.60 High Index Plastic Polarized:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Polarized	OP	
1.67 High Index Plastic:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
1.67 High Index Plastic Transitions/XTRActive:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Photochromic—Plastic B	PP	
1.67 High Index Plastic Polarized:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Polarized	OP	
1.74 High Index Plastic:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.70 & Above	OJ	
1.74 High Index Plastic Transitions/XTRActive:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.70 & Above	OJ	
Photochromic—Plastic B	PP	
Polycarbonate:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polycarbonate Transitions/XTRActive:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Photochromic—Plastic B	PP	
Polycarbonate Neox Transitions SOLFX:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Plastic Dyes - Solid Color	MN	
Photochromic—Plastic B	PP	
Polycarbonate Polarized:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Polycarbonate DriveWear:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Photochromic—Plastic B	PP	

	Polycarbonate Transitions Vantage: Progressive O—Plastic OA Polycarbonate OD Polarized OP Photochromic—Plastic B PP	CM
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	Trivex Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	Trivex Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP	CM
	Trivex Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP	CM
Autograph III Fixed 11/13/15/18, Variable (Shamir)	1.50 Plastic: Progressive O—Plastic OA	CM
	1.50 Plastic Transitions: Progressive O—Plastic OA Photochromic—Plastic B PP	CM
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP	CM
	1.50 Plastic DriveWear: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP	CM
	1.50 Plastic Transitions Vantage: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP	CM
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	1.60 High Index Plastic Transitions: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	1.60 High Index Plastic Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP	CM

1.67 High Index Plastic:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
1.67 High Index Plastic Transitions/XTRActive:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Photochromic—Plastic B	PP	
1.67 High Index Plastic Polarized:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Polarized	OP	
1.74 High Index Plastic:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.70 & Above	OJ	
1.74 High Index Plastic Transitions/XTRActive:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.70 & Above	OJ	
Photochromic—Plastic B	PP	
Polycarbonate:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polycarbonate Transitions/XTRActive:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Photochromic—Plastic B	PP	
Polycarbonate Neox Transitions SOLFX:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Plastic Dyes - Solid Color	MN	
Photochromic—Plastic B	PP	
Polycarbonate Polarized:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Polycarbonate DriveWear:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Photochromic—Plastic B	PP	
Polycarbonate Transitions Vantage:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Photochromic—Plastic B	PP	
Trivex:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	

	Trivex Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	Trivex Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP	CM
	Trivex Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP	CM
Autograph II Attitude 15/18 (Shamir)	1.50 Plastic: Progressive O—Plastic OA	CM
	1.50 Plastic Transitions: Progressive O—Plastic OA Photochromic—Plastic B PP	CM
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP	CM
	1.50 Plastic DriveWear: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP	CM
	1.50 Plastic Transitions Vantage: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP	CM
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	1.60 High Index Plastic Transitions: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	1.60 High Index Plastic Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP	CM
	1.67 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH	CM
	1.67 High Index Plastic Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP	CM

	1.67 High Index Plastic Polarized:		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Polarized	OP	
	Polycarbonate:		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polycarbonate Transitions/XTRActive:		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic—Plastic B	PP	
	Polycarbonate Neox Transitions SOLFX:		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Plastic Dyes - Solid Color	MN	
	Photochromic—Plastic B	PP	
	Polycarbonate Polarized:		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	Polycarbonate DriveWear:		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	Photochromic—Plastic B	PP	
	Polycarbonate Transitions Vantage:		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	Photochromic—Plastic B	PP	
	Trivex:		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Trivex Transitions/XTRActive:		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Photochromic—Plastic B	PP	
	Trivex Polarized:		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Polarized	OP	
Autograph II Office (Shamir)	1.50 Plastic:		
	Near Variable Focus B	IL	
	Choose Near Variable Focus under Vision Type in eClaim.		

	<p>Polycarbonate: Near Variable Focus B IL Polycarbonate ID Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>1.60 High Index Plastic: Near Variable Focus B IL High Index Plastic 1.53-1.60/Trivex IB Choose Near Variable Focus under Vision Type in eClaim.</p>
Autograph II SV (Shamir)	<p>Digital Plastic 1.50: Digital Aspheric Lenses—Plastic BA</p>
	<p>Digital Plastic 1.50 Transitions: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP</p>
	<p>Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA</p>
	<p>Digital Plastic 1.50 DriveWear: Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic—Plastic B PP</p>
	<p>Digital Plastic 1.50 Transitions Vantage: Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic—Plastic B PP</p>
	<p>Digital Plastic Mid Index 1.56: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB</p>
	<p>Digital Plastic High Index 1.60: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB</p>
	<p>Digital Plastic High Index 1.60 Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP</p>
	<p>Digital Plastic High Index 1.60 Polarized: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB</p>
	<p>Digital Plastic High Index 1.67: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH</p>
	<p>Digital Plastic High Index 1.67 Transitions/XTRActive: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic—Plastic B PP</p>

	Digital Plastic High Index 1.67 Polarized: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.66/1.67 DH
	Digital Plastic High Index 1.74: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & Above BJ
	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate BD
	Digital Polycarbonate Transitions/XTRActive: Digital Aspheric Lenses—Polycarbonate BD Photochromic—Plastic B PP
	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate BD Polarized DA
	Digital Polycarbonate DriveWear: Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic—Plastic B PP
	Digital Polycarbonate Transitions Vantage: Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic—Plastic B PP
	Digital Trivex: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB
	Digital Trivex Transitions/XTRActive: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	Digital Trivex Polarized: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB
Autograph II SV Attitude (Shamir)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic BA
	Digital Plastic 1.50 Transitions: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA
	Digital Plastic 1.50 DriveWear: Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic—Plastic B PP

Digital Plastic 1.50 Transitions Vantage:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
Photochromic—Plastic B	PP
Digital Plastic Mid Index 1.56:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Digital Plastic High Index 1.60:	
Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Digital Plastic High Index 1.60 Transitions:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Photochromic—Plastic B	PP
Digital Plastic High Index 1.60 Polarized:	
Digital Aspheric Lenses—Plastic	BA
Polarized—Plastic A	DA
High Index Plastic 1.53-1.60/Trivex	DB
Digital Plastic High Index 1.67:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Digital Plastic High Index 1.67 Transitions/XTRActive:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BH
Photochromic—Plastic B	PP
Digital Plastic High Index 1.67 Polarized:	
Digital Aspheric Lenses—Plastic	BA
Polarized—Plastic A	DA
High Index Plastic 1.66/1.67	DH
Digital Polycarbonate:	
Digital Aspheric Lenses—Polycarbonate	BD
Digital Polycarbonate Transitions/XTRActive:	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic—Plastic B	PP
Digital Polycarbonate Polarized:	
Digital Aspheric Lenses—Polycarbonate	BD
Polarized	DA
Digital Polycarbonate DriveWear:	
Digital Aspheric Lenses—Polycarbonate	BD
Polarized	DA
Photochromic—Plastic B	PP
Digital Polycarbonate Transitions Vantage:	
Digital Aspheric Lenses—Polycarbonate	BD
Polarized	DA
Photochromic—Plastic B	PP

	Digital Trivex: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB
	Digital Trivex Transitions/XTRActive: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	Digital Trivex Polarized: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.56 DB
Autograph II SV Neox (Shamir)	Unavailable*
Avalanche Ultra (Truckee Meadows)	Anti-Reflective Coating C QT
AVN—VDT Coating (AVN)	Plastic Dyes—Solid Color MN Anti-Reflective Coating D QV UV Protection SV
B	
Blue Blocker	Plastic Dyes—Solid Color or Gradient MN/ MP SV UV Protection
BluCrystal (Signet Armorlite)	Anti-Reflective Coating A QM
Blue Eliminator I (North American Coating Co.)	Plastic Dyes—Gradients MP UV Protection SV
Blue Eliminator II (North American Coating Co.)	Mirror Coating—Solid or Single Gradient QP UV Protection SV
Blu-Tech Lenses (Eye Solutions)	
	SV Indoor 1.56 Mid-Index Plastic: High Index Plastic 1.53-1.60/Trivex AB Plastic Dyes—Solid Color MN
	SV Outdoor 1.56 Mid-Index Plastic: Polarized DA High Index Plastic 1.53-1.60/Trivex DB Plastic Dyes—Solid Color MN
Bollé (Bollé America)	Genuine Bollé brand: Use Special Lenses procedure. Note: The Bollé frame is on the VSP frame list.

Bristolite (Bristol C&D, Inc.)	If being used for low powers: Aspheric Plastic 1.50: Plastic 1.50 - Aspheric AA
	Aspheric Polycarbonate: Polycarbonate AD
	Note: For cataract patients, choose Lenticular SV, Lenticular BF or Lenticular TF under Vision Type in eClaim—no charge to patient.
Business (Zeiss)	Near Variable Focus A IA Available in two power ranges: Computer 1.00, Computer 1.50 Choose Near Variable Focus under Vision Type in eClaim.
c	
Camouflage (Camouflage)	Edge Coating SQ
Carat Advantage Coating (Zeiss)	Anti-Reflective Coating C QT
Carat Advantage Gold Coating (Zeiss)	Anti-Reflective Coating C QT
Carat Coating (Zeiss)	Anti-Reflective Coating B QN
Carat Gold Coating (Zeiss)	Anti-Reflective Coating B QN
Chemistrie Magnetic Lens System (Eyenvision)	Unavailable*
Clarion XS AR (Sutherlin Optical)	Anti-Reflective Coating C QT
Clarion XS Plus AR (Sutherlin Optical)	Anti-Reflective Coating D QV
Claris AR (Clear Sight)	Anti-Reflective Coating C QT
Clear 16 (X-Cel)	High Index Glass 1.60-1.80 (Clear) AF
Clearlook Coating (VM Coating Lab)	Anti-Reflective Coating A QM
Chromagen (Chromagen Vision LLC)	Unavailable*
Cobalt AR (Quantum Innovations)	Anti-Reflective Coating B QN
Cobalt Plus AR (Quantum Innovations)	Anti-Reflective Coating C QT
Color Free AR (Optima)	Anti-Reflective Coating A QM
ColorMatic Extra (Rodenstock)	Single Vision 1.54 Mid-Index Plastic: High Index Plastic 1.53-1.60/Trivex AB Photochromic—Plastic B PP

	FT28 1.50 Plastic: Photochromic—Plastic B	PP
ColorMax Color Vision Enhancement (ColorMax)	Unavailable*	
Compact ULTRA (Sola)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	1.67 High Index Plastic Transitions: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	JA JH PP
	Polycarbonate: Progressive J—Plastic Polycarbonate	JA JD
	Polycarbonate Transitions: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	Compact ULTRA HD (Sola)	1.50 Plastic: Progressive J—Plastic
1.50 Plastic PhotoFusion: Progressive J—Plastic Photochromic—Plastic B		JA PP
1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B		JA PP
1.50 Plastic Transitions Vantage: Progressive J—Plastic Polarized Photochromic—Plastic B		JA JP PP
1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67		JA JH
1.67 High Index Plastic PhotoFusion: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B		JA JH PP
1.67 High Index Plastic Transitions/XTRActive: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B		JA JH PP

	Polycarbonate: Progressive J—Plastic JA Polycarbonate JD
	Polycarbonate PhotoFusion: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP
	Polycarbonate Transitions/XTRActive: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP
	Trivex: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	Trivex Transitions: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP
	NXT (Trivex) Tinted Sun Lenses: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Plastic Dyes - Solid Color MN
	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Plastic Dyes - Solid Color MN Mirror Coating QP
	NXT (Trivex) Photochromic Sun Lenses: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Polarized JP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Polarized JP Photochromic—Plastic B PP
Computer Lenses	See CRT (VDT) Coating or CRT Trifocal Lenses .
Cool Blue Coating (Zeiss)	Ski Type Coating QR
Continuum (Sola)	Polycarbonate: Near Variable Focus A IA Polycarbonate ID Choose Near Variable Focus under Vision Type in eClaim.

Coppertone (Vision-Ease)	SV/FT28/7x28 Polycarbonate Polarized: Polarized—Plastic A Polycarbonate	DA DD
CPF - Corning Photochromic Filter (Corning Medical Optics)	Unavailable*	
Creation (Shamir)	1.50 Plastic: Progressive F—Plastic	FA
	1.50 Plastic Transitions: Progressive F—Plastic Photochromic—Plastic B	FA PP
	1.60 Plastic High Index: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	1.60 Plastic High Index: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	1.67 Plastic High Index: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	1.67 Plastic High Index Transitions: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	1.67 Plastic High Index Polarized: Progressive F—Plastic High Index Plastic 1.66/1.67 Polarized	FA FH FP
	PolyPlus: Progressive F—Plastic Polycarbonate	FA FD
	PolyPlus Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
Crizal Avancé UV Coating (Essilor)	Anti-Reflective Coating D UV Protection - Backside	QV BV
Crizal Alizé UV Coating (Essilor)	Anti-Reflective Coating C UV Protection - Backside	QT BV
Crizal Easy UV Coating (Essilor)	Anti-Reflective Coating B UV Protection - Backside	QN BV
Crizal Sapphire UV Coating (Essilor)	Unavailable*	

Crizal SunShield Coating (aka Crizal SunShield UV) (Essilor)	Anti-Reflective Coating D	QV
Crizal SunShield Mirror Coating (aka Crizal SunShield UV Mirror) (Essilor)	Anti-Reflective Coating D Mirror Coating	QV QP
Crizal UV Kids (Essilor)	Polycarbonate Anti-Reflective Coating A	AD QM
CRT (VDT) Coating	CRT coatings can come in different varieties. The appropriate options should be based on the contents of the particular CRT coating.	
CRT Trifocal Lenses (Vision-Ease)	Occupational Lenses—choose Trifocal under Vision Type in eClaim; no charge to the patient.	
D		
Datalite (Vision-Ease)	Occupational Lenses—choose Trifocal under Vision Type in eClaim; no charge to the patient.	
Definity Fairway (Essilor)	Definity Fairway Transitions SOLFX w/ Crizal SunShield Mirror: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP Anti-Reflective Coating C QV Mirror Coating QP	
Definity w/ Dual Add 2.0 (Essilor)	1.50 Plastic: Progressive F—Plastic FA	
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP	
	1.50 Plastic Xperio Polarized: Progressive F—Plastic FA Polarized FP	
	1.60 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	
	1.67 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH	
	1.67 Plastic High Index Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP	
	1.74 Plastic High Index w/ applicable AR: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Crizal Alizé UV or Crizal Avancé UV	

	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Polycarbonate Xperio Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP
	Trivex: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	Trivex Transitions: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	Definity Short w/ Dual Add 2.0 (Essilor)	1.50 Plastic: Progressive F—Plastic
1.50 Plastic Transitions: Progressive F—Plastic Photochromic—Plastic B		FA PP
1.50 Plastic Xperio Polarized: Progressive F—Plastic Polarized		FA FP
1.60 Plastic High Index: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex		FA FB
1.67 Plastic High Index: Progressive F—Plastic High Index Plastic 1.66/1.67		FA FH
1.67 Plastic High Index Transitions: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B		FA FH PP
1.74 Plastic High Index w/ applicable AR: Progressive F—Plastic High Index Plastic 1.70 & Above Crizal Alizé UV or Crizal Avancé UV		FA FJ
Polycarbonate: Progressive F—Plastic Polycarbonate		FA FD
Polycarbonate Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B		FA FD PP

	Polycarbonate Xperio Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP
	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	Trivex Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
Definity 3 (Essilor)	Unavailable*
Definity 3 Plus (Essilor)	Unavailable*
Desktop (Shamir)	Near Variable Focus A IA Choose Near Variable Focus under Vision Type in eClaim.
Diamond Clear Mini (Pentax)	Progressive K—Plastic KA Polycarbonate KD
DirekTek/Short (Signet Armorlite)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic PhotoView: Progressive F—Plastic FA Photochromic—Plastic A PR
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.56 Mid Index SunSensors: Progressive F—Plastic FA Photochromic—Mid Index PP
	1.67 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 Plastic High Index Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD
	Polycarbonate Transitions: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP

	Polycarbonate Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP
	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	Trivex Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
DriveWear (Younger)	Single Vision/FT28 Polarized Transitions: Polarized—Plastic A DA Photochromic—Plastic B PP
	Single Vision Polycarbonate Polarized Transitions: Polarized—Plastic A DA Polycarbonate DD Photochromic—Plastic B PP
Duralux (Satis Vacuum)	Anti-Reflective Coating B QN
Duratuff (Superior Ophthalmic Coatings)	Anti-Reflective Coating B QN
Duratuff EZ (Superior Ophthalmic Coatings)	Anti-Reflective Coating C QT
Duratuff Plus Sun (Superior Ophthalmic Coatings)	Anti-Reflective Coating D QV
Duratuff with EZ Clear (Superior Ophthalmic Coatings)	Anti-Reflective Coating D QV
Duratuff with EZ Plus (Superior Ophthalmic Coatings)	Anti-Reflective Coating D QV
E	
Easy Lite 1.55 (Younger)	1.55 Mid Index Plastic, SV, FT28, FT35: High Index Plastic 1.53-1.60/Trivex AB
Element/Short (Shamir)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Transitions Vantage: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP

	1.50 Plastic Polarized: Progressive F—Plastic Polarized	FA FP
	1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	1.60 High Index Plastic Transitions: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	1.67 High Index Plastic Transitions/XTRActive: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	1.67 High Index Plastic Polarized: Progressive F—Plastic High Index Plastic 1.66/1.67 Polarized	FA FH FP
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate Transitions/XTRActive: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Polycarbonate Neox Transitions SOLFX: Progressive F—Plastic Polycarbonate Plastic Dyes - Solid Color Photochromic—Plastic B	FA FD MN PP
	Polycarbonate Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP
	Trivex: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	Trivex Transitions/XTRActive: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
Emergencee (Adlens)	Unavailable*	
Empower (Pixel Optics)	Unavailable*	

Encepcion (Vmax)	Unavailable*	
Encore Sun (Encore Optics)	Anti-Reflective Coating C	QT
Endura (Satis Vacuum)	Anti-Reflective Coating B	QN
EOS (KB Co.)	1.50 Plastic Xperio Polarized:	
	Progressive K—Plastic Polarized	KA KP
	Polycarbonate Xperio Polarized:	
	Progressive K—Plastic Polycarbonate Polarized	KA KD KP
	1.67 Plastic High Index Xperio Polarized:	
	Progressive K—Plastic High Index Plastic 1.66/1.67 Polarized	KA KH KP
EOS Wrap (KB Co.)	Polycarbonate Xperio Polarized:	
	Progressive K—Plastic Polycarbonate Polarized	KA KD KP
Essilor Anti-Fatigue Lens (Essilor)	Unavailable*	
Essilor Bifocal AB (Essilor)	Digital Plastic:	
	Digital Aspheric Lenses—Plastic	BA
	Digital Plastic Transitions:	
	Digital Aspheric Lenses—Plastic Photochromic—Plastic B	BA PP
	Digital Plastic High Index 1.67:	
	Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67	BA BH
	Digital Polycarbonate:	
	Digital Aspheric Lenses—Polycarbonate	BA
Essilor Computer Lens (Essilor)	Airwear:	
	Near Variable Focus B Polycarbonate	IL ID
	Choose Near Variable Focus under Vision Type in eClaim.	
Essilor Ideal (Essilor)	1.50 Plastic:	
	Progressive K—Plastic	KA
	1.50 Plastic Transitions/XTRActive:	
	Progressive K—Plastic Photochromic—Plastic B	KA PP
	1.50 Plastic Polarized:	
	Progressive K—Plastic Polarized	KA KP

	1.50 Plastic Transitions Vantage: Progressive K—Plastic Polarized Photochromic—Plastic B	KA KP PP
	1.60 High Index Plastic: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	1.60 High Index Plastic Transitions: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	KA KB PP
	1.67 High Index Plastic: Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH
	1.67 High Index Plastic Transitions: Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP
	1.67 High Index Plastic Polarized: Progressive K—Plastic High Index Plastic 1.66/1.67 Polarized	KA KH KP
	Airwear: Progressive K—Plastic Polycarbonate	KA KD
	Airwear Transitions/XTRActive: Progressive K—Plastic Polycarbonate Photochromic—Plastic B	KA KD PP
	Airwear Polarized: Progressive K—Plastic Polycarbonate Polarized	KA KD KP
	Airwear Transitions Vantage: Progressive K—Plastic Polycarbonate Polarized Photochromic—Plastic B	KA KD KP PP
	Trivex: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Trivex Transitions: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	KA KB PP
Essilor Ideal	1.50 Plastic: Progressive J—Plastic	JA

Advanced (Essilor)	1.50 Plastic Transitions/XTRActive:	
	Progressive J—Plastic	JA
	Photochromic—Plastic B	PP
	1.50 Plastic Polarized:	
	Progressive J—Plastic	JA
	Polarized	JP
	1.50 Plastic Transitions Vantage:	
	Progressive J—Plastic	JA
	Polarized	JP
	Photochromic—Plastic B	PP
	1.60 High Index Plastic:	
	Progressive J—Plastic	JA
	High Index Plastic 1.53-1.60/Trivex	JB
	1.60 High Index Plastic Transitions:	
	Progressive J—Plastic	JA
High Index Plastic 1.53-1.60/Trivex	JB	
Photochromic—Plastic B	PP	
1.67 High Index Plastic:		
Progressive J—Plastic	JA	
High Index Plastic 1.66/1.67	JH	
1.67 High Index Plastic Transitions:		
Progressive J—Plastic	JA	
High Index Plastic 1.66/1.67	JH	
Photochromic—Plastic B	PP	
1.67 High Index Plastic Polarized:		
Progressive J—Plastic	JA	
High Index Plastic 1.66/1.67	JH	
Polarized	JP	
Airwear:		
Progressive J—Plastic	JA	
Polycarbonate	JD	
Airwear Transitions/XTRActive:		
Progressive J—Plastic	JA	
Polycarbonate	JD	
Photochromic—Plastic B	PP	
Airwear Polarized:		
Progressive J—Plastic	JA	
Polycarbonate	JD	
Polarized	JP	
Airwear Transitions Vantage:		
Progressive J—Plastic	JA	
Polycarbonate	JD	
Polarized	JP	
Photochromic—Plastic B	PP	
Trivex:		
Progressive J—Plastic	JA	
High Index Plastic 1.53-1.60/Trivex	JB	

	Trivex Transitions: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP
Essilor Ideal Advanced Wrap (Essilor)	1.50 Plastic: Progressive J—Plastic JA
	1.50 Plastic Transitions: Progressive J—Plastic JA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive J—Plastic JA Polarized JP
	1.50 Plastic Transitions Vantage: Progressive J—Plastic JA Polarized JP Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
	1.67 High Index Plastic Transitions: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP
	Airwear: Progressive J—Plastic JA Polycarbonate JD
	Airwear Transitions: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP
	Airwear Polarized: Progressive J—Plastic JA Polycarbonate JD Polarized JP
	Essilor Ideal Short (Essilor)
1.50 Plastic Transitions/XTRActive: Progressive J—Plastic JA Photochromic—Plastic B PP	
1.50 Plastic Polarized: Progressive J—Plastic JA Polarized JP	
1.60 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB	

	1.60 High Index Plastic Transitions: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
	1.67 High Index Plastic Transitions: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP
	1.67 High Index Plastic Polarized: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Polarized JP
	Airwear: Progressive J—Plastic JA Polycarbonate JD
	Airwear Transitions/XTRActive: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP
	Airwear Polarized: Progressive J—Plastic JA Polycarbonate JD Polarized JP
	Airwear Transitions Vantage: Progressive J—Plastic JA Polycarbonate JD Polarized JP Photochromic—Plastic B PP
	Trivex: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	Trivex Transitions: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP
Essilor Junior w/ Trio EZ Blue (Essilor)	Polycarbonate AD Anti-Reflective Coating A QM
Essilor Single Vision 360 (Essilor)	Digital Plastic High Index 1.67: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH
	Digital Plastic High Index 1.67 Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic—Plastic B PP

	Digital Plastic High Index 1.74: Digital Aspheric Lenses—Plastic High Index Plastic 1.70 & Above	BA BJ
	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate	BD
	Digital Polycarbonate Transitions: Digital Aspheric Lenses—Polycarbonate Photochromic—Plastic B	BD PP
Ethos HD/Short (VSP)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.50 Plastic PhotoFusion: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.50 Plastic Transitions Vantage: Progressive J—Plastic Polarized Photochromic—Plastic B	JA JP PP
	1.50 Plastic Polarized: Progressive J—Plastic Polarized	JA JP
	1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	1.67 High Index Plastic Transitions/XTRActive: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	JA JH PP
	1.67 High Index Plastic PhotoFusion: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	JA JH PP
	Polycarbonate: Progressive J—Plastic Polycarbonate	JA JD
	Polycarbonate Transitions/XTRActive: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	Polycarbonate PhotoFusion: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP

	Polycarbonate Polarized: Progressive J—Plastic JA Polycarbonate JD Polarized JP
	Trivex: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	Trivex Transitions: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP
	NXT Trivex Polarized: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Polarized JP
Ethos XT (Capitol Optical)	Anti-Reflective Coating B QN
Ethos XT+ (Capitol Optical)	Anti-Reflective Coating C QT
Ethos TD+ (Capitol Optical)	Anti-Reflective Coating D QV
Everclear (Optiks Unlimited)	Anti-Reflective Coating B QN
Everclear Extreme (Optiks Unlimited)	Anti-Reflective Coating C QT
Everyday 14,16,18,20 (IOT)	1.50 Plastic: Progressive J—Plastic JA
	1.50 Plastic Photochromic: Progressive J—Plastic JA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive J—Plastic JA Polarized JP
	1.56 Mid-Index Plastic: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	1.56 Mid-Index Plastic Photochromic: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP
	1.56 Mid-Index Plastic Polarized: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Polarized JP
	1.60 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB

1.60 High Index Plastic Photochromic:	Progressive J—Plastic	JA
	High Index Plastic 1.53-1.60/Trivex	JB
	Photochromic—Plastic B	PP
1.60 High Index Plastic Polarized:	Progressive J—Plastic	JA
	High Index Plastic 1.53-1.60/Trivex	JB
	Polarized	JP
1.67 High Index Plastic:	Progressive J—Plastic	JA
	High Index Plastic 1.66/1.67	JH
1.67 High Index Plastic Photochromic:	Progressive J—Plastic	JA
	High Index Plastic 1.66/1.67	JH
	Photochromic—Plastic B	PP
1.67 High Index Plastic Polarized:	Progressive J—Plastic	JA
	High Index Plastic 1.66/1.67	JH
	Polarized	JP
1.70 High Index Plastic:	Progressive J—Plastic	JA
	High Index Plastic 1.70 & Above	JJ
1.70 High Index Plastic Photochromic:	Progressive J—Plastic	JA
	High Index Plastic 1.70 & Above	JJ
	Photochromic—Plastic B	PP
1.70 High Index Plastic Polarized:	Progressive J—Plastic	JA
	High Index Plastic 1.70 & Above	JJ
	Polarized	JP
Polycarbonate:	Progressive J—Plastic	JA
	Polycarbonate	JD
Polycarbonate Photochromic:	Progressive J—Plastic	JA
	Polycarbonate	JD
	Photochromic—Plastic B	PP
Polycarbonate Polarized:	Progressive J—Plastic	JA
	Polycarbonate	JD
	Polarized	JP
Trivex:	Progressive J—Plastic	JA
	High Index Plastic 1.53-1.60/Trivex	JB
Trivex Photochromic:	Progressive J—Plastic	JA
	High Index Plastic 1.53-1.60/Trivex	JB
	Photochromic—Plastic B	PP

	Trivex Polarized: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	JA JB JP
Eyecode Lenses (Essilor)	Unavailable*	
Eyephorics Lenses (Dist. By Optica Italee)	Genuine Eyephorics brand: Use Special Lenses procedure. Note: The Eyephorics frame is on the VSP frame list .	
EZ2VUE (Sola)	Blended Bifocal—Plastic	GA
F		
Fisher Price (Sola)	Aspheric Plus Powers: Polycarbonate	AD
	Spherical Minus Powers: Polycarbonate	AD
Focal-Lite (Vision-Ease)	Plastic 1.50—Aspheric	AA
Foundation SET AR (Zeiss)	See Carat Coating .	
Foundation GET AR (Zeiss)	See Carat Gold Coating .	
Foundation XT (Zeiss)	Scratch Resistant Coating B	QS
Freedom 5 (X-Cel)	1.55 Plastic Mid Index: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	1.50 Plastic: Progressive K—Plastic	KA
Freedom Fashion—Fit (X-Cel)	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
	Glass Thin & Dark: Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM
	1.50 Plastic: Progressive K—Plastic	KA
Freedom ID (X-Cel)	1.50 Plastic Transitions: Progressive K—Plastic Photochromic—Plastic B	KA PP
	1.50 Plastic Polarized: Progressive K—Plastic Polarized	KA KP
	1.67 Plastic: Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH

	1.67 Plastic Transitions: Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP
	Trivex: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Trivex Transitions/XTRActive: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	KA KB PP
	Trivex Transitions Vantage: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	KA KB KP PP
	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
	Polarized Polycarbonate: Progressive K—Plastic Polycarbonate Polarized	KA KD KP
	Clear Glass: Progressive K—Glass/High Index Glass	KE
	Polarized High Index Glass: Progressive K—Glass/High Index Glass Polarized	KE KP
	Thin & Dark Glass: Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM
	Autumn Gold Glass: Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM
	Autumn Gold Polarized High Index Glass: Progressive K—Glass/High Index Glass Polarized Photochromic—Glass A	KE KP PM
	PGX/PBX Glass: Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM
	PGX/PBX Polarized High Index Glass: Progressive K—Glass/High Index Glass Polarized Photochromic—Glass A	KE KP PM
Fusion Gold (I-Coat Company)	Anti-Reflective Coating A	QM

Futurise (Polycore)	1.50 Plastic: Progressive K—Plastic	KA
	1.56 Mid Index Plastic SunSensors: Progressive K—Plastic Photochromic—Mid Index	KA PP
	Polarized Plastic 1.50: Progressive K—Plastic Polarized	KA KP
G		
Genesis (Shamir)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP
	Trivex: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	1.60 High Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	1.60 High Index Plastic Transitions: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
	1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	PolyPlus: Progressive J—Plastic Polycarbonate	JA JD
	Polarized Plastic 1.50: Progressive J—Plastic Polarized	JA JP
	1.60 High Index Clear Glass: Progressive J—Glass/High Index Glass	JE
	PGX: Progressive J—Glass/High Index Glass Photochromic—Glass A	JE PM
Glare-X Coating (Optical Microcoating, Inc.)	Anti-Reflective Coating A	QM
Glarebloc Coating (MCO)	Anti-Reflective Coating A	QM
Glass High Index (Aura Laminated)	See Laminated High Index	
Gold ET Coating (Zeiss)	Anti-Reflective Coating A	QM

Golfer's Classic (Aire O'Lite)	Plastic Bifocal RD-15: Unavailable*		
Gradal RD (Zeiss)	Near Variable Focus B Choose Near Variable Focus under Vision Type in eClaim.	IL	
Gradal Top (Zeiss)	1.50 Plastic: Progressive J—Plastic	JA	
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP	
	1.59 Polycarbonate: Progressive J—Plastic Polycarbonate	JA JD	
	1.59 Polycarbonate Transitions: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP	
	Polarized Polycarbonate: Progressive J—Plastic Polycarbonate Polarized	JA JD JP	
	1.60 High Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB	
	1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH	
	1.67 High Index Plastic Transitions: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	JA JH PP	
	Atoric in 1.60 High Index Plastic: Unavailable*		
	1.60 Clear Glass: Progressive J—Glass/High Index Glass	JE	
	1.60 Photochromic Gray Glass: Progressive J—Glass/High Index Glass Photochromic—Glass A	JE PM	
	All Other Zeiss Glass Lenses: Unavailable*		
	GT2 (Zeiss)	1.50 Plastic: Progressive F—Plastic	FA
		1.50 Plastic PhotoFusion: Progressive F—Plastic Photochromic—Plastic B	FA PP
1.50 Plastic Transitions: Progressive F—Plastic Photochromic—Plastic B		FA PP	

	1.50 Plastic Polarized: Progressive F—Plastic Polarized	FA FP
	1.67 Plastic High Index: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	1.67 Plastic High Index PhotoFusion: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	1.67 Plastic High Index Transitions: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate PhotoFusion: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Polycarbonate Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	1.60 High Index Glass: Progressive F—Glass/High Index Glass	FE
	1.60 High Index Glass Photochromic: Progressive F—Glass/High Index Glass Photochromic—Glass A	FE PM
	GT2 3D/Short (Zeiss)	1.50 Plastic: Progressive O—Plastic
1.50 Plastic PhotoFusion: Progressive O—Plastic Photochromic—Plastic B		OA PP
1.50 Plastic Transitions: Progressive O—Plastic Photochromic—Plastic B		OA PP
1.50 Plastic Polarized: Progressive O—Plastic Polarized		OA OP
1.50 Plastic Transitions Vantage: Progressive O—Plastic Polarized Photochromic—Plastic B		OA OP PP
1.60 Plastic High Index: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex		OA OB

1.67 Plastic High Index:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
1.67 Plastic High Index PhotoFusion:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Photochromic—Plastic B	PP
1.67 Plastic High Index Transitions/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Photochromic—Plastic B	PP
1.74 Plastic High Index Transitions w/ PureCoat AR:	
Progressive O—Plastic	OA
High Index Plastic 1.70 & Above	OJ
Anti-Reflective Coating D	QV
Polycarbonate:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polycarbonate PhotoFusion:	
Progressive O—Plastic	OA
Polycarbonate	OD
Photochromic—Plastic B	PP
Polycarbonate Transitions/XTRActive:	
Progressive O—Plastic	OA
Polycarbonate	OD
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polarized	OP
Trivex:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Trivex Transitions/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
NXT (Trivex) Tinted Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Plastic Dyes - Solid Color	MN
NXT (Trivex) Tinted Mirror Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Plastic Dyes - Solid Color	MN
Mirror Coating	QP

	NXT (Trivex) Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
GT2 3DV (Zeiss)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic PhotoFusion: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Transitions: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP
	1.50 Plastic Transitions: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP
	1.60 Plastic High Index: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	1.67 Plastic High Index: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH
	1.67 Plastic High Index PhotoFusion: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	1.67 Plastic High Index Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	1.74 Plastic High Index Transitions w/ PureCoat AR: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Anti-Reflective Coating D QV

	Polycarbonate: Progressive O—Plastic Polycarbonate	OA OD
	Polycarbonate PhotoFusion: Progressive O—Plastic Polycarbonate Photochromic—Plastic B	OA OD PP
	Polycarbonate Transitions/XTRActive: Progressive O—Plastic Polycarbonate Photochromic—Plastic B	OA OD PP
	Polycarbonate Polarized: Progressive O—Plastic Polycarbonate Polarized	OA OD OP
	Trivex: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB
	Trivex Transitions/XTRActive: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	OA OB PP
	NXT (Trivex) Tinted Sun Lenses: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color	OA OB MN
	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color Mirror Coating	OA OB MN QP
	NXT (Trivex) Photochromic Sun Lenses: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	OA OB PP
	NXT (Trivex) Polarized Sun Lenses: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	OA OB OP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	OA OB OP PP
GT2 Short (Zeiss)	1.50 Plastic: Progressive F—Plastic	FA

	1.50 Plastic PhotoFusion: Progressive F—Plastic Photochromic—Plastic B	FA PP
	1.50 Plastic Transitions: Progressive F—Plastic Photochromic—Plastic B	FA PP
	1.50 Plastic Polarized: Progressive F—Plastic Polarized	FA FP
	1.67 Plastic High Index: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	1.67 Plastic High Index PhotoFusion: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	1.67 Plastic High Index Transitions: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate PhotoFusion: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Polycarbonate Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	GT2 3D/Short Wrap (Zeiss)	1.50 Plastic: Progressive O—Plastic
1.50 Plastic PhotoFusion: Progressive O—Plastic Photochromic—Plastic B		OA PP
1.50 Plastic Transitions: Progressive O—Plastic Photochromic—Plastic B		OA PP
1.50 Plastic Polarized: Progressive O—Plastic Polarized		OA OP
Polycarbonate: Progressive O—Plastic Polycarbonate		OA OD

	Polycarbonate PhotoFusion: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Polycarbonate Transitions: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive O—Plastic OA Polycarbonate OD Polarized OP
Gunnar Ergo HD w/ PureCoat AR (Zeiss)	Near Variable Focus B IL Polycarbonate ID Plastic Dyes - Solid Color MN Anti-Reflective Coating D QV Choose Near Variable Focus under Vision Type in eClaim.
Gunnar HD w/ PureCoat AR (Zeiss)	Digital Aspheric Lenses—Polycarbonate BD Plastic Dyes - Solid Color MN Anti-Reflective Coating D QV
H	
HD Trinity 8/12, 13/17 (Augen Optics)	1.50 Plastic: Progressive K—Plastic KA
	1.56 Mid Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Trivex: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Trivex Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
Hemisphere (Adlens)	Unavailable*
Hi-Contrast Amber Polarized (K.B. Co.)	Unavailable*
Hi Contrast Polarized (K.B. Co.)	Polarized—Plastic A DA
High 5 (Polarite)	1.56 Mid Index Plastic: High Index Plastic 1.53-1.60/Trivex AB
	1.56 Mid Index Plastic Progressive: Progressive L—Plastic LA High Index Plastic 1.53-1.60/Trivex LB
High 6 (Polarite)	1.56 Mid Index Plastic: High Index Plastic 1.53-1.60/Trivex AB

High-X (X-Cel)	High-X 1.55, High-X 1.55 Aspheric, FT28, FT35, 7x28: High Index Plastic 1.53-1.60/Trivex	AB
	High-X FT28 1.67: Unavailable*	
HiVision Coating (Hoya)	Anti-Reflective Coating B	QN
HiVision with ViewProtect Coating (Hoya)	Anti-Reflective Coating C	QT
Hobie (Hobie)	Genuine Hobie brand: Use Special Lenses procedure. Note: The Hobie frame is on the VSP frame list.	
Hoyalux GP (Hoya)	1.50 Plastic: Progressive K—Plastic	KA
Hoyalux GP Wide (Hoya)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic Polarized: Progressive J—Plastic Polarized	JA JP
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP
	Phoenix (Trivex): Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	Phoenix (Trivex) Transitions: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
	1.60 High Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	1.60 High Index Plastic Transitions: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
	1.70 with HiVision: Progressive J—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating B	JA JJ QN
	1.70 with Super HiVision: Progressive J—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating C	JA JJ QT
	1.70 with Super HiVision EX3: Progressive J—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating D	JA JJ QV

	Glass: Progressive J—Glass	JE		
	Glass PGX: Progressive J—Glass Photochromic—Glass A	JE PM		
Hoyalux iD InStyle (Hoya)	Unavailable*			
Hoyalux iD Lifestyle/cd (Hoya)	1.50 Plastic: Progressive N—Plastic	NA	CM	
	1.50 Plastic Transitions/XTRActive: Progressive N—Plastic Photochromic—Plastic B	NA PP	CM	
	1.60 High Index Plastic: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM	
	1.60 High Index Plastic Transitions: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB PP	CM	
	1.67 High Index Plastic: Progressive N—Plastic High Index Plastic 1.66/1.67	NA NH	CM	
	1.67 High Index Plastic Transitions: Progressive N—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	NA NH PP	CM	
	Polycarbonate: Progressive N—Plastic Polycarbonate	NA ND	CM	
	Polycarbonate Transitions: Progressive N—Plastic Polycarbonate Photochromic—Plastic B	NA ND PP	CM	
	Phoenix (Trivex): Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM	
	Phoenix (Trivex) Transitions/XTRActive: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB PP	CM	
	Phoenix (Trivex) Transitions Vantage: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	NA NB NP PP	CM	
	Hoyalux iD MyStyle (Hoya)	Unavailable*		

Hoyalux Summit cd (Hoya)	1.50 Plastic:	
	Progressive F—Plastic	FA
	1.50 Plastic Transitions/XTRActive:	
	Progressive F—Plastic	FA
	Photochromic—Plastic B	PP
	1.60 High Index Plastic:	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	1.60 High Index Plastic Transitions:	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Photochromic—Plastic B	PP
	1.67 High Index Plastic:	
	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
1.67 High Index Plastic Transitions:		
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
Photochromic—Plastic B	PP	
1.70 High Index Plastic with HiVision:		
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
Anti Reflective Coating B	QN	
1.70 High Index Plastic with Super HiVision:		
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
Anti Reflective Coating C	QT	
1.70 High Index Plastic with Super HiVision EX3:		
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
Anti-Reflective Coating D	QV	
Polycarbonate:		
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polycarbonate Transitions:		
Progressive F—Plastic	FA	
Polycarbonate	FD	
Photochromic—Plastic B	PP	
Phoenix (Trivex):		
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Phoenix (Trivex) Transitions/XTRActive:		
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Photochromic—Plastic B	PP	

	Phoenix (Trivex) Transitions Vantage: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP	
Hoyalux Summit cd iQ (Hoya)	1.50 Plastic: Progressive O—Plastic OA	CM
	1.50 Plastic Transitions/XTRActive: Progressive O—Plastic OA Photochromic—Plastic B PP	CM
	Phoenix: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	Phoenix Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	Phoenix Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized NP Photochromic—Plastic B PP	CM
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	1.60 High Index Plastic Transitions: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	1.67 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH	CM
	1.67 High Index Plastic Transitions: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP	CM
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD	CM
Hoyalux Summit ecp (Hoya)	1.50 Plastic: Progressive F—Plastic FA	
	1.50 Plastic Transitions/XTRActive: Progressive F—Plastic FA Photochromic—Plastic B PP	
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP	

1.60 High Index Plastic:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
1.60 High Index Plastic Transitions:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic—Plastic B	PP
1.67 High Index Plastic:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
1.67 High Index Plastic Transitions:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic—Plastic B	PP
1.70 High Index Plastic with HiVision:	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
Anti-Reflective Coating B	QN
1.70 High Index Plastic with Super HiVision:	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
Anti-Reflective Coating C	QT
1.70 High Index Plastic with Super HiVision EX3:	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
Anti-Reflective Coating D	QV
Polycarbonate:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polycarbonate Transitions:	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Phoenix (Trivex):	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Phoenix (Trivex) Transitions/XTRActive:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic—Plastic B	PP

	Phoenix (Trivex) Transitions Vantage: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP	
Hoyalux Summit ecp iQ (Hoya)	1.50 Plastic: Progressive O—Plastic OA	CM
	1.50 Plastic Transitions/XTRActive: Progressive O—Plastic OA Photochromic—Plastic B PP	CM
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP	CM
	Phoenix: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	Phoenix Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	Phoenix Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP	CM
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	1.60 High Index Plastic Transitions: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	1.67 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH	CM
	1.67 High Index Plastic Transitions: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP	CM
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD	CM
	Polycarbonate Transitions: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP	CM

	Polycarbonate Polarized: Progressive O—Plastic Polycarbonate Polarized	OA OD OP	CM
Hoyalux TACT (Hoya)	1.50 Plastic: Near Variable Focus A Choose Near Variable Focus under Vision Type in eClaim.	IA	
	1.60 High Index Plastic: Near Variable Focus A High Index Plastic 1.53-1.60/Trivex Choose Near Variable Focus under Vision Type in eClaim.	IA IB	
Hoya Premium Coating (Hoya)	Anti-Reflective Coating B	QN	
Hoya Premium with ViewProtect Coating (Hoya)	Anti-Reflective Coating B	QN	
Hoya Profection Lenses (Hoya)	Phoenix (Trivex) SV/ST28 Non-Aspheric or Aspheric: High Index Plastic 1.53-1.60/Trivex	AB	
	Phoenix (Trivex) SV Non-Aspheric Transitions/XTRActive: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP	
	Nulux Single Vision Aspheric 1.67: High-Index Plastic 1.66/1.67	AH	
	Nulux Single Vision Aspheric 1.67 Transitions: High-Index Plastic 1.66/1.67 Photochromic—Plastic B	AH PP	
	Nulux ep - Unavailable*		
	Nulux LX , SV Aspheric 1.70 with HiVision: High Index Plastic 1.70 & Above Anti-Reflective Coating B	AJ QN	
	Nulux LX , SV Aspheric 1.70 with Super HiVision: High Index Plastic 1.70 & Above Anti-Reflective Coating C	AJ QT	
	Nulux LX, SV Aspheric 1.70 w/ Super HiVision EX3: High Index Plastic 1.70 & Above Anti-Reflective Coating D	AJ QV	
Hydrophobic Coating	Included in the Anti-Reflective Coating fee.		
Hyper Clear AR Coating (Southern Opt.)	Anti-Reflective Coating A	QM	

Hyperal (Essilor)	Aspheric Plastic 1.50	AA
Hyperindex (Optima)	High Index Plastic 1.53-1.60/Trivex	AB
Hyperindex 160 Aspheric (Optima)	Aspheric 1.60 High Index Plastic: High Index Plastic 1.53-1.60/Trivex	AB
Hyperindex 166 Aspheric (Optima)	Aspheric Single Vision or FT28: High Index Plastic 1.66/1.67	AH
Hyperindex 166 Aspheric Double Concave (Optima)	Unavailable*	
Hyperview 166 (Optima)	Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH
I		
iAR (Rooney Optical, Inc.)	Anti-Reflective Coating B	QN
iAR MAX (Rooney Optical, Inc.)	Anti-Reflective Coating C	QT
I-Clear or I-Clear Plus Coating (I-Coat)	Anti-Reflective Coating A	QM
Illumina (Vision-Ease)	1.50 Plastic: Progressive K—Plastic	KA
	Tegra: Progressive K—Plastic Polycarbonate	KA KD
	Polycarbonate LifeRx: Progressive K—Plastic Polycarbonate Photochromic—Plastic B	KA KD PP
	Polycarbonate SunRx: Progressive K—Plastic Polycarbonate Polarized	KA KD KP
	Coppertone Polycarbonate Polarized: Progressive K—Plastic Polycarbonate Polarized	KA KD KP
	Image (Younger)	1.50 Plastic Transitions/XTRActive: Progressive K—Plastic Photochromic—Plastic B
	1.50 Plastic Nupolar: Progressive K—Plastic Polarized	KA KP
	1.50 Plastic DriveWear: Progressive K—Plastic Polarized Photochromic—Plastic B	KA KP PP

	Easy Lite 1.55 Plastic Mid Index: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Trilogy (Trivex): Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Trilogy (Trivex) Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
	1.67 High Index Plastic Transitions: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic—Plastic B PP
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Polycarbonate Transitions/XTRActive: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Polycarbonate Nupolar: Progressive K—Plastic KA Polycarbonate KD Polarized KP
	Polycarbonate Transitions Vantage: Progressive K—Plastic KA Polycarbonate KD Polarized KP Photochromic—Plastic B PP
	Polycarbonate DriveWear: Progressive K—Plastic KA Polycarbonate KD Polarized KP Photochromic—Plastic B PP
Image Wrap (Younger)	Polycarbonate Nupolar: Progressive K—Plastic KA Polycarbonate KD Polarized KP
Indo (Indo Corporation)	SV Superfin 1.523, SV 1.523 Indosol: Unavailable*
	SV Superfin 1.523 Aspheric: Aspheric Plastic 1.50 AA

	SV Ultrafin 1.60 Aspheric: High Index Plastic 1.53-1.60/Trivex	AB
	SV/Curve Top 28 Superfin 1.523 Photochromic: Photochromic—Plastic B	PP
	Progressive Admira Superfin 1.523: Progressive K—Plastic	KA
	Admira Superfin 1.523 Photochromic: Progressive K—Plastic Photochromic—Plastic B	KA PP
	Admira Ultrafin 1.60: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Amly Superfin 1.523: Progressive K—Plastic	KA
	Amly Superfin 1.523 Photochromic: Progressive K—Plastic Photochromic—Plastic B	KA PP
	Micra Superfin 1.523 Short Corridor: Progressive K—Plastic	KA
	Micra Ultrafin 1.60 Short Corridor: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
Instinctive (Sola)	1.50 Plastic: Progressive K—Plastic	KA
	1.50 Plastic Transitions: Progressive K—Plastic Photochromic—Plastic B	KA PP
	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
	Polycarbonate Transitions: Progressive K—Plastic Polycarbonate Photochromic—Plastic B	KA KD PP
	1.67 High Index Plastic: Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH
	1.67 High Index Plastic Transitions: Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP
	Instinctive Performance (Sola)	1.50 Plastic: Progressive K—Plastic
	1.50 Plastic PhotoFusion: Progressive K—Plastic Photochromic—Plastic B	KA PP

1.50 Plastic Transitions/XTRActive:	
Progressive K—Plastic	KA
Photochromic—Plastic B	PP
1.50 Plastic Polarized:	
Progressive K—Plastic	KA
Polarized	KP
1.60 Plastic High Index:	
Progressive K—Plastic	KA
High Index Plastic 1.53-1.60/Trivex	KB
1.67 Plastic High Index:	
Progressive K—Plastic	KA
High Index Plastic 1.66/1.67	KH
1.67 Plastic High Index PhotoFusion:	
Progressive K—Plastic	KA
High Index Plastic 1.66/1.67	KH
Photochromic—Plastic B	PP
1.67 Plastic High Index Transitions/XTRActive:	
Progressive K—Plastic	KA
High Index Plastic 1.66/1.67	KH
Photochromic—Plastic B	PP
Polycarbonate:	
Progressive K—Plastic	KA
Polycarbonate	KD
Polycarbonate PhotoFusion:	
Progressive K—Plastic	KA
Polycarbonate	KD
Photochromic—Plastic B	PP
Polycarbonate Transitions/XTRActive:	
Progressive K—Plastic	KA
Polycarbonate	KD
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive K—Plastic	KA
Polycarbonate	KD
Polarized	KP
Trivex:	
Progressive K—Plastic	KA
High Index Plastic 1.53-1.60/Trivex	KB
Trivex Transitions:	
Progressive K—Plastic	KA
High Index Plastic 1.53-1.60/Trivex	KB
Photochromic—Plastic B	PP
NXT (Trivex) Tinted Sun Lenses:	
Progressive K—Plastic	KA
High Index Plastic 1.53-1.60/Trivex	KB
Plastic Dyes - Solid Color	MN

	<p>NXT (Trivex) Tinted Mirror Sun Lenses: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Plastic Dyes - Solid Color MN Mirror Coating QP</p>
	<p>NXT (Trivex) Photochromic Sun Lenses: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP</p>
	<p>NXT (Trivex) Polarized Sun Lenses: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP</p>
	<p>NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP Photochromic—Plastic B PP</p>
Interview (Essilor)	<p>Plastic 1.50: Near Variable Focus A IA Choose Near Variable Focus under Vision Type in eClaim.</p>
iRx Xperio SV (Specialty Lens Corp.)	<p>Plastic 1.50 Xperio Solfx: Polarized—Plastic A DA Photochromic—Plastic B PP</p>
iRx Pal (Specialty Lens Corp.)	<p>1.56 Mid-Index Plastic Polarized: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP</p>
iRx Pro (Specialty Lens Corp.)	<p>1.50 Plastic Xperio Polarized: Progressive K—Plastic KA Polarized KP</p>
	<p>1.50 Plastic Xperio Polarized Solfx: Progressive K—Plastic KA Polarized KP Photochromic—Plastic B PP</p>
	<p>1.60 High Index Plastic Xperio Polarized: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP</p>
	<p>1.67 High Index Plastic Xperio Polarized: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Polarized KP</p>
iRx Short (Specialty Lens Corp.)	<p>1.56 Mid-Index Plastic Polarized: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Polarized JP</p>

	Polycarbonate Polarized: Progressive J—Plastic JA Polycarbonate JD Polarized JP
iScience (Optical Dynamics Corporation)	iScience SV 1.56 Spherical, FT28 1.56 Spherical: High Index Plastic 1.53-1.60/Trivex AB
	iScience SV/FT28 1.56 Aspheric: Unavailable*
	Progressives: iScience 16 (formerly Micro Short Corridor 1.56): Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	iScience 22 (formerly Ionic 1.56): Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	iScience Premium 18 (formerly BioSpherical Atoric 1.56): Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
J	
John Lennon Collection (Adlens)	Unavailable*
K	
Kazuo Kawasaki Lenses (Dist. By Optica Italee)	Genuine Kazuo Kawasaki brand: Use Special Lenses procedure. Note: The Kazuo Kawasaki frame is on the VSP frame list .
Kodak Clean'N'Clear Coating (Signet Armorlite)	Anti-Reflective Coating D QV
Kodak Clear Coating (Signet Armorlite)	Anti-Reflective Coating C QT
Kodak Anti Fatigue Lenses (Signet Armorlite)	Unavailable*
Kodak Concise (Signet Armorlite)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.56 Mid Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB

	Trivex: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	1.60 TLX High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
Kodak Digital Concise (Signet Armorlite)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.56 Mid Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD
	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
Kodak Digital Precise (Signet Armorlite)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.50 Plastic PhotoView: Progressive F—Plastic FA Photochromic—Plastic A PR
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.56 Mid Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB

	1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	1.67 High Index Plastic Transitions: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Trivex: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	Kodak Digital Precise Short (Signet Armorlite)	1.50 Plastic: Progressive F—Plastic
1.50 Plastic PhotoView: Progressive F—Plastic Photochromic—Plastic A		FA PR
1.50 Plastic Transitions: Progressive F—Plastic Photochromic—Plastic B		FA PP
1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67		FA FH
1.67 High Index Plastic Transitions: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B		FA FH PP
Polycarbonate: Progressive F—Plastic Polycarbonate		FA FD
Polycarbonate Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B		FA FD PP
Single Vision 1.56 Semi-Finished: High Index Plastic 1.53-1.60/Trivex		AB
FT28 1.56 Aspheric: Aspheric Lenses—High Index Plastic 1.53-1.60/Trivex		AB

	SV/FT28 1.56 Mid Index Aspheric SunSensors: Photochromic—Mid Index	PP
	SV 1.67 High Index SunSensors: High Index Plastic 1.66/1.67 Photochromic—Plastic A	AH PR
	SV 1.70 High Index: High Index Plastic 1.70 & Above	AJ
	SV 1.70 High Index Transitions: High Index Plastic 1.70 & Above Photochromic—Plastic B	AJ PP
	Polycarbonate Aspheric: Aspheric Lenses—Polycarbonate	AD
	Single Vision PolarShades: Polarized—Plastic A	DA
	SV NXT (Trivex) Tinted Sun Lenses: High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color	AB MN
	SV NXT (Trivex) Tinted Mirror Sun Lenses: High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color Mirror Coating	AB MN QP
	SV NXT (Trivex) Photochromic Sun Lenses: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP
	SV NXT (Trivex) Polarized Sun Lenses: Polarized—Plastic A High Index Plastic 1.53-1.60/Trivex	DA DB
	SV NXT (Trivex) Polarized Photochromic Sun Lenses: Polarized—Plastic A High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	DA DB PP
Kodak Precise (Signet Armorlite)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic PhotoView: Progressive J—Plastic Photochromic—Plastic A	JA PR
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.56 Mid Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB

	Trivex: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	1.60 TLX High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	1.67 Plastic High Index: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
	1.67 High Index Transitions: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP
	Polycarbonate: Progressive J—Plastic JA Polycarbonate JD
	Polycarbonate Transitions: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP
	PolarShades Plastic: Progressive J—Plastic JA Polarized JP
	Kodak Precise PB/Short (Signet Armorlite)
1.50 Plastic PhotoView: Progressive J—Plastic JA Photochromic—Plastic A PR	
1.50 Plastic Transitions: Progressive J—Plastic JA Photochromic—Plastic B PP	
1.50 Plastic Polarized: Progressive J—Plastic JA Polarized JP	
1.67 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH	
1.67 High Index Transitions: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP	
Polycarbonate: Progressive J—Plastic JA Polycarbonate JD	
Polycarbonate Transitions: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP	

	Polycarbonate Polarized: Progressive J—Plastic Polycarbonate Polarized	JA JD JP
	Trivex: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	Trivex Transitions: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
Kodak Precise Short (Signet Armorlite)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic PhotoView: Progressive J—Plastic Photochromic—Plastic A	JA PR
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.67 Plastic High Index: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	1.67 High Index Transitions: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	JA JH PP
	Polycarbonate: Progressive J—Plastic Polycarbonate	JA JD
	Polycarbonate Transitions: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	Kodak Unique (Signet Armorlite)	1.50 Plastic: Progressive O—Plastic
1.50 Plastic PhotoView: Progressive O—Plastic Photochromic—Plastic A		OA PR
1.50 Plastic Transitions/XTRActive: Progressive O—Plastic Photochromic—Plastic B		OA PP
1.50 Plastic PolarShades: Progressive O—Plastic Polarized		OA OP
1.50 Plastic DriveWear: Progressive O—Plastic Polarized Photochromic—Plastic B		OA OP PP

1.56 Mid-Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
1.56 Mid-Index Plastic SunSensors:	
Progressive O—Plastic	OA
Photochromic—Mid-Index	PP
1.60 High Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
1.60 High Index Plastic Transitions/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
1.60 High Index Plastic PolarShades:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Polarized	OP
1.67 High Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
1.67 High Index Plastic Transitions/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Photochromic—Plastic B	PP
1.67 High Index Plastic SunSensors:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Photochromic—Plastic A	PR
1.67 High Index Plastic PolarShades:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Polarized	OP
1.74 High Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.70 & Above	OJ
Trivex:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Trivex Transitions:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
NXT (Trivex) Tinted Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Plastic Dyes - Solid Color	MN

	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes - Solid Color MN Mirror Coating QP
	NXT (Trivex) Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD Anti-Reflective Coating C QT
	Polycarbonate Transitions: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Polycarbonate LifeRx: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Polycarbonate PolarShades: Progressive O—Plastic OA Polycarbonate OD Polarized OP
Kodak Unique DS	Unavailable*
Komodo (Optical Resources)	Anti Reflective Coating A QM
Komodo Armor (Optical Resources)	Scratch Resistant Coating A QQ
Komodo Extreme (Optical Resources)	Anti Reflective Coating C QT
Komodo VES (Optical Resources)	Anti Reflective Coating B QN

L		
Laminated High Index	Polarized/Laminated Lenses—Glass High Index Glass 1.60-1.80 (Clear) Plus option code for laminated material: (For laminated photochromics or glass tints only)	DE AF PM or MQ or MR
LTO Stainless Steel (Lens Tech Optical)	Anti Reflective Coating C	QT
LifeRx (Vision-Ease)	SV Aspheric Plastic 1.50: Aspheric Plastic 1.50 Photochromic—Plastic B	AA PP
	SV/FT28/FT35/D35/7x28: Polycarbonate Photochromic—Plastic B	AD PP
M		
Magnum (CSC Laboratory)	Anti-Reflective Coating B	QN
Magnum Strada (CSC Laboratory)	Anti-Reflective Coating C	QT
Marathon Coating (Bausch & Lomb)	Anti-Reflective Coating A	QM
Maui Jim Lenses	Genuine Maui Jim brand: Use Special Lenses procedure.	
Melanin Polarized Sunlens (Specialty Lens Corp.)	1.50 Plastic Xperio Polarized (SV, FT28, FT35, 7x28): Polarized—Plastic A	DA
	1.56 Mid Index Plastic Xperio Polarized (SV, FT28, FT35, 7x28): Polarized—Plastic A High Index Plastic 1.53-1.60/Trivex	DA DB
Melavision (Photoprotective Tech.)	Unavailable*	
Micro (Polycore)	1.50 Plastic: Progressive K—Plastic	KA
	1.56 Mid Index Plastic SunSensors: Progressive K—Plastic Photochromic—Mid Index	KA PP
	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
Mira-Pol Glass Polarized (KB Co.)	Polarized/Laminated Lenses—Glass Ski Type Coating	DE QR
Mirage 2000 Coating (The Omega Group)	Anti-Reflective Coating A Note: Charge for High Luster Edge Polish, if applicable.	QM

Multi-Quartz St Coating (OptiVision)	Anti-Reflective Coating A	QM
MultigressivMyView (Rodenstock)	1.50 Plastic: Progressive N—Plastic	NA CM
	1.54 Mid Index Plastic ColorMatic: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB PP CM
	1.60 High Index Plastic: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB CM
mxplus Super AR (Polycore USA Optical)	Anti-Reflective Coating B	QN
Myo-Thin (Optimed of Belgium)	Unavailable*	
N		
Narrative (Vision Ease)	Unavailable*	
Natural (Essilor)	1.50 Plastic: Progressive K—Plastic	KA
	1.50 Plastic Transitions: Progressive K—Plastic Photochromic—Plastic B	KA PP
	1.60 High Index Plastic: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Airwear: Progressive K—Plastic Polycarbonate	KA KD
	Airwear Transitions: Progressive K—Plastic Polycarbonate Photochromic—Plastic B	KA KD PP
	Photochromic Glass: Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM
	Natural Digital (Essilor)	1.50 Plastic: Progressive K—Plastic
1.50 Plastic Transitions: Progressive K—Plastic Photochromic—Plastic B		KA PP
1.50 Plastic Polarized: Progressive K—Plastic Polarized		KA KP

	1.60 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	1.60 High Index Plastic Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.67 KH
	1.67 High Index Plastic Transitions: Progressive K—Plastic KA High Index Plastic 1.67 KH Photochromic—Plastic B PP
	1.67 High Index Plastic Polarized: Progressive K—Plastic KA High Index Plastic 1.67 KH Polarized KP
	Airwear: Progressive K—Plastic KA Polycarbonate KD
	Airwear Transitions: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Airwear Polarized: Progressive K—Plastic KA Polycarbonate KD Polarized KP
	Trivex: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Trivex Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
	Navigator (Signet Armorlite)
	1.50 Plastic: Progressive K—Plastic KA
1.50 Plastic PhotoView: Progressive K—Plastic KA Photochromic—Plastic A PR	
Evoclear 1.56 Mid Index Plastic: Progressive K – Plastic KA High Index Plastic 1.53-1.60/Trivex KB	
Polycarbonate: Progressive K—Plastic KA Polycarbonate KD	

	PolarShades Plastic: Progressive K—Plastic KA Polarized KP
Navigator Short Corridor (Signet Armorlite)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic PhotoView: Progressive K—Plastic KA Photochromic—Plastic A PR
	Evoclear 1.56 Mid Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
Nexyma (Rodenstock)	Plastic 40, 80A & 80B: Near Variable Focus A IA Choose Bifocal under Vision Type in eClaim
Nike – sunwear	SV Polycarbonate sunwear w/ AR Coating C: Digital Aspheric Lenses—Polycarbonate BD Anti-Reflective Coating C QT
	SV Polycarbonate Tinted sunwear w/ AR Coating C: Digital Aspheric Lenses—Polycarbonate BD Plastic Dyes - Solid Color MN Anti-Reflective Coating C QT
	SV Polycarbonate Gold or Silver Mirror sunwear w/ AR Coating C: Digital Aspheric Lenses—Polycarbonate BD Plastic Dyes - Solid Color MN Mirror Coating QP Anti-Reflective Coating C QT
	SV Polycarbonate Blue Mirror sunwear w/ AR Coating C: Digital Aspheric Lenses—Polycarbonate BD Ski Type Coating QR Anti-Reflective Coating C QT
	SV Polycarbonate Polarized sunwear w/ AR Coating C: Digital Aspheric Lenses—Polycarbonate BD Polarized—Plastic A DA Anti-Reflective Coating C QT
	SV Trivex sunwear w/ AR Coating C: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Anti-Reflective Coating C QT

SV Trivex Tinted sunwear w/ AR Coating	
C:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Plastic Dyes - Solid Color	MN
Anti-Reflective Coating C	QT
SV Trivex Gold or Silver Mirror sunwear w/ AR Coating C:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Plastic Dyes - Solid Color	MN
Mirror Coating	QP
Anti-Reflective Coating C	QT
SV Trivex Blue Mirror sunwear w/ AR Coating C:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Ski Type Coating	QR
Anti-Reflective Coating C	QT
SV Trivex Polarized sunwear w/ AR Coating C:	
Digital Aspheric Lenses—Plastic	BA
Polarized—Plastic A	DA
High Index Plastic 1.53-1.60/Trivex	DB
Anti-Reflective Coating C	QT
Progressive Polycarbonate sunwear:	
Progressive N—Plastic	NA
Polycarbonate	ND
Progressive Polycarbonate Tinted sunwear:	
Progressive N—Plastic	NA
Polycarbonate	ND
Plastic Dyes - Solid Color	MN
Progressive Polycarbonate Gold or Silver Mirror sunwear:	
Progressive N—Plastic	NA
Polycarbonate	ND
Mirror Coating	QP
Progressive Polycarbonate Blue Mirror sunwear:	
Progressive N—Plastic	NA
Polycarbonate	ND
Ski Type Coating	QR
Progressive Polycarbonate Polarized sunwear:	
Progressive N—Plastic	NA
Polycarbonate	ND
Polarized	NP

	Progressive Trivex sunwear: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB
	Progressive Trivex Tinted sunwear: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Plastic Dyes - Solid Color MN
	Progressive Trivex Gold or Silver Mirror sunwear: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Mirror Coating QP
	Progressive Trivex Blue Mirror sunwear: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Ski Type Coating QR
	Progressive Trivex Polarized sunwear: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP
Nikon ECC (Nikon)	Anti-Reflective Coating C QT
Nikon HCC (Nikon)	Anti-Reflective Coating B QN
Nikon Move 13/15 (Nikon)	1.50 Plastic: Progressive J—Plastic JA
	1.50 Plastic Transitions: Progressive J—Plastic JA Photochromic—Plastic B PP
	1.50 Plastic Transitions Vantage: Progressive J—Plastic JA Polarized JP Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	1.60 High Index Plastic Transitions: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP
	1.60 High Index Plastic Polarized: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Polarized JP
	1.67 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH

	<p>1.67 High Index Plastic Transitions: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP</p>
	<p>Polycarbonate: Progressive J—Plastic JA Polycarbonate JD</p>
	<p>Polycarbonate Transitions: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP</p>
	<p>Polycarbonate Transitions Vantage: Progressive J—Plastic JA Polycarbonate JD Polarized JP Photochromic—Plastic B PP</p>
Nikon Online (Nikon)	<p>1.50 Plastic: Near Variable Focus A IA Available in three power ranges: 1.00, 1.50. Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>1.60 High Index Plastic: Near Variable Focus A IA High Index Plastic 1.53-1.60/Trivex IB Available in three power ranges: 1.00, 1.50 and 2.00. Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>1.67 High Index Plastic: Near Variable Focus A IA High-Index Plastic 1.67 II Available in three power ranges: 1.00, 1.50 and 2.00. Choose Near Variable Focus under Vision Type in eClaim.</p>
Nikon Presio i 13 (Nikon)	<p>1.50 Plastic: Progressive F—Plastic FA</p>
	<p>1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP</p>
	<p>1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB</p>
	<p>1.60 High Index Plastic w/ Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP</p>

	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH	
	1.67 High Index Plastic w/ Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP	
	1.74 High Index Plastic w/ Nikon ECC: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating C QT	
Nikon Presio i 15 (Nikon)	1.50 Plastic: Progressive F—Plastic FA	
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH	
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD	
	1.74 High Index Plastic w/ Nikon ECC: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating C QT	
		1.50 Plastic: Progressive F—Plastic FA
Nikon Presio i Digital 10/12/14 (Nikon)	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP	
	1.50 Plastic Transitions Vantage: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP	
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	
	1.60 High Index Plastic w/ Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP	
	1.60 High Index Plastic Polarized: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP	
		1.50 Plastic: Progressive F—Plastic FA
		1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP

	1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	1.67 High Index Plastic w/ Transitions: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	1.74 High Index Plastic w/ Nikon ECC: Progressive F—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating C	FA FJ QT
	1.74 High Index Plastic Transitions w/ Nikon ECC: Progressive F—Plastic High Index Plastic 1.70 & Above Photochromic—Plastic B Anti-Reflective Coating C	FA FJ PP QT
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Polycarbonate Transitions Vantage: Progressive F—Plastic Polycarbonate Polarized Photochromic—Plastic B	FA FD FP PP
	Nikon Presio Power 12/13/14 (Nikon)	1.50 Plastic: Progressive O—Plastic
1.50 Plastic Transitions: Progressive O—Plastic Photochromic—Plastic B		OA PP
1.60 High Index Plastic: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex		OA OB
1.60 High Index Plastic w/ Transitions: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B		OA OB PP
1.67 High Index Plastic: Progressive O—Plastic High Index Plastic 1.66/1.67		OA OH
1.67 High Index Plastic w/ Transitions: Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B		OA OH PP

	1.74 High Index Plastic w/ Nikon ECC: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Anti-Reflective Coating C QT
	1.74 High Index Plastic Transitions w/ Nikon ECC: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Photochromic—Plastic B PP Anti-Reflective Coating C QT
Nikon W 12 (Nikon)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic Transitions: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	1.60 High Index Plastic Transitions: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH
	1.67 High Index Plastic Transitions: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	1.74 High Index Plastic w/ Nikon ECC: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Anti-Reflective Coating C QT
Nikon W 14 (Nikon)	1.50 Plastic: Progressive O—Plastic OA
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	1.67 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH
	1.74 High Index Plastic w/ Nikon ECC: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Anti-Reflective Coating C QT
Nikon SeeCoat Blue (Nikon)	Anti-Reflective Coating D QV

Nikon SeeCoat Plus (Nikon)	Anti-Reflective Coating D	QV
Novel (Vision-Ease)	Plastic 1.50: Progressive J—Plastic	JA
	Plastic 1.50 ChangeRx: Progressive J—Plastic Photochromic—Plastic B	JA PP
	Polycarbonate: Progressive J—Plastic Polycarbonate	JA JD
	Polycarbonate LifeRx: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	Polycarbonate Polarized: Progressive J—Plastic Polycarbonate Polarized	JA JD JP
Novella (Vision-Ease)	Plastic 1.50: Progressive F—Plastic	FA
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate LifeRx: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	1.70 Thindex: Progressive F—Plastic High Index Plastic 1.70 & Above	FA FJ
Nupolar Lenses (Younger)	SV, FT28, FT35, 7x28 Polarized Plastic: Polarized—Plastic A	DA
	Polarized Polycarbonate: Polarized—Plastic A Polycarbonate	DA DD
NXT Lenses (Zeiss)	SV NXT (Trivex) Tinted Sun Lenses: High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color	AB MN
	SV NXT (Trivex) Tinted Mirror Sun Lenses: High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color Mirror Coating	AB MN QP
	SV NXT (Trivex) Photochromic Sun Lenses: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP

	SV NXT (Trivex) Polarized Sun Lenses: Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB
	SV NXT (Trivex) Polarized Photochromic Sun Lenses: Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP
o	
Oakley Lenses (Oakley)	Genuine Oakley brand: Use Special Lenses procedure.
OC2 (Central Optical)	Anti-Reflective Coating C QT
OC2+ (Central Optical)	Anti-Reflective Coating D QV
Office (Shamir)	Plastic: Near Variable Focus A IA Available in three power ranges: Office .75, Office 1.25, Office 1.75, Office 2.25. Choose Near Variable Focus under Vision Type in eClaim.
	Polycarbonate: Near Variable Focus A IA Polycarbonate ID Available in three power ranges: Office .75, Office 1.25, Office 1.75, Office 2.25. Choose Near Variable Focus under Vision Type in eClaim.
Omni (Sola)	1.50 Plastic: Progressive L—Plastic LA
	Polycarbonate: Progressive L—Plastic LA Polycarbonate LD
	Clear Glass: Progressive L—Glass/High Index Glass LE
	Photochromic Glass: Progressive L—Glass/High Index Glass LE Photochromic—Glass A PM
Opticlear Coating (North American Coating Co.)	Anti-Reflective Coating A QM
Optima (Optima, Inc.)	SV/FT28 1.66 High Index Plastic Aspheric: High Index Plastic 1.66/1.67 AH
	Hyperview 1.66: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
Outlook (Vision-Ease)	1.50 Plastic: Progressive K—Plastic KA

	Polycarbonate Tegra: Progressive K—Plastic KA Polycarbonate KD
	Polycarbonate SunRx: Progressive K—Plastic KA Polycarbonate KD Polarized KP
	Polycarbonate LifeRx: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	1.60 High Index Glass: Progressive K—Glass/High Index Glass KE
	1.60 High Index Glass PGX/PBX: Progressive K—Glass/High Index Glass KE Photochromic—Glass A PM
Opti-Fog (Essilor)	Unavailable*
Ovation (Essilor)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	Airwear: Progressive K—Plastic KA Polycarbonate KD
	Airwear Transitions: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Airwear Xperio Polarized: Progressive K—Plastic KA Polycarbonate KD Polarized KP
	Thin-N-Lite: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
	Thin-N-Lite Transitions: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic—Plastic B PP
Ovation Digital (Essilor)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive K—Plastic KA Polarized KP

	1.60 Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	1.60 Plastic Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
	1.67 Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
	1.67 Plastic Transitions: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic—Plastic B PP
	1.67 Plastic Polarized: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Polarized KP
	Airwear: Progressive K—Plastic KA Polycarbonate KD
	Airwear Transitions: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Airwear Polarized: Progressive K—Plastic KA Polycarbonate KD Polarized KP
	Trivex: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Trivex Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
P	
Pentax AF (Pentax)	1.50 Plastic: Progressive J—Plastic JA
	1.66 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
Pentax AF Mini (Pentax)	1.50 Plastic: Progressive F—Plastic FA
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.60 FB

	1.66 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
Pentax Surpass ECP Coating (Seiko)	Anti-Reflective Coating B QN
Perfas (Seiko)	Unavailable*
Perfastar (Rodenstock)	Choose Lenticular BF under Vision Type in eClaim—no charge to patient.
Perfection (Perfect Optics)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.50 Plastic DriveWear: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	1.67 High Index Plastic Polarized: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Polarized FP
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD
	Polycarbonate Transitions: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP

	Polycarbonate Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP
Perfection S (Perfect Optics)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.50 Plastic DriveWear: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Anti-Reflective Coating C QT
	1.67 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	1.67 High Index Plastic Polarized: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Polarized FP
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD
	Polycarbonate Transitions: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP

Perfection Blue/Green AR Coating (Perfect Optics)	Anti-Reflective Coating C	QT
Photopolar (Aura Lens Products)	Unavailable*	
PhotoView (Signet Armorlite)	Photochromic—Plastic A	PR
PhysioTints (Essilor)	Anti-Reflective Coating C Plastic Dyes - Solid Color	QT MN
Piccolo (Shamir)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.60 Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	1.60 Plastic Transitions: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
	1.67 Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	1.67 Plastic Transitions: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	JA JH PP
	PolyPlus: Progressive J—Plastic Polycarbonate	JA JD
	PolyPlus Transitions: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	Piccolo with Attitude: Progressive J—Plastic Polycarbonate	JA JD
	Piccolo Polarized with Attitude: Progressive J—Plastic Polycarbonate Polarized	JA JD JP
	Glass: Progressive J—Glass	JE
	Thin & Dark: Progressive J—Glass Photochromic—Glass A	JE PM

Polarized Apple Green (K.B Co.)	Unavailable*	
Polarized Hi-Contrast Amber (K.B. Co.)	Unavailable*	
Polarized Neutral Gray/Brown (K.B. Co.)	Unavailable*	
Polarized Sky Blue (K.B. Co.)	Unavailable*	
Polarized SV 1.67 Aspheric (Optima)	SV Aspheric Plastic High Index 1.67: Polarized—Plastic A High Index Plastic 1.66/1.67	DA DH
Polycoat (VM Coating Laboratory)	Color Coating—Solid	MS
PolyLite (Columbian Bifocal)	Polycarbonate High Luster Edge Polish	AD SP
Prestige II (Seiko)	Unavailable*	
Private Label Lenses (Various Manufacturers)	Unavailable*	
PRIO (PRIO)	UV Protection Scratch Resistant Coating Plastic Dyes—Solid Color	SV QQ MM or MN
	Charges for PRIO engraving and PRIO cases are a private transaction between the patient, doctor, and contract lab.	
Proceed II (Seiko)	1.67 High Index Plastic: Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH
	1.67 High Index Plastic Transitions: Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP
Proceed III (Seiko)	1.67 High Index Plastic: Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH
	1.67 High Index Plastic Transitions: Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP
PST 475/Eagle (Melibrad)	Polarized Plastic 1.50: Progressive K—Plastic Polarized	KA KP
PureCoat (Zeiss)	Anti-Reflective Coating D	QV

PureSite Preference (Diversified Ophthalmics, Inc.)	Anti-Reflective Coating C	QT
PureSite Preference Plus (Diversified Ophthalmics, Inc.)	Anti-Reflective Coating C	QT
PureSite Preference Platinum (Diversified Ophthalmics, Inc.)	Anti-Reflective Coating D	QV
R		
Razar (Central Optical Lab, Inc.)	Anti-Reflective Coating B	QN
Razar XT (Central Optical Lab, Inc.)	Anti-Reflective Coating C	QT
RB Tech UV (Quantum Innovations)	Anti-Reflective Coating D UV Protection - Backside	QV BV
Reactapol (Melibrad)	Polarized/Laminated Lenses—Glass Photochromic—Glass A	DE PM
Real Eyes Coating (Great Lakes Coating Laboratory)	Anti-Reflective Coating A	QM
Real Eyes SS Coating (Great Lakes Coating Laboratory)	Anti-Reflective Coating B	QN
ReCharge AR (Hoya)	Unavailable*	
Reflection Free NP (Essilor)	Anti-Reflective Coating A	QM
Repel (Peninsula Optical Lab, Inc.)	Anti-Reflective Coating B	QN
Repel Plus (Peninsula Optical Lab, Inc.)	Anti-Reflective Coating C	QT
Resolution (Optima)	Aspheric Polycarbonate: Polycarbonate	AD
	Aspheric/Atoric Polycarbonate: Polycarbonate	AD
	Aspheric Polycarbonate Transitions: Polycarbonate Photochromic—Plastic B	AD PP
Resolution Response (Optima)	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
	Polycarbonate Transitions: Progressive K—Plastic Polycarbonate Photochromic—Plastic B	KA KD PP
Reveal (VSP)	1.50 Plastic: Progressive F—Plastic	FA

	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD
	Polycarbonate Transitions: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
Reveal Freeform (VSP)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic PhotoFusion: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Transitions/XTRActive: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	1.67 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH
	1.67 High Index Plastic PhotoFusion: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	1.67 High Index Plastic Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD

	Polycarbonate PhotoFusion: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Polycarbonate Transitions: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive O—Plastic OA Polycarbonate OD Polarized OP
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	Trivex Transitions: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	NXT (Trivex) Tinted Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes - Solid Color MN
	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes - Solid Color MN Mirror Coating QP
	NXT (Trivex) Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
Reveal Freeform SVi (VSP)	Digital 1.50 Plastic: Digital Aspheric Lenses—Plastic BA
	Digital 1.50 Plastic PhotoFusion: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP

Digital 1.50 Plastic Transitions:	
Digital Aspheric Lenses—Plastic	BA
Photochromic—Plastic B	PP
Digital 1.50 Plastic Polarized:	
Digital Aspheric Lenses—Plastic Polarized	BA DA
Digital 1.60 High Index Plastic:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Digital 1.67 High Index Plastic:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Digital 1.67 High Index Plastic PhotoFusion:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic—Plastic B	PP
Digital 1.67 High Index Plastic Transitions/XTRActive:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic—Plastic B	PP
Digital Polycarbonate:	
Digital Aspheric Lenses—Polycarbonate	BD
Digital Polycarbonate PhotoFusion:	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic—Plastic B	PP
Digital Polycarbonate Transitions/XTRActive:	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic—Plastic B	PP
Digital Polycarbonate Polarized:	
Digital Aspheric Lenses—Polycarbonate Polarized	BD DA
Digital Trivex:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Digital Trivex Transitions:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Photochromic—Plastic B	PP
Digital NXT (Trivex) Tinted Sun Lenses:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Plastic Dyes - Solid Color	MN

	Digital NXT (Trivex) Tinted Mirror Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes - Solid Color MN Mirror Coating QP	
	Digital NXT (Trivex) Photochromic Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP	
	Digital NXT (Trivex) Polarized Sun Lenses: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB	
	Digital NXT (Trivex) Polarized Photochromic Sun Lenses: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP	
Reveal Freeform Vi (VSP)	1.50 Plastic: Progressive N—Plastic NA	CM
	1.50 Plastic PhotoFusion: Progressive N—Plastic NA Photochromic—Plastic B PP	CM
	1.50 Plastic Transitions: Progressive N—Plastic NA Photochromic—Plastic B PP	CM
	1.50 Plastic Polarized: Progressive N—Plastic NA Polarized NP	CM
	1.60 High Index Plastic: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	1.67 High Index Plastic: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH	CM
	1.67 High Index Plastic PhotoFusion: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic—Plastic B PP	CM
	1.67 High Index Plastic Transitions/XTRActive: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic—Plastic B PP	CM

	Polycarbonate: Progressive N—Plastic Polycarbonate	NA ND	CM
	Polycarbonate PhotoFusion: Progressive N—Plastic Polycarbonate Photochromic—Plastic B	NA ND PP	CM
	Polycarbonate Transitions/XTRActive: Progressive N—Plastic Polycarbonate Photochromic—Plastic B	NA ND PP	CM
	Polycarbonate Polarized: Progressive N—Plastic Polycarbonate Polarized	NA ND NP	CM
	Trivex: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM
	Trivex Transitions: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB PP	CM
	NXT (Trivex) Tinted Sun Lenses: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes – Solid Color	NA NB MN	CM
	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color Mirror Coating	NA NB MN QP	CM
	NXT (Trivex) Photochromic Sun Lenses: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB PP	CM
	NXT (Trivex) Polarized Sun Lenses: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	NA NB NP	CM
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	NA NB NP PP	CM
RF Endura (Essilor)	Anti-Reflective Coating B	QN	
RF Endura EZ (Essilor)	Anti-Reflective Coating C	QT	

RLX Lite (Signet Armorlite)	1.56 Mid Index Plastic: High Index Plastic 1.53-1.60/Trivex	AB
	1.56 Mid Index Plastic Aspheric: High Index Plastic 1.53-1.60/Trivex	AB
	1.60 High Index Plastic: High Index Plastic 1.53-1.60/Trivex	AB
Rodenstock ClassicLife (Rodenstock)	1.50 Plastic: Progressive J—Plastic	JA
	1.54 Plastic ColorMatic Dark/Super Dark (Grey): Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
	1.60 High Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	Polycarbonate: Progressive J—Plastic Polycarbonate	JA JD
	1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	1.60 High Index Glass: Progressive J—Glass/High Index Glass	JE
	Photochromic 1.60 High Index Glass: Progressive J—Glass/High Index Glass Photochromic—Glass A	JE PM
	Rodenstock ClassicLife XS (Rodenstock)	1.50 Plastic: Progressive J—Plastic
1.54 Plastic ColorMatic Extra: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B		JA JB PP
Polycarbonate: Progressive J—Plastic Polycarbonate		JA JD
1.60 High Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex		JA JB
1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67		JA JH
Rodenstock Cosmolit (Rodenstock)		Plastic 1.50 Aspheric: Aspheric Lenses—Plastic
	Plastic High Index 1.60 Asperic: High Index Plastic 1.53-1.60/Trivex	AB

Rodenstock Cosmolit Office (Rodenstock)	Near Variable Focus A Available in 2 different power ranges: Office 100, Office 175. Choose Near Variable Focus under Vision Type in eClaim.	IA
Rodenstock Progressiv AT (Rodenstock)	1.60 High Index Plastic: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
Rodenstock Progressiv PureLife (Rodenstock)	1.50 Plastic: Progressive F—Plastic	FA
	1.54 Plastic ColorMatic Dark/Super Dark (Grey): Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Rodenstock Progressiv PureLife XS (Rodenstock)	1.50 Plastic: Progressive F—Plastic
	1.54 Plastic ColorMatic Dark/Super Dark (Grey): Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	Rodenstock Progressiv SI (Rodenstock)	1.50 Plastic: Progressive K—Plastic
	1.50 Plastic ColorMatic: Progressive K—Plastic Photochromic—Plastic B	KA PP
Rudy Project Lenses	Genuine Rudy Project brand: Use Special Lenses procedure.	

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Semi (Somo)	1.50 Plastic: Progressive K—Plastic KA
	1.56 Mid Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	1.60 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
Semplice (GK Optical)	Anti-Reflective Coating C QT
Sentinel AR (Quantum Innovations)	Anti-Reflective Coating C QT
Sentinel Plus AR (Quantum Innovations)	Anti-Reflective Coating D QV
Sentinel Plus UV AR (Quantum Innovations)	Anti-Reflective Coating D QV
	UV Protection - Backside BV
Serengeti Lenses (Serengeti)	Genuine Serengeti brand: Use Special Lenses procedure. Note: The Serengeti frame is on the VSP frame list.
Serengeti-like Coating	Lab-duplicated Serengeti: Ski Type Coating QR
Shamir FirstPAL (Shamir)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions/XTRActive: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Transitions Vantage: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP
	1.50 Plastic DriveWear: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.60 FB
	1.60 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.60 FB Photochromic—Plastic B PP

	1.60 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.60 FB Polarized FP	
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD	
	Polycarbonate Transitions/XTRActive: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP	
	Polycarbonate Transitions Vantage: Progressive F—Plastic FA Polycarbonate FD Polarized FP Photochromic—Plastic B PP	
	Polycarbonate DriveWear: Progressive F—Plastic FA Polycarbonate FD Polarized FP Photochromic—Plastic B PP	
	Polycarbonate Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP	
Shamir Golf (Shamir)	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	1.60 High Index Plastic Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	1.60 High Index Plastic Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP	CM
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD	CM
	Polycarbonate Transitions/XTRActive: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP	CM
	Polycarbonate Transitions Vantage: Progressive O—Plastic OA Polycarbonate OD Polarized OP Photochromic—Plastic B PP	CM

	Polycarbonate Polarized: Progressive O—Plastic OA Polycarbonate OD Polarized OP CM
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB CM
	Trivex Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP CM
	Trivex Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP CM
Shamir Golf SV (Shamir)	Unavailable*
Shamir InTouch 15mm, 18mm (Shamir)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic Transitions XTRActive: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP
	1.50 Plastic Transitions Vantage: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	1.60 High Index Plastic Transitions/ XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	1.60 High Index Plastic Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	1.67 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH

	1.67 High Index Plastic Transitions/XTRActive: Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	OA OH PP
	1.67 High Index Plastic Polarized: Progressive O—Plastic High Index Plastic 1.66/1.67 Polarized	OA OH OP
	1.74 High Index Plastic: Progressive O—Plastic High Index Plastic 1.70 & Above	OA OJ
	Polycarbonate: Progressive O—Plastic Polycarbonate	OA OD
	Polycarbonate Transitions/XTRActive: Progressive O—Plastic Polycarbonate Photochromic—Plastic B	OA OD PP
	Polycarbonate Transitions Vantage: Progressive O—Plastic Polycarbonate Polarized Photochromic—Plastic B	OA OD OP PP
	Polycarbonate Polarized: Progressive O—Plastic Polycarbonate Polarized	OA OD OP
	Trivex: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB
	Trivex Transitions/XTRActive: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	OA OB PP
	Trivex Polarized: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	OA OB OP
Shamir Spectrum 14mm, 16mm, 18mm (Shamir)	1.50 Plastic: Progressive F—Plastic	FA
	1.50 Plastic Transitions: Progressive F—Plastic Photochromic—Plastic B	FA PP
	1.50 Plastic Polarized: Progressive F—Plastic Polarized	FA FP

1.50 Plastic DriveWear:	Progressive F—Plastic	FA
	Polarized	FP
	Photochromic—Plastic B	PP
1.50 Plastic Transitions Vantage:	Progressive F—Plastic	FA
	Polarized	FP
	Photochromic—Plastic B	PP
1.56 Mid Index Plastic:	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
1.60 High Index Plastic:	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
1.60 High Index Plastic Transitions:	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Photochromic—Plastic B	PP
1.60 High Index Plastic Polarized:	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Polarized	FP
1.67 High Index Plastic:	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
1.67 High Index Plastic Transitions/XTRActive:	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	Photochromic—Plastic B	PP
1.67 High Index Plastic Polarized:	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	Polarized	FP
1.74 High Index Plastic:	Progressive F—Plastic	FA
	High Index Plastic 1.70 & Above	FJ
Polycarbonate:	Progressive F—Plastic	FA
	Polycarbonate	FD
Polycarbonate Transitions/XTRActive:	Progressive F—Plastic	FA
	Polycarbonate	FD
	Photochromic—Plastic B	PP
Polycarbonate DriveWear:	Progressive F—Plastic	FA
	Polycarbonate	FD
	Polarized	FP
	Photochromic—Plastic B	PP

	Polycarbonate Transitions Vantage:	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Polarized	FP
	Photochromic—Plastic B	PP
	Polycarbonate Polarized:	
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polarized	FP	
Trivex:		
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Trivex Transitions/XTRActive:		
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Photochromic—Plastic B	PP	
Trivex Polarized:		
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Polarized	FP	
Shamir Spectrum SV (Shamir)	Digital Plastic 1.50:	
	Digital Aspheric Lenses—Plastic	BA
	Digital Plastic 1.50 Transitions:	
	Digital Aspheric Lenses—Plastic	BA
	Photochromic—Plastic B	PP
	Digital Plastic 1.50 Polarized:	
	Digital Aspheric Lenses—Plastic	BA
	Polarized	DA
	Digital Plastic 1.50 Transitions Vantage:	
Digital Aspheric Lenses—Plastic	BA	
Polarized	DA	
Photochromic—Plastic B	PP	
Digital Plastic High Index 1.60:		
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.53-1.60/Trivex	BB	
Digital Plastic High Index 1.60 Transitions:		
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.53-1.60/Trivex	BB	
Photochromic—Plastic B	PP	
Digital Plastic High Index 1.60 Polarized:		
Digital Aspheric Lenses—Plastic	BA	
Polarized—Plastic A	DA	
High Index Plastic 1.53-1.60/Trivex	DB	
Digital Plastic High Index 1.67:		
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.66/1.67	BH	

	Digital Plastic High Index 1.67 Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic—Plastic B PP
	Digital Plastic High Index 1.67 Polarized: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.66/1.67 DH
	Digital Plastic High Index 1.74: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & Above BJ
	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate BD
	Digital Polycarbonate Transitions: Digital Aspheric Lenses—Polycarbonate BD Photochromic—Plastic B PP
	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate BD Polarized DA
	Digital Polycarbonate Transitions Vantage: Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic—Plastic B PP
	Digital Trivex Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	Digital Trivex Polarized: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB
Shamir Relax (Shamir)	Unavailable*
Shan-Lite (Shane-Michael)	Polarized—Plastic A DA Ski Type Coating QR
SharpView + (Essilor)	Anti-Reflective Coating A QM
Shaw Lens (Shaw Lens, Inc.)	Unavailable*
ShoreView (Shore Lens Co.)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive K—Plastic KA Polarized KP

	1.56 Plastic Mid Index Scopus	
	Photochromic:	
	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
	Photochromic—Plastic A	PR
	1.56 Plastic Mid Index SunSensors:	
	Progressive K—Plastic	KA
	Photochromic—Plastic B	PP
	1.60 High Index Plastic:	
	Progressive K—Plastic	KA
High Index Plastic 1.53-1.60/Trivex	KB	
1.67 High Index Plastic:		
Progressive K—Plastic	KA	
High Index Plastic 1.66/1.67	KH	
Polycarbonate:		
Progressive K—Plastic	KA	
Polycarbonate	KD	
Polycarbonate Scopus Photochromic:		
Progressive K—Plastic	KA	
Polycarbonate	KD	
Photochromic—Plastic A	PR	
Polycarbonate Transitions:		
Progressive K—Plastic	KA	
Polycarbonate	KD	
Photochromic—Plastic B	PP	
Polycarbonate Polarized:		
Progressive K—Plastic	KA	
Polycarbonate	KD	
Polarized	KP	
ShoreView Mini (Shore Lens Co.)	1.50 Plastic:	
	Progressive K—Plastic	KA
	1.50 Plastic Transitions:	
	Progressive K—Plastic	KA
	Photochromic—Plastic B	PP
	1.56 Plastic Mid Index Scopus	
Photochromic:		
Progressive K—Plastic	KA	
High Index Plastic 1.53-1.60/Trivex	KB	
Photochromic—Plastic A	PR	
1.56 Plastic Mid Index SunSensors:		
Progressive K—Plastic	KA	
Photochromic—Plastic B	PP	
1.60 High Index Plastic:		
Progressive K—Plastic	KA	
High Index Plastic 1.53-1.60/Trivex	KB	

	1.60 High Index Plastic Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Polycarbonate Scopus Photochromic: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic A PR
	Trivex: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Trivex Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
Skylet Tint	Plastic Dyes—Solid Color or Gradient MN/MP UV Protection SV
SmallFit (Essilor)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive K—Plastic KA Polarized KP
	1.60 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
	1.67 High Index Plastic Transitions: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic—Plastic B PP
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Polycarbonate Transitions: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP

	Polycarbonate Xperio Polarized: Progressive K—Plastic Polycarbonate Polarized	KA KD KP
SmallFit Digital (Essilor)	1.50 Plastic: Progressive K—Plastic	KA
	1.50 Plastic Transitions: Progressive K—Plastic Photochromic—Plastic B	KA PP
	1.50 Plastic Polarized: Progressive K—Plastic Polarized	KA KP
	1.60 High Index Plastic: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	1.60 High Index Plastic Transitions: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	KA KB PP
	1.67 High Index Plastic: Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH
	1.67 High Index Plastic Transitions: Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP
	1.67 High Index Plastic Polarized: Progressive K—Plastic High Index Plastic 1.66/1.67 Polarized	KA KH KP
	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
	Polycarbonate Transitions: Progressive K—Plastic Polycarbonate Photochromic—Plastic B	KA KD PP
	Polycarbonate Polarized: Progressive K—Plastic Polycarbonate Polarized	KA KD KP
	Trivex: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Trivex Transitions: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	KA KB PP

SOLA ATL HD SV (Sola)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic	BA
	Digital Plastic 1.50 PhotoFusion: Digital Aspheric Lenses—Plastic Photochromic—Plastic B	BA PP
	Digital Plastic 1.50 Transitions: Digital Aspheric Lenses—Plastic Photochromic—Plastic B	BA PP
	Digital Plastic 1.50 Transitions Vantage: Digital Aspheric Lenses—Plastic Polarized Photochromic—Plastic B	BA DA PP
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic Polarized	BA DA
	Digital Plastic High Index 1.67: Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67	BA BH
	Digital Plastic High Index 1.67 PhotoFusion: Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	BA BH PP
	Digital Plastic High Index 1.67 Transitions/ XTRActive: Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	BA BH PP
	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate	BD
	Digital Polycarbonate PhotoFusion: Digital Aspheric Lenses—Polycarbonate Photochromic—Plastic B	BD PP
	Digital Polycarbonate Transitions/ XTRActive: Digital Aspheric Lenses—Polycarbonate Photochromic—Plastic B	BD PP
	Digital Polycarbonate Transitions Vantage: Digital Aspheric Lenses—Polycarbonate Polarized Photochromic—Plastic B	BD DA PP
	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate Polarized	BD DA
	Digital Trivex: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB

	Digital Trivex Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	NXT (Trivex) Tinted Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes - Solid Color MN
	NXT (Trivex) Tinted Mirror Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes - Solid Color MN Mirror Coating QP
	NXT (Trivex) Photochromic Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB
	NXT (Trivex) Polarized Photochromic Sun Lenses: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP
SOLA HDV (Sola)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic PhotoFusion: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Transitions: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Transitions Vantage: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH
	1.67 High Index Plastic PhotoFusion: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP

	1.67 High Index Plastic Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD
	Polycarbonate PhotoFusion: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Polycarbonate Transitions/XTRActive: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	Trivex Transitions: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	NXT (Trivex) Tinted Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes - Solid Color MN
	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes - Solid Color MN Mirror Coating QP
	NXT (Trivex) Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
SOLAMAX (Sola)	1.50 Plastic: Progressive K—Plastic KA

	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Polycarbonate Transitions: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
SOLAOne (Sola)	1.50 Plastic: Progressive J—Plastic JA
	1.50 Plastic Transitions: Progressive J—Plastic JA Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
	1.67 High Index Plastic Transitions: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP
	Polycarbonate: Progressive J—Plastic JA Polycarbonate JD
	Polycarbonate Transitions: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive J—Plastic JA Polycarbonate JD Polarized JP
SOLAOne HD (Sola)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic PhotoFusion: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Transitions Vantage: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP

1.67 High Index Plastic:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
1.67 High Index Plastic PhotoFusion:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic—Plastic B	PP
1.67 High Index Plastic Transitions/XTRActive:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic—Plastic B	PP
Polycarbonate:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polycarbonate PhotoFusion:	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic—Plastic B	PP
Polycarbonate Transitions/XTRActive:	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Trivex:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Trivex Transitions:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic—Plastic B	PP
NXT (Trivex) Tinted Sun Lenses:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Plastic Dyes - Solid Color	MN
NXT (Trivex) Tinted Mirror Sun Lenses:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Plastic Dyes - Solid Color	MN
Mirror Coating	QP
NXT (Trivex) Photochromic Sun Lenses:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic—Plastic B	PP

	NXT (Trivex) Polarized Sun Lenses: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP
Somo (Somo Optical)	Aspheric 1.50 Plastic: Plastic 1.50 – Aspheric AA
	Spherical 1.56 Mid Index Plastic: High Index Plastic 1.53-1.60/Trivex AB
	Aspheric 1.56 Mid Index Plastic: High Index Plastic 1.53-1.60/Trivex AB
	Aspheric 1.60 High Index Plastic: High Index Plastic 1.53-1.60/Trivex AB
Spazio (Sola)	Unavailable*
Sportlife Coating (North American Coating Co.)	Ski Type Coating QR
Succeed 13 & 15 Internal Free-Form PAL (Seiko)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Transitions Vantage: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.60 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 Plastic High Index Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.67 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH

	1.67 Plastic High Index Transitions/SOLFX/XTRActive: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	1.67 Plastic High Index Transitions Vantage: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Polarized FP Photochromic—Plastic B PP
	1.67 Plastic High Index Polarized: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Polarized FP
	1.74 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD
	Polycarbonate Transitions/SOLFX/XTRActive: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
	Polycarbonate Transitions Vantage: Progressive F—Plastic FA Polycarbonate FD Polarized FP Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP
	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	Trivex Transitions/SOLFX/XTRActive: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	Trivex Transitions Vantage: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP
Succeed Ws 11 & 13 Internal Free-Form	1.50 Plastic: Progressive F—Plastic FA

PAL (Seiko)	1.50 Plastic Transitions:	
	Progressive F—Plastic	FA
	Photochromic—Plastic B	PP
	1.50 Plastic Transitions Vantage:	
	Progressive F—Plastic	FA
	Polarized	FP
	Photochromic—Plastic B	PP
	1.50 Plastic Polarized:	
	Progressive F—Plastic	FA
	Polarized	FP
	1.60 Plastic High Index:	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	1.60 Plastic High Index Transitions:	
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Photochromic—Plastic B	PP	
1.67 Plastic High Index:		
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
1.67 Plastic High Index Transitions/SOLFX/XTRActive:		
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
Photochromic—Plastic B	PP	
1.67 Plastic High Index Transitions Vantage:		
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
Polarized	FP	
Photochromic—Plastic B	PP	
1.67 Plastic High Index Polarized:		
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
Polarized	FP	
1.74 Plastic High Index:		
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
Polycarbonate:		
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polycarbonate Transitions/SOLFX/XTRActive:		
Progressive F—Plastic	FA	
Polycarbonate	FD	
Photochromic—Plastic B	PP	

	<p>Polycarbonate Transitions Vantage: Progressive F—Plastic FA Polycarbonate FD Polarized FP Photochromic—Plastic B PP</p>
	<p>Polycarbonate Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP</p>
	<p>Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB</p>
	<p>Trivex Transitions/SOLFX/XTRActive: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP</p>
	<p>Trivex Transitions Vantage: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP</p>
Suncloud Rose (Suncloud)	Genuine Suncloud brand: Use Special Lenses procedure. The Suncloud Rose frame is on the VSP frame list.
Suncloud-like Coating	<p>Lab-duplicated Suncloud: Ski Type Coating QR</p>
SunRx (Vision-Ease)	<p>SunRx Mirror Coating: Polarized—Plastic A DA Polycarbonate DD Mirror Coating QP</p>
	<p>SunRx SV, D-28, 7x28: Polarized—Plastic A DA Polycarbonate DD</p>
SunSensors (Corning)	<p>Photochromic—Mid Index PP</p> <p>Note: SunSensors is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens option code(s).</p>
Super 16 (Seiko)	<p>SV Spherical Trivex: High Index Plastic 1.53-1.60/Trivex AB</p>
Super 16 Mx (Seiko)	<p>SV Aspheric Trivex: High Index Plastic 1.53-1.60/Trivex AB</p>
Super ET Coating (Zeiss)	Anti-Reflective Coating A QM
Super HiVision Coating (Hoya)	Anti-Reflective Coating C QT
Super HiVision EX3 Coating (Hoya)	Anti-Reflective Coating D QV

Super No-Line (Essilor)	Progressive K—Plastic	KA
Super Surpass ECP Coating (Seiko)	Anti-Reflective Coating C	QT
Super SV Diacoat (Seiko)	SV Aspheric Plastic High Index 1.67: High Index Plastic 1.66/1.67	AH
Super SV 1.67 Transitions (Seiko)	SV Aspheric Plastic High Index 1.67 Transitions: High Index Plastic 1.66/1.67 Photochromic—Plastic B	AH PP
Supercede Internal 12 & 14/Ws 10 & 12 Free-Form PAL (Seiko)	1.50 Plastic: Progressive O—Plastic	OA
	1.50 Plastic Transitions: Progressive O—Plastic Photochromic—Plastic B	OA PP
	1.50 Plastic Transitions Vantage: Progressive O—Plastic Polarized Photochromic—Plastic B	OA OP PP
	1.50 Plastic Polarized: Progressive O—Plastic Polarized	OA OP
	1.60 Plastic High Index: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB
	1.60 Plastic High Index Transitions: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	OA OB PP
	1.67 Plastic High Index: Progressive O—Plastic High Index Plastic 1.66/1.67	OA OH
	1.67 Plastic High Index Transitions/SOLFX/XTRActive: Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	OA OH PP
	1.67 Plastic High Index Transitions Vantage: Progressive O—Plastic High Index Plastic 1.66/1.67 Polarized Photochromic—Plastic B	OA OH OP PP
	1.67 Plastic High Index Polarized: Progressive O—Plastic High Index Plastic 1.66/1.67 Polarized	OA OH OP

	1.74 Plastic High Index: Progressive O—Plastic High Index Plastic 1.70 & Above	OA OJ	
	Polycarbonate: Progressive O—Plastic Polycarbonate	OA OD	
	Polycarbonate Transitions/SOLFX/XTRActive: Progressive O—Plastic Polycarbonate Photochromic—Plastic B	OA OD PP	
	Polycarbonate Transitions Vantage: Progressive O—Plastic Polycarbonate Polarized Photochromic—Plastic B	OA OD OP PP	
	Polycarbonate Polarized: Progressive O—Plastic Polycarbonate Polarized	OA OD OP	
	Trivex: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB	
	Trivex Transitions/SOLFX/XTRActive: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	OA OB PP	
	Trivex Transitions Vantage: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	OA OB OP PP	
	Surmount/Surmount Ws 10/12/14 (Seiko)	1.50 Plastic: Progressive O—Plastic	OA
		1.50 Plastic Transitions/SOLFX/XTRActive: Progressive O—Plastic Photochromic—Plastic B	OA PP
1.50 Plastic Transitions Vantage: Progressive O—Plastic Polarized Photochromic—Plastic B		OA OP PP	
1.50 Plastic Polarized: Progressive O—Plastic Polarized		OA OP	
1.60 Plastic High Index: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex		OA OB	

1.60 Plastic High Index Transitions:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
1.67 Plastic High Index:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
1.67 Plastic High Index Transitions/SOLFX/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Photochromic—Plastic B	PP
1.67 Plastic High Index Transitions Vantage:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Polarized	OP
Photochromic—Plastic B	PP
1.67 Plastic High Index Polarized:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Polarized	OP
1.74 High Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.70 & Above	OJ
Polycarbonate:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polycarbonate Transitions/SOLFX/XTRActive:	
Progressive O—Plastic	OA
Polycarbonate	OD
Photochromic—Plastic B	PP
Polycarbonate Transitions Vantage:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polarized	OP
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polarized	OP
Trivex:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Trivex Transitions/SOLFX/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP

	Trivex Transitions Vantage: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	OA OB OP PP
SV/ST28 iQ (Hoya)	Digital Plastic 1.50 Aspheric: Digital Aspheric Lenses—Plastic	BA
	Digital Plastic 1.50 Aspheric Transitions/XTRActive: Digital Aspheric Lenses—Plastic Photochromic—Plastic B	BA PP
	Digital Plastic 1.50 Aspheric Polarized: Digital Aspheric Lenses—Plastic Polarized	BA DA
	Digital Trivex Aspheric: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB
	Digital Trivex Aspheric Transitions: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	BA BB PP
Sync (Hoya)	Unavailable*	
T		
TD2 Coating (Essilor)	Scratch Resistant Coating B	QS
TDN Plus (Quantum Innovations)	Anti-Reflective Coating C	QT
Teflon EasyCare Coating (Sola)	Anti-Reflective Coating C	QT
Teflon Elite Coating (Sola)	Anti-Reflective Coating D	QV
Tegra (Vision-Ease)	Aspheric Polycarbonate: Polycarbonate	AD
Therminon (Blue Tint)	Glass Tints Solid	MR
Thin & Dark (Vision-Ease)	Photochromic—Glass A	PM
Thindex (Vision-Ease)	Aspheric 1.70 High Index Plastic: High Index Plastic 1.70 & Above	AJ
Thin-N-Lite Lenses (Essilor)	Spherical 1.60 High Index Plastic: High Index Plastic 1.53-1.60/Trivex	AB
	Aspheric 1.60 High Index Plastic: High Index Plastic 1.53-1.60/Trivex	AB
	Aspheric 1.60 High Index Plastic Transitions: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP
	Spherical 1.67 High Index Plastic: High Index Plastic 1.66/1.67	AH

	Aspheric 1.67 High Index Plastic: High Index Plastic 1.66/1.67	AH
	Aspheric 1.74 High Index Plastic w/ applicable AR: High Index Plastic 1.70 & Above Crizal Alizé UV or Crizal Avancé UV	AJ
Transdura (Select Optical)	Anti-Reflective Coating C	QT
Trilogy (Younger)	Aspheric/Spherical Single Vision Trivex: High Index Plastic 1.53-1.60/Trivex	AB
	Aspheric Single Vision Trivex Transitions/ XTRActive: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP
	Spherical FT28 Trivex: High Index Plastic 1.53-1.60/Trivex	AB
	Spherical FT28 Trivex Transitions: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP
Transitions Photochromic (PPG)	Photochromic—Plastic B Note: Transitions is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens option code(s).	PP
Transitions Vantage Photochromic (PPG)	Photochromic—Plastic B Polarized—Plastic	PP DA
	Note: Transitions is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens option code(s). When available on progressive lenses, the applicable polarized progressive option code, dependent on progressive category, should be used in place of option code DA.	
Transitions XTRActive Photochromic (PPG)	Photochromic—Plastic B Note: Transitions is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens option code(s).	PP
Transparence (Optovision Technologies)	Anti-Reflective Coating B	QN
TruClear/TruClear HD (Essilor)	Unavailable*	
u		
Ultra (Walman Optical)	Anti-Reflective Coating C	QT

Ultrathin 1.66 AR (Pentax)	Aspheric Plastic High Index 1.67: High Index Plastic 1.66/1.67 Anti-Reflective Coating A	AH QM
Ultra Polylite (Columbian Bifocal)	Polycarbonate High Luster Edge Polish	AD SP
Ultra Ray Coating (North American Coating Co.)	Ski Type Coating	QR
Ultra Sun (The Omega Group)	Polycarbonate: Polycarbonate High Luster Edge Polish Ski Type Coating	AD SP QR
	Polarized Polycarbonate: Polarized—Plastic A Polycarbonate High Luster Edge Polish Ski Type Coating	DA DD SP QR
	Progressive: Progressive L—Plastic Polycarbonate High Luster Edge Polish Ski Type Coating	LA LD SP QR
UNITY Classic Coating (VSP)	Anti-Reflective Coating B	QN
UNITY Classic UVR Coating (VSP)	Anti-Reflective Coating B UV Protection - Backside	QN BV
UNITY CVx (VSP)	1.50 Plastic: Near Variable Focus B Choose Near Variable Focus under Vision Type in eClaim.	IL
	Polycarbonate: Near Variable Focus B Polycarbonate Choose Near Variable Focus under Vision Type in eClaim.	IL ID
UNITY CVx BluTech (VSP)	1.56 BluTech Indoor: Near Variable Focus B High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color Choose Near Variable Focus under Vision Type in eClaim.	IL IB MN
	1.56 BluTech Outdoor: Near Variable Focus B High Index Plastic 1.53-1.60/Trivex Polarized Plastic Dyes—Solid Color Choose Near Variable Focus under Vision Type in eClaim.	IL IB DA MN

UNITY Elite Coating (VSP)	Anti-Reflective Coating D	QV
UNITY Elite UVR Coating (VSP)	Anti-Reflective Coating D UV Protection - Backside	QV BV
UNITY Plus Coating (VSP)	Anti-Reflective Coating C	QT
UNITY Plus UVR Coating (VSP)	Anti-Reflective Coating C UV Protection - Backside	QT BV
UNITY PLx13/15/17/19 (VSP)	1.50 Plastic: Progressive F—Plastic	FA
	1.50 Plastic Transitions/XTRActive: Progressive F—Plastic Photochromic—Plastic B	FA PP
	1.50 Plastic Polarized: Progressive F—Plastic Polarized	FA FP
	1.50 Plastic DriveWear: Progressive F—Plastic Polarized Photochromic—Plastic B	FA FP PP
	1.50 Plastic Transitions Vantage: Progressive F—Plastic Polarized Photochromic—Plastic B	FA FP PP
	1.60 Plastic High Index: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	1.60 Plastic High Index Transitions: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	1.60 Plastic High Index Polarized: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	FA FB FP
	1.67 Plastic High Index: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	1.67 Plastic High Index Transitions/XTRActive: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	1.67 Plastic High Index Polarized: Progressive F—Plastic High Index Plastic 1.66/1.67 Polarized	FA FH FP

	1.74 Plastic High Index:	
	Progressive F—Plastic	FA
	High Index Plastic 1.70 & Above	FJ
	Polycarbonate:	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Polycarbonate Transitions/XTRActive:	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Photochromic—Plastic B	PP
Polycarbonate Polarized:		
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polarized	FP	
Polycarbonate DriveWear:		
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polarized	FP	
Photochromic—Plastic B	PP	
Polycarbonate Transitions Vantage:		
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polarized	FP	
Photochromic—Plastic B	PP	
Trivex:		
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Trivex Transitions/XTRActive:		
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Photochromic—Plastic B	PP	
Trivex Polarized:		
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Polarized	FP	
Trivex Transitions Vantage:		
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Polarized	FP	
Photochromic—Plastic B	PP	
UNITY PLx13/15/17/19 BluTech (VSP)	1.56 BluTech Indoor:	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Plastic Dyes—Solid Color	MN
	1.56 BluTech Outdoor:	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Polarized	FP
	Plastic Dyes—Solid Color	MN

UNITY PLxpression 12/14/16/18/20 (VSP)	1.50 Plastic: Progressive N—Plastic	NA	CM
	1.50 Plastic Transitions: Progressive N—Plastic Photochromic—Plastic B	NA PP	CM
	1.50 Plastic Polarized: Progressive N—Plastic Polarized	NA NP	CM
	1.60 Plastic High Index: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM
	Polycarbonate: Progressive N—Plastic Polycarbonate	NA ND	CM
	Polycarbonate Transitions: Progressive N—Plastic Polycarbonate Photochromic—Plastic B	NA ND PP	CM
	Polycarbonate Polarized: Progressive N—Plastic Polycarbonate Polarized	NA ND NP	CM
	Trivex: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB	CM
	Trivex Transitions: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB PP	CM
	UNITY PLxtra 12/14/16/18/20 (VSP)	1.50 Plastic: Progressive O—Plastic	OA
1.50 Plastic Transitions/XTRActive: Progressive O—Plastic Photochromic—Plastic B		OA PP	CM
1.50 Plastic Polarized: Progressive O—Plastic Polarized		OA OP	CM
1.50 Plastic DriveWear: Progressive O—Plastic Polarized Photochromic—Plastic B		OA OP PP	CM
1.50 Plastic Transitions Vantage: Progressive O—Plastic Polarized Photochromic—Plastic B		OA OP PP	CM

1.60 Plastic High Index:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
1.60 Plastic High Index Transitions:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Photochromic—Plastic B	PP	
1.60 Plastic High Index Polarized:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Polarized	OP	
1.67 Plastic High Index:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
1.67 Plastic High Index Transitions/XTRActive:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Photochromic—Plastic B	PP	
1.67 Plastic High Index Polarized:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Polarized	OP	
1.74 Plastic High Index:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.70 & Above	OJ	
Polycarbonate:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polycarbonate Transitions/XTRActive:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Photochromic—Plastic B	PP	
Polycarbonate Polarized:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Polycarbonate DriveWear:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Photochromic—Plastic B	PP	
Polycarbonate Transitions Vantage:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Photochromic—Plastic B	PP	

	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	Trivex Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	Trivex Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP	CM
	Trivex Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP	CM
UNITY PLxtra BluTech 12/14/16/18/20 (VSP)	1.56 BluTech Indoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN	CM
	1.56 BluTech Outdoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN	CM
UNITY PLxtreme 15/18 (VSP)	1.50 Plastic: Progressive O—Plastic OA	CM
	1.50 Plastic Transitions/XTRActive: Progressive O—Plastic OA Photochromic—Plastic B PP	CM
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP	CM
	1.50 Plastic DriveWear: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP	CM
	1.50 Plastic Transitions Vantage: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP	CM
	1.60 Plastic High Index: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	1.60 Plastic High Index Transitions: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM

1.60 Plastic High Index Polarized:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex Polarized	OB OP	
1.67 Plastic High Index:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
1.67 Plastic High Index Transitions/XTRActive:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Photochromic—Plastic B	PP	
1.67 Plastic High Index Polarized:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67 Polarized	OH OP	
Polycarbonate:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polycarbonate Transitions/XTRActive:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Photochromic—Plastic B	PP	
Polycarbonate Polarized:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Polycarbonate DriveWear:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Photochromic—Plastic B	PP	
Polycarbonate Transitions Vantage:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Photochromic—Plastic B	PP	
Trivex:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Trivex Transitions/XTRActive:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Photochromic—Plastic B	PP	
Trivex Polarized:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex Polarized	OB OP	

	Trivex Transitions Vantage: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	OA OB OP PP	CM
UNITY PLxtreme 15/18 BluTech (VSP)	1.56 BluTech Indoor: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	OA OB MN	CM
	1.56 BluTech Outdoor: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Plastic Dyes—Solid Color	OA OB OP MN	CM
UNITY SVx (VSP)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic	BA	
	Digital Plastic 1.50 Transitions/XTRActive: Digital Aspheric Lenses—Plastic Photochromic—Plastic B	BA PP	
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic Polarized	BA DA	
	Digital Plastic 1.50 DriveWear: Digital Aspheric Lenses—Plastic Polarized Photochromic—Plastic B	BA DA PP	
	Digital Plastic 1.50 Transitions Vantage: Digital Aspheric Lenses—Plastic Polarized Photochromic—Plastic B	BA DA PP	
	Digital Plastic High Index 1.60: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB	
	Digital Plastic High Index 1.60 Transitions: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	BA BB PP	
	Digital Plastic High Index 1.60 Polarized: Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.53-1.60/Trivex	BA DA DB	
	Digital Plastic High Index 1.67: Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67	BA BH	

	Digital Plastic High Index 1.67 Transitions/XTRActive: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic—Plastic B PP
	Digital Plastic High Index 1.67 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.66/1.67 DH
	Digital Plastic High Index 1.74: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & Above BJ
	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate BD
	Digital Polycarbonate Transitions/XTRActive: Digital Aspheric Lenses—Polycarbonate BD Photochromic—Plastic B PP
	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate BD Polarized DA
	Digital Polycarbonate DriveWear: Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic—Plastic B PP
	Digital Polycarbonate Transitions Vantage: Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic—Plastic B PP
	Digital Trivex: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB
	Digital Trivex Transitions/XTRActive: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	Digital Trivex Transitions Vantage: Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP
UNITY SVx BluTech (VSP)	1.56 BluTech Indoor: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes—Solid Color MN

	1.56 BluTech Outdoor: Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Plastic Dyes—Solid Color MN
UNITY SVxtra (VSP)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic BA
	Digital Plastic 1.50 Transitions/XTRActive: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA
	Digital Plastic 1.50 DriveWear: Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic—Plastic B PP
	Digital Plastic 1.50 Transitions Vantage: Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic—Plastic B PP
	Digital Plastic High Index 1.60: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB
	Digital Plastic High Index 1.60 Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	Digital Plastic High Index 1.60 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB
	Digital Plastic High Index 1.67: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH
	Digital Plastic High Index 1.67 Transitions/XTRActive: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic—Plastic B PP
	Digital Plastic High Index 1.67 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.66/1.67 DH
	Digital Plastic High Index 1.74: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & Above BJ

	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate BD
	Digital Polycarbonate Transitions/XTRActive: Digital Aspheric Lenses—Polycarbonate BD Photochromic—Plastic B PP
	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate BD Polarized DA
	Digital Polycarbonate DriveWear: Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic—Plastic B PP
	Digital Polycarbonate Transitions Vantage: Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic—Plastic B PP
	Digital Trivex: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB
	Digital Trivex Transitions/XTRActive: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	Digital Trivex Transitions Vantage: Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP
UNITY SVextra BluTech (VSP)	1.56 BluTech Indoor: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes—Solid Color MN
	1.56 BluTech Outdoor: Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Plastic Dyes—Solid Color MN
UNITY SVxtreme (VSP)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic BA
	Digital Plastic 1.50 Transitions/XTRActive: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA

Digital Plastic 1.50 DriveWear:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
Photochromic—Plastic B	PP
Digital Plastic 1.50 Transitions Vantage:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
Photochromic—Plastic B	PP
Digital Plastic High Index 1.60:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Digital Plastic High Index 1.60 Transitions:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Photochromic—Plastic B	PP
Digital Plastic High Index 1.60 Polarized:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
High Index Plastic 1.53-1.60/Trivex	DB
Digital Plastic High Index 1.67:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Digital Plastic High Index 1.67 Transitions/XTRActive:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic—Plastic B	PP
Digital Plastic High Index 1.67 Polarized:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
High Index Plastic 1.66/1.67	DH
Digital Polycarbonate:	
Digital Aspheric Lenses—Polycarbonate	BD
Digital Polycarbonate Transitions/XTRActive:	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic—Plastic B	PP
Digital Polycarbonate Polarized:	
Digital Aspheric Lenses—Polycarbonate	BD
Polarized	DA
Digital Polycarbonate DriveWear:	
Digital Aspheric Lenses—Polycarbonate	BD
Polarized	DA
Photochromic—Plastic B	PP

	<p>Digital Polycarbonate Transitions</p> <p>Vantage: Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic—Plastic B PP</p>
	<p>Digital Trivex: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB</p>
	<p>Digital Trivex Transitions/XTRActive: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP</p>
	<p>Digital Trivex Transitions Vantage: Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP</p>
UNITY SVxtreme BluTech (VSP)	<p>1.56 BluTech Indoor: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes—Solid Color MN</p>
	<p>1.56 BluTech Outdoor: Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Plastic Dyes—Solid Color MN</p>
Universal 14,16,18,20 (IOT)	<p>1.50 Plastic: Progressive F—Plastic FA</p>
	<p>1.50 Plastic Photochromic: Progressive F—Plastic FA Photochromic—Plastic B PP</p>
	<p>1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP</p>
	<p>1.56 Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB</p>
	<p>1.56 Plastic Photochromic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP</p>
	<p>1.56 Plastic Polarized: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP</p>
	<p>1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB</p>

1.60 High Index Plastic Photochromic:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic—Plastic B	PP
1.60 High Index Plastic Polarized:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Polarized	FP
1.67 High Index Plastic:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
1.67 High Index Plastic Photochromic:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic—Plastic B	PP
1.67 High Index Plastic Polarized:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Polarized	FP
1.70 High Index Plastic:	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
1.70 High Index Plastic Photochromic:	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
Photochromic—Plastic B	PP
1.70 High Index Plastic Polarized:	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
Polarized	FP
Polycarbonate:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polycarbonate Photochromic:	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Trivex:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Trivex Photochromic:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic—Plastic B	PP

	Trivex Polarized: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	FA FB FP
UTMC Coating (Sola)	Anti-Reflective Coating B	QN
v		
Varilux Comfort (Essilor)	1.60 High Index Clear Glass: Progressive J—Glass/High Index Glass	JE
	1.60 High Index Glass Photochromic: Progressive J—Glass/High Index Glass Photochromic—Glass A	JE PM
Varilux Comfort 2 (Essilor)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.60 High Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	1.60 High Index Plastic Transitions: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
	1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	1.67 High Index Plastic Transitions: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	JA JH PP
	Airwear: Progressive J—Plastic Polycarbonate	JA JD
	Airwear Transitions: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	Airwear Polarized: Progressive J—Plastic Polycarbonate Polarized	JA JD JP
	Varilux Comfort 2 DRx/Short (Essilor)	1.50 Plastic: Progressive F—Plastic
1.50 Plastic Transitions/XTRActive: Progressive F—Plastic Photochromic—Plastic B		FA PP

	1.50 Plastic Polarized: Progressive F—Plastic Polarized	FA FP	
	1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB	
	1.60 High Index Plastic Transitions: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP	
	1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH	
	1.67 High Index Plastic Transitions: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP	
	1.67 High Index Plastic Polarized: Progressive F—Plastic High Index Plastic 1.66/1.67 Polarized	FA FH FP	
	Airwear: Progressive F—Plastic Polycarbonate	FA FD	
	Airwear Transitions/XTRActive: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP	
	Airwear Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP	
	Trivex: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB	
	Trivex: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP	
	Varilux Comfort 2 Enhanced (Essilor)	1.50 Plastic: Progressive F—Plastic	FA
		1.50 Plastic Transitions: Progressive F—Plastic Photochromic—Plastic B	FA PP
1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex		FA FB	

	1.60 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	Airwear: Progressive F—Plastic FA Polycarbonate FD
	Airwear Transitions: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
	Airwear Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP
	Varilux Comfort 2 Short (Essilor)
1.50 Plastic: Progressive J—Plastic JA	
1.50 Plastic Transitions: Progressive J—Plastic JA Photochromic—Plastic B PP	
1.60 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB	
1.60 High Index Plastic Transitions: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP	
1.67 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH	
1.67 High Index Plastic Transitions: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP	
Polycarbonate: Progressive J—Plastic JA Polycarbonate JD	
Polycarbonate Transitions: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP	

	Polycarbonate Polarized: Progressive J—Plastic JA Polycarbonate JD Polarized JP
Varilux Comfort 2 Short DRx (Essilor)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	Airwear: Progressive F—Plastic FA Polycarbonate FD
	Airwear Transitions: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
Varilux Ellipse (Essilor)	1.50 Plastic: Progressive J—Plastic JA
	1.50 Plastic Transitions: Progressive J—Plastic JA Photochromic—Plastic B PP
	Thin & Lite 1.60: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	Thin & Lite 1.60 Transitions: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP
	Thin & Lite 1.67: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
	Thin & Lite 1.67 Transitions: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP
	Airwear: Progressive J—Plastic JA Polycarbonate JD
	Airwear Transitions: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP
	Airwear Xperio Polarized: Progressive J—Plastic JA Polycarbonate JD Polarized JP
	Varilux Ellipse 360 (Essilor)

	1.50 Plastic Transitions : Progressive O—Plastic OA Photochromic—Plastic B PP	
	1.60 High Index Plastic : Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	
	1.60 High Index Plastic Transitions : Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	
	1.67 High Index Plastic : Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH	
	1.67 High Index Plastic Transitions : Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP	
	1.74 High Index Plastic w/ applicable AR: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Crizal Alizé UV or Crizal Avancé UV.	
	Airwear : Progressive O—Plastic OA Polycarbonate OD	
	Airwear Transitions : Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP	
	Airwear Xperio Polarized : Progressive O—Plastic OA Polycarbonate OD Polarized OP	
Varilux Ipseo (Essilor)	1.50 Plastic w/ applicable AR: Progressive N—Plastic NA Crizal Alizé UV or Crizal Avancé UV	CM
	1.50 Plastic Transitions w/ applicable AR: Progressive N—Plastic NA Photochromic—Plastic B PP	CM
	1.67 High Index Plastic w/ applicable AR: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Crizal Alizé UV or Crizal Avancé UV	CM
	1.67 High Index Plastic Transitions w/ applicable AR: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic—Plastic B PP Crizal Alizé UV or Crizal Avancé UV	CM

	1.74 High Index Plastic w/ applicable AR: Progressive N—Plastic NA High Index Plastic 1.70 & Above NJ Crizal Alizé UV or Crizal Avancé UV	CM
	Airwear w/ applicable AR: Progressive N—Plastic NA Polycarbonate ND Crizal Alizé UV or Crizal Avancé UV	CM
	Airwear Transitions w/ applicable AR: Progressive N—Plastic NA Polycarbonate ND Photochromic—Plastic B PP Crizal Alizé UV or Crizal Avancé UV	CM
Varilux Physio (Essilor)	1.50 Plastic: Progressive F—Plastic FA	
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP	
	1.50 Plastic Xperio Polarized: Progressive F—Plastic FA Polarized FP	
	1.60 Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	
	1.60 Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP	
	Thin & Lite 1.67: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH	
	Thin & Lite 1.67 Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP	
	1.74 High Index Plastic w/ applicable AR: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Crizal Alizé UV or Crizal Avancé UV	
	Airwear: Progressive F—Plastic FA Polycarbonate FD	
	Airwear Xperio Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP	

	Airwear Transitions/XTRActive: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	Trivex Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
Varilux Physio DRx/Short (Essilor)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions/XTRActive: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.50 Plastic Transitions Vantage: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	1.67 High Index Plastic Polarized: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Polarized FP
	1.74 High Index Plastic w/ applicable AR: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Crizal Alizé UV or Crizal Avancé UV

	1.74 High Index Plastic Transitions w/ applicable AR: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Photochromic—Plastic B PP Crizal Alizé UV or Crizal Avancé UV
	Airwear: Progressive F—Plastic FA Polycarbonate FD
	Airwear Transitions/XTRActive: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
	Airwear Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP
	Airwear Transitions Vantage: Progressive F—Plastic FA Polycarbonate FD Polarized FP Photochromic—Plastic B PP
	Varilux Physio Enhanced (Essilor)
1.50 Plastic: Progressive O—Plastic OA	
1.50 Plastic Transitions: Progressive O—Plastic OA Photochromic—Plastic B PP	
1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP	
1.60 Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	
1.60 Plastic Transitions: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	
Thin & Lite 1.67: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH	
Thin & Lite 1.67 Transitions: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP	
1.74 High Index Plastic w/ applicable AR: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Crizal Alizé UV or Crizal Avancé UV	

	Airwear: Progressive O—Plastic OA Polycarbonate OD	
	Airwear Polarized: Progressive O—Plastic OA Polycarbonate OD Polarized OP	
	Airwear Transitions/XTRActive: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP	
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	
	Trivex Transitions: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	
Varilux Physio Enhanced Azio (Essilor)	Unavailable*	
Varilux Physio Enhanced Fit (Essilor)	1.50 Plastic: Progressive N—Plastic NA	CM
	1.50 Plastic Transitions: Progressive N—Plastic NA Photochromic—Plastic B PP	CM
	1.50 Plastic Polarized: Progressive N—Plastic NA Polarized NP	CM
	1.60 Plastic: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	1.60 Plastic Transitions: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM
	Thin & Lite 1.67: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH	CM
	Thin & Lite 1.67 Transitions: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic—Plastic B PP	CM
	1.74 High Index Plastic w/ applicable AR: Progressive N—Plastic NA High Index Plastic 1.70 & Above NJ Crizal Alizé UV or Crizal Avancé UV	CM

	Airwear: Progressive N—Plastic NA Polycarbonate ND 	CM
	Airwear Polarized: Progressive N—Plastic NA Polycarbonate ND Polarized NP 	CM
	Airwear Transitions/XTRActive: Progressive N—Plastic NA Polycarbonate ND Photochromic—Plastic B PP 	CM
	Trivex: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB 	CM
	Trivex Transitions: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP 	CM
Varilux Physio Enhanced India (Essilor)	Unavailable*	
Varilux Physio Short (Essilor)	1.50 Plastic: Progressive F—Plastic FA 	
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP 	
	1.60 Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB 	
	1.60 Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP 	
	Airwear: Progressive F—Plastic FA Polycarbonate FD 	
	Airwear Transitions: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP 	
	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB 	
	Trivex Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP 	

Varilux Physio 360 (Essilor)	1.50 Plastic : Progressive O—Plastic	OA	
	1.50 Plastic Transitions : Progressive O—Plastic Photochromic—Plastic B	OA PP	
	1.50 Plastic Xperio Polarized : Progressive O—Plastic Polarized	OA OP	
	1.60 Plastic : Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB	
	1.60 Plastic Transitions : Progressive O Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	OA OB PP	
	1.67 High Index Plastic : Progressive O—Plastic High Index Plastic 1.66/1.67	OA OH	
	1.67 High Index Plastic Transitions : Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	OA OH PP	
	1.74 High Index Plastic w/ applicable AR: Progressive O—Plastic High Index Plastic 1.70 & Above Crizal Alizé UV or Crizal Avancé UV	OA OJ	
	Airwear : Progressive O—Plastic Polycarbonate	OA OD	
	Airwear Xperio Polarized : Progressive O—Plastic Polycarbonate Polarized	OA OD OP	
	Airwear Transitions : Progressive O—Plastic Polycarbonate Photochromic—Plastic B	OA OD PP	
	Varilux Physio Short 360 (Essilor)	1.67 High Index Plastic : Progressive O—Plastic High Index Plastic 1.66/1.67	OA OH
		1.67 High Index Plastic Transitions : Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	OA OH PP
Polycarbonate: Progressive O—Plastic Polycarbonate		OA OD	

	Photochromic Glass: Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM
Vivix Coating (I-Coat)	Anti-Reflective Coating B	QN
Vivix I C No Fog (I-Coat)	Unavailable*	
Vivix Stainless LUV Coating (I-Coat)	Anti-Reflective Coating C UV Protection - Backside	QT BV
ViZio (Sola)	Aspheric Plastic High Index 1.67 with UTMC: High Index Plastic 1.66/1.67 Anti-Reflective Coating B	AH QN
w		
Wrap Solutions (KB Co)	Single Vision: Unavailable* Progressive: See EOS Wrap .	
WrapTech (Seiko)	Unavailable*	
x		
X-Cel 8 x 35 (X-Cel)	1.54 Mid Index Plastic Transitions: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP
Xperio SV Lenses	Spherical SV 1.50 Plastic: Polarized—Plastic A	DA
	Spherical SV 1.60 Plastic High Index: Polarized—Plastic A High Index Plastic 1.53-1.60/Trivex	DA DB
	Spherical/Aspheric SV 1.67 Plastic High Index: Polarized—Plastic A High Index Plastic 1.66/1.67	DA DH
	Spherical/Aspheric SV Polycarbonate: Polarized—Plastic A Polycarbonate	DA DD
	Aspheric SV 1.67 Plastic High Index: Digital Aspheric Lenses—Plastic Polarized—Plastic A High Index Plastic 1.66/1.67	BA DA DH
	Aspheric SV Polycarbonate: Digital Aspheric Lenses—Polycarbonate Polarized	BD DA
	X-Pro Minuo (Excelite, Inc.)	1.50 Plastic: Progressive K—Plastic
	1.60 Plastic High Index: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Trivex: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB

X-Pro Omnis (Excelite, Inc.)	1.50 Plastic: Progressive K—Plastic	KA
	1.50 Plastic Photochromic: Progressive K—Plastic Photochromic—Plastic B	KA PP
	1.60 Plastic High Index: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Trivex: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
Y		
Younger SV/BF/TF Lenses (Younger)	Spherical SV/FT28/7x28 Plastic 1.50 Transitions XTRActive: Photochromic—Plastic B	PP
	Spherical SV 1.56 Transitions: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP
	Spherical SV 1.67 MR10 Transitions XTRActive: High Index Plastic 1.66/1.67 Photochromic—Plastic B	AH PP
Your Eyes (Katz and Klein)	Anti-Reflective Coating B	QN
Your Eyes Super (Specialty Optical Services, Inc.)	Anti-Reflective Coating C	QT
Z		
Zeiss 3D SV (Zeiss)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic	BA
	Digital Plastic 1.50 PhotoFusion: Digital Aspheric Lenses—Plastic Photochromic—Plastic B	BA PP
	Digital Plastic 1.50 Transitions: Digital Aspheric Lenses—Plastic Photochromic—Plastic B	BA PP
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic Polarized	BA DA
	Digital Plastic High Index 1.60: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB
	Digital Plastic High Index 1.67: Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67	BA BH

Digital Plastic High Index 1.67	
PhotoFusion:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic—Plastic B	PP
Digital Plastic High Index 1.67	
Transitions:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic—Plastic B	PP
Digital Plastic High Index 1.74 w/	
PureCoat AR:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.70 & Above	BJ
Anti-Reflective Coating D	QV
Digital Polycarbonate:	
Digital Aspheric Lenses—Polycarbonate	BD
Digital Polycarbonate PhotoFusion:	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic—Plastic B	PP
Digital Polycarbonate Transitions:	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic—Plastic B	PP
Digital Polycarbonate Polarized:	
Digital Aspheric Lenses—Polycarbonate	BD
Polarized	DA
Digital Trivex:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Digital Trivex Transitions:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Photochromic—Plastic B	PP
NXT (Trivex) Tinted Sun Lenses:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Plastic Dyes - Solid Color	MN
NXT (Trivex) Tinted Mirror Sun Lenses:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Plastic Dyes - Solid Color	MN
Mirror Coating	QP
NXT (Trivex) Photochromic Sun Lenses:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Photochromic—Plastic B	PP

	NXT (Trivex) Polarized Sun Lenses: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB
	NXT (Trivex) Polarized Photochromic Sun Lenses: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP
Zeiss Choice 13, 15, 17, 19 (Zeiss)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic PhotoFusion: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Transitions/XTRActive: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.60 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.67 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 Plastic High Index PhotoFusion: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	1.67 Plastic High Index Transitions/XTRActive: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD
	Polycarbonate PhotoFusion: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
	Polycarbonate Transitions/XTRActive: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP

	Polycarbonate Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP
	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	Trivex Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	NXT (Trivex) Tinted Sun Lenses: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Plastic Dyes - Solid Color MN
	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Plastic Dyes - Solid Color MN Mirror Coating QP
	NXT (Trivex) Photochromic Sun Lenses: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP
Zeiss Choice Plus 13, 15, 17, 19 (Zeiss)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic PhotoFusion: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Transitions: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP
	1.50 Plastic Transitions: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP

1.60 Plastic High Index:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
1.67 Plastic High Index:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
1.67 Plastic High Index PhotoFusion:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Photochromic—Plastic B	PP
1.67 Plastic High Index Transitions/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Photochromic—Plastic B	PP
1.74 Plastic High Index Transitions w/ PureCoat AR:	
Progressive O—Plastic	OA
High Index Plastic 1.70 & Above	OJ
Anti-Reflective Coating D	QV
Polycarbonate:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polycarbonate PhotoFusion:	
Progressive O—Plastic	OA
Polycarbonate	OD
Photochromic—Plastic B	PP
Polycarbonate Transitions/XTRActive:	
Progressive O—Plastic	OA
Polycarbonate	OD
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polarized	OP
Trivex:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Trivex Transitions/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
NXT (Trivex) Tinted Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Plastic Dyes - Solid Color	MN

	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes - Solid Color MN Mirror Coating QP
	NXT (Trivex) Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
Zeiss Choice Plus V (Zeiss)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic PhotoFusion: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Transitions: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP
	1.50 Plastic Transitions: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP
	1.60 Plastic High Index: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	1.67 Plastic High Index: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH
	1.67 Plastic High Index PhotoFusion: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	1.67 Plastic High Index Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP

1.74 Plastic High Index Transitions w/ PureCoat AR:	
Progressive O—Plastic	OA
High Index Plastic 1.70 & Above	OJ
Anti-Reflective Coating D	QV
Polycarbonate:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polycarbonate PhotoFusion:	
Progressive O—Plastic	OA
Polycarbonate	OD
Photochromic—Plastic B	PP
Polycarbonate Transitions/XTRActive:	
Progressive O—Plastic	OA
Polycarbonate	OD
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polarized	OP
Trivex:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Trivex Transitions/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
NXT (Trivex) Tinted Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Plastic Dyes - Solid Color	MN
NXT (Trivex) Tinted Mirror Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Plastic Dyes - Solid Color	MN
Mirror Coating	QP
NXT (Trivex) Photochromic Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
NXT (Trivex) Polarized Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Polarized	OP

	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP	
Zeiss Individual (Zeiss)	1.50 Plastic: Progressive N—Plastic NA	CM
	1.50 Plastic PhotoFusion: Progressive N—Plastic NA Photochromic—Plastic B PP	CM
	1.50 Plastic Transitions: Progressive N—Plastic NA Photochromic—Plastic B PP	CM
	1.50 Plastic Polarized: Progressive N—Plastic NA Polarized NP	CM
	1.60 Plastic High Index: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	1.67 Plastic High Index: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH	CM
	1.67 Plastic High Index PhotoFusion: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic—Plastic B PP	CM
	1.67 Plastic High Index Transitions/XTRActive: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic—Plastic B PP	CM
	1.74 Plastic High Index Transitions: Progressive N—Plastic NA High Index Plastic 1.70 & above NJ	CM
	Polycarbonate: Progressive N—Plastic NA Polycarbonate ND	CM
	Polycarbonate PhotoFusion: Progressive N—Plastic NA Polycarbonate ND Photochromic—Plastic B PP	CM
	Polycarbonate Transitions/XTRActive: Progressive N—Plastic NA Polycarbonate ND Photochromic—Plastic B PP	CM

	Polycarbonate Polarized: Progressive N—Plastic Polycarbonate Polarized	NA ND NP	CM
	Trivex: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM
	Trivex Transitions: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB PP	CM
	NXT (Trivex) Tinted Sun Lenses: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color	NA NB MN	CM
	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color Mirror Coating	NA NB MN QP	CM
	NXT (Trivex) Photochromic Sun Lenses: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB PP	CM
	NXT (Trivex) Polarized Sun Lenses: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	NA NB NP	CM
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	NA NB NP PP	CM
Zeiss Individual 2/2I/2N (Zeiss)	1.50 Plastic: Progressive N—Plastic	NA	CM
	1.50 Plastic PhotoFusion: Progressive N—Plastic Photochromic—Plastic B	NA PP	CM
	1.50 Plastic Transitions: Progressive N—Plastic Photochromic—Plastic B	NA PP	CM
	1.50 Plastic Polarized: Progressive N—Plastic Polarized	NA NP	CM
	1.60 Plastic High Index: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM

1.67 Plastic High Index:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.66/1.67	NH	
1.67 Plastic High Index PhotoFusion:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.66/1.67	NH	
Photochromic—Plastic B	PP	
1.67 Plastic High Index Transitions/XTRActive:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.66/1.67	NH	
Photochromic—Plastic B	PP	
1.74 Plastic High Index Transitions:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.70 & above	NJ	
Polycarbonate:		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
Polycarbonate PhotoFusion:		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
Photochromic—Plastic B	PP	
Polycarbonate Transitions/XTRActive:		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
Photochromic—Plastic B	PP	
Polycarbonate Polarized:		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
Polarized	NP	
Trivex:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.53-1.60/Trivex	NB	
Trivex Transitions:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.53-1.60/Trivex	NB	
Photochromic—Plastic B	PP	
NXT (Trivex) Tinted Sun Lenses:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.53-1.60/Trivex	NB	
Plastic Dyes - Solid Color	MN	
NXT (Trivex) Tinted Mirror Sun Lenses:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.53-1.60/Trivex	NB	
Plastic Dyes - Solid Color	MN	
Mirror Coating	QP	

	NXT (Trivex) Photochromic Sun Lenses: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM
	NXT (Trivex) Polarized Sun Lenses: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP	CM
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP Photochromic—Plastic B PP	CM
Zeiss Individual SV (Zeiss)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic BA	
	Digital Plastic 1.50 PhotoFusion: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP	
	Digital Plastic 1.50 Transitions: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP	
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA	
	Digital Plastic High Index 1.60: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB	
	Digital Plastic High Index 1.67: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH	
	Digital Plastic High Index 1.67 PhotoFusion: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic—Plastic B PP	
	Digital Plastic High Index 1.67 Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic—Plastic B PP	
	Digital Plastic High Index 1.74: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & above BJ	
	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate BD	

	Digital Polycarbonate PhotoFusion: Digital Aspheric Lenses—Polycarbonate BD Photochromic—Plastic B PP
	Digital Polycarbonate Transitions: Digital Aspheric Lenses—Polycarbonate BD Photochromic—Plastic B PP
	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate BD Polarized DA
	Digital Trivex: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB
	Digital Trivex Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	Digital NXT (Trivex) Tinted Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes - Solid Color MN
	Digital NXT (Trivex) Tinted Mirror Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes - Solid Color MN Mirror Coating QP
	Digital NXT (Trivex) Photochromic Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	Digital NXT (Trivex) Polarized Sun Lenses: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB
	Digital NXT (Trivex) Polarized Photochromic Sun Lenses: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP
Zeiss Individual SV Wrap (Zeiss)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic BA
	Digital Plastic 1.50 PhotoFusion: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP

	Digital Plastic 1.50 Transitions: Digital Aspheric Lenses—Plastic Photochromic—Plastic B	BA PP	
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic Polarized	BA DA	
	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate	BD	
	Digital Polycarbonate PhotoFusion: Digital Aspheric Lenses—Polycarbonate Photochromic—Plastic B	BD PP	
	Digital Polycarbonate Transitions: Digital Aspheric Lenses—Polycarbonate Photochromic—Plastic B	BD PP	
	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate Polarized	BD DA	
	Zeiss Individual Wrap (Zeiss)	1.50 Plastic: Progressive N—Plastic	NA
1.50 Plastic PhotoFusion: Progressive N—Plastic Photochromic—Plastic B		NA PP	CM
1.50 Plastic Transitions: Progressive N—Plastic Photochromic—Plastic B		NA PP	CM
1.50 Plastic Polarized: Progressive N—Plastic Polarized		NA NP	CM
Polycarbonate: Progressive N—Plastic Polycarbonate		NA ND	CM
Polycarbonate PhotoFusion: Progressive N—Plastic Polycarbonate Photochromic—Plastic B		NA ND PP	CM
Polycarbonate Transitions: Progressive N—Plastic Polycarbonate Photochromic—Plastic B		NA ND PP	CM
Polycarbonate Polarized: Progressive N—Plastic Polycarbonate Polarized		NA ND NP	CM

CM Eligible This progressive lens is customizable for the most precise prescription. Your practice can receive an additional fee when the frame wrap, pantoscopic tilt, and vertex distance measurements are submitted with your lab order via **eClaim** at **eyefinity.com**. Please refer to the **VSP Signature Plan®** and **VSP Choice Plan®** Options Charts for details.

* This lens/coating is not available for use with VSP benefits. If dispensed, VSP benefits can't be applied to the lens OR frame. This is a private transaction between you and the patient. Do not submit claims to VSP for payment.

SPECIAL LENSES

Some products aren't available through our options system and are not available for use with VSP benefits. If dispensed, VSP benefits can't be applied to the lens OR frame. This is a private transaction between you and the patient. Do not submit claims to VSP for payment.

The **only** exceptions are genuine brand name RX lenses that must be sent to the frame company's lab or a non-VSP contract lab and frame and lens mounting that can't be fabricated at a VSP contract lab. These exceptions are ordered on a private basis and VSP will pay an allowance toward the cost of these lenses, in addition to your assigned lens dispensing fee.

Check the online [Product Index](#) for current lens information and to see if a product is an approved special lens.

Unique Product Billing Guidelines

This isn't a complete list of products. Please refer to the online [Product Index](#) for a complete list.

Description	Sample Products	Procedure
Genuine brand name Rx lenses that must be sent to the frame company's lab or a non-VSP contract lab	Bollé Costa Del Mar Maui Jim Oakley Panoptx Serengeti Suncloud	For products listed in the Product Index as a special lens, follow the billing procedures below. Products not listed in the Product Index typically aren't covered. Call VSP at 800.615.1883 to verify coverage and receive billing instructions.
Reproductions of genuine brand name lenses, that are produced in a contract lab	Bollé Costa Del Mar Maui Jim Oakley Panoptx Serengeti Suncloud	Use a contract lab and applicable lens option code(s).

Description	Sample Products	Procedure
Any frame and lens mounting combination that can't be fabricated by a VSP contract lab	Click 12—lenses Eyephorics—lenses Kazuo Kawasaki—lenses Nikon Performance Packages Silhouette/Adidas—sport insert #A741 SwissFlex—lenses w/oval drill holes	For products listed in the Product Index as a special lens, follow the billing procedures below. Products not listed in the Product Index typically aren't covered. Call VSP at 800.615.1883 to verify coverage and receive billing instructions.
Complicated lens/frame mounts that some contract labs can fabricate	Air Titanium—notched lenses Silhouette—rimless lenses Lindberg Optic Design—lenses Toki—rimless lenses	Use a contract lab and applicable lens option code(s). Toki rimless lenses must be sent to Heard Optical, #904 in Long Beach, CA or to Kosh Ophthalmic, #863 in Pompano Beach, FL.
Fitovers, or frames made specifically to fit over a pair of prescription eyeglasses	Fitovers	Covered only when glazed with prescription lenses. If your patient has plano benefits, a frame with plano lenses can be used. Otherwise, fitovers aren't covered by VSP and handled privately.
Readers	Scojo Vision, LLC	Readers are only covered if the generic lenses supplied with the frame are replaced with custom prescription lenses at the time of purchase. Otherwise, they're not covered by VSP and should be handled as a private transaction.
Diving masks when Rx-able lenses are glued directly into the mask		Unavailable*
General sports goggles with an adapter or insert in which a lab can fabricate and mount lenses relatively easily—Includes diving masks with an adapter.	Rec Specs Silhouette—Adidas	Please use a contract lab and all applicable lens option code(s).

Description	Sample Products	Procedure
Clip-ons with frame, priced as one unit are considered a single frame.	See Patient Options Explanations .	Handle this frame as you would any other frame. Enter the wholesale single unit price in wholesale frame cost box. If the frame is unlisted, enter the acquisition cost in the wholesale frame cost box.
Clip-ons priced separately from frame.		These are not covered by VSP and constitute a private transaction between the doctor and patient.

* This lens/coating is not available for use with VSP benefits. If dispensed, VSP benefits can't be applied to the lens OR frame. This is a private transaction between you and the patient. Do not submit claims to VSP for payment.

Billing Procedures for Special Lenses

Important! As of November 20, 2013, this is only available for genuine brand name RX lenses that must be sent to the frame company's lab or a non-VSP contract lab.

Charge your patient 80% of your U&C fee, minus the lens allowance (VSP Signature Plan and VSP Choice Plan allowances listed below) and your scheduled lens dispensing fee. Options normally covered for your patient aren't considered a covered option under the Special Lenses calculation.

CALCULATING PATIENT OUT-OF-POCKET EXPENSES

- Determine your U&C fee for the lens.
- Deduct a 20% discount.
- Subtract the VSP Special lens allowance listed below
 - Single Vision: \$20
 - Bifocal/Progressive: \$35
 - Trifocal: \$45

Subtract your assigned lens-dispensing fee available on your Assigned Fee Report on **VSPOnline** at **eyefinity.com**.

The following table is an example you can use to calculate patient charges:

Calculating Patient Charges on Special Lenses

U&C fee for special lenses	\$
Subtract 20% discount	- \$

Subtotal	\$
Subtract VSP special lens allowance	- \$
Subtract your assigned lens dispensing fee	- \$
Patient's out-of-pocket expense	\$

SUBMITTING SPECIAL LENS CLAIMS

Electronic Claim Submission

Order special lenses through **eClaim** at **eyefinity.com**:

- Choose the vision type (single vision, bifocal, etc.) in the pull-down menu.
- Choose the material type (plastic, glass, etc.) in the pull-down menu.
- If a lens isn't listed in the lens pull-down menu, choose Other (Indicate Lens Not Listed)—Other as the lens choice.
- Enter the lens product name in the Lens Not Listed box. Note: If a lens product isn't listed in this field and you choose Other (Indicate Lens Not Listed)—Other, the following error message displays: "Please Indicate Lens Not Listed When Other Lens Not Listed Has Been Selected." Calculate HCPCS won't automatically add the codes for special lenses, so please make sure to add the appropriate codes when completing that section.
- Choose Non-VSP Lab (Private Invoice).
- List the lens and frame in the Lab Special Instructions box and type "Private invoice must be used."
- Enter the following in Box 19 on the CMS 1500 screen:
 - For a frame and lens mounting that is not available through a VSP contract lab: Type "**Special Lens \$xxx.xx – non VSP mounting + product name**". The cost of the lenses should be pulled from the lab's private invoice and the product name should be the frame and lens product that was provided to the patient.
 - For a Genuine brand Rx lenses that are not available through a VSP contract lab: Type "**Special Lens \$xxx.xx – Genuine Brand Rx + product name**". The cost of the lenses should be pulled from the lab's private invoice and the product name should be the frame and lens that was provided to the patient.
- The lab will bill you on a private invoice. Please keep a copy of the lab invoice for your files. We may ask for a copy if there's a question about your submission.

Paper Claim Submission

Submit your patient's claim form and the lab's private invoice to VSP.

SPECIAL LENS PROVIDER REIMBURSEMENT

We'll reimburse you for the lens allowance, in addition to your scheduled lens dispensing fee and other fees that may apply.

FIRST-TIME REDOS ON SPECIAL LENSES

First-time redos require a [First-Time Doctor Redo Form](#).

DOCTOR IN-OFFICE LENS OPTIONS

You may provide the following options in your office:

- Plastic Dyes—Pink I and II (IM)
- Plastic Dyes—Gradients (IP)
- Plastic Dyes—Solid Other Colors (IN)
- UV Protection (IV)

Please refer to Patient Options Explanations for rules related to each option.

Important! Refer to the [VSP In-Office Finishing Program](#) section for information and requirements regarding finishing Signature or Choice single vision stock lenses in your office.

Covered Options

You'll be paid the lab fee, plus the service fee, and any tax that applies. Payment will appear under the CO (covered options) column of your statement. For UV protection provided in-office, please note the following:

- UV protection can't be added to lenses that inherently block UV.
- Applicable ANSI standards must be met.
- Doctor-applied UV protection must block 98-100 percent of UVA/UVB rays.

Non-covered Options

Charge your patient the correct Patient Fee in the VSP Option Chart. We won't deduct any lab charge backs from your check because you're providing the lab service for these items. When providing in-office lens options, please note:

- Please carefully inspect any lenses before doing any work on them. If you damage a lens, you're responsible for replacing it.
- You may provide in-office options (plastic dyes and UV protection) only if the option is the last step in the fabrication process. For example, anti-reflective coating must be applied after a lens has been tinted. So the entire job, including the tint, will be done by the lab to avoid delays. If the lab must dye or UV-coat the lens, the lab will replace the doctor code(s) with its lab code(s) for payment.
- When a redo is required, you must provide the in-office option again, regardless of fault. We also require labs to provide original lab-supplied options on first-time redos.
- If the lab order information isn't completed properly, the lab may do the work and get payment for services. If the lab inadvertently provides services when the order information is completed correctly, you'll be paid.
- You're required to remit tax on in-office services, as appropriate.
- These In-office lens options cannot be billed on IOF lenses.

Important! You must tell the lab that you're supplying in-office options.

Billing for In-Office Lens Options

ON ECLAIM

- Complete the Invoice Services page.
- If supplying a plastic dye, select the appropriate option in the Tint Type field:
 - Plastic Dr Supplied—Gradient Color
 - Plastic Dr Supplied—Solid (except Pink 1 and 2)
 - Plastic Dr Supplied—Solid Pink 1 and 2
- If supplying a UV coating, select Doctor Supplied UV Coating in the UV coating field.
- The appropriate lab codes will be automatically generated.

ON PAPER

For appropriate payment, mark the following areas on the **Materials Invoice Form**:

In the Option Code boxes of the Lab Information section, enter the code(s) in the spaces provided:

Example:

LAB INFORMATION										
LAB ID CODE	<input type="text"/>	<input type="text"/>	INVOICE #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OPTION CODES:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Only fill in the Lab Information section when you provide an approved in-office service. Please don't complete any other fields in this section; this space is designed for lab use.

Enter "Dr Sup" (Doctor Supplied) in the Special Instructions section to inform the lab you're providing the specified services. Also specify the lens tint color in the Plastic Dyes section or enter "UV" in the Coatings section for the record.

PROVIDING FRAMES

VSP's material benefit is designed to provide corrective eyewear to members with visual needs. The minimum criteria for coverage is below. Unless your patient has plano coverage, plano or demo lenses may not be provided in a frame billed to VSP (exceptions apply; see [Suncare Enhancement](#) or [Laser VisionCare](#): postoperative care). Providing frames with plano or demo lenses or providing demo lenses back to a patient for the purpose of placing them in a VSP covered frame is a violation of VSP's policy.

If the patient does not have plano coverage as described above, the patient must pay for the non-covered frame as an out-of-pocket expense if the frame will contain plano lenses. Additionally, we'll deny frame-only claims or frame claims with prescriptions that don't meet the following minimum prescription criteria:

The combined power in any meridian is ± 0.50 diopters or greater in at least one eye or one of the following exceptions occurs:

- Necessary prism of 0.50 diopters or greater in at least one eye
- Anisometropia is 0.50 diopters or greater
- Cylinder power is ± 0.50 diopters or greater

General guidelines when providing frames for VSP patients:

- Depending on lab policy, you can send the frame from your office to the lab, have the frame shipped directly from the manufacturer, or use a frame supplied by the lab.
- Unless your patient is eligible for plano lenses, only provide frames with prescription lenses in them that meet our minimum prescription criteria.
- Lenses that don't meet our minimum prescription criteria aren't covered by VSP and can't be dispensed to your patient in or with a VSP-covered frame.

Out-of-Network Frames

ASPEX EYEWEAR, INC. FRAMES

VSP doesn't provide in-network coverage for frames manufactured and/or distributed by Aspex Eyewear, including, but not limited to, these collections:

- BMW
- Cargo
- Cool Clip
- Easyclip
- Easytwist
- Easytwist & Clip
- Empower
- Greg Norman
- Lincoln Road
- Magnetite
- Magnetwist
- Manhattan Design Studio
- Memoflex
- Pentax
- Takumi
- TurboFlex
- TurboSun

Exclusions

Cigna Vision, MetLife Vision, Medicaid, and Medicare plans are excluded from this out-of-network policy. Cigna Vision, MetLife Vision, Medicaid, and Medicare patients can use their in-network frame allowance towards Aspex frames.

Patient Claim Submission

If the patient wishes to purchase an Aspex frame, charge the patient your U&C fees (minus a 20% discount) and instruct them to contact VSP to submit for out-of-network frame reimbursement.

VSP Network Doctor Submission

You may also submit an out-of-network Assignment of Benefit (AOB) claim for out-of-network frame reimbursement on behalf of the patient if you wish.

To determine the patient's out-of-pocket expenses:

- Deduct a 20% discount from the retail price of the frame.
- Apply the patient's VSP *out-of-network* frame allowance. (Call VSP at 800.615.1883 to obtain the patient's out-of-network frame allowance amount.)
- Balance-bill the remaining amount to the patient.

To submit the out-of-network frame claim to VSP:

- Bill the eye exam and covered lenses (if any) to VSP as usual and indicate that the frame is "Patient Supplied."
- On box 19 of the CMS-1500 Form, indicate "Unapproved Frame" or "Aspex Frame."
- Complete a paper CMS-1500 Form to VSP for the frame only and mail it to:

Vision Service Plan
P.O. Box 997105
Sacramento, CA 95899-7105

- You'll receive a separate check from VSP for the out-of-network frame reimbursement.

Frames Companies/Lines

Frame companies listed on the [Frame Companies/Lines List](#) have completed our application and meet the following criteria:

- The manufacturer provides us and our doctors with current catalogs and wholesale price lists for their frames, or the manufacturer is listed in the *Frames*® catalog.
- Catalog price or manufacturer's wholesale price doesn't exceed a 25% markup over the typical acquisition price.

When billing us for listed frame companies/lines, please use the frame price indicated on the manufacturer's wholesale price list or the *Frames* catalog list as the wholesale cost. If the manufacturer is not listed on VSP's Frame Companies/Lines List, use your acquisition price when indicating the wholesale cost for in-network frames.

Keep invoices of frame purchases other than those on the Frame Companies/Lines List for at least six years. We may ask you for these invoices.

We include listed frame companies' entire collections unless otherwise noted.

The purpose of the VSP Frame Companies/Lines List is solely to ease the administration of wholesale frame calculations and provider reimbursement rates. The list does not specify or guarantee that any particular frame manufacturer or frame brand will be covered by VSP at in-network rates. Certain manufacturers and/or brands may be designated by VSP as “out-of-network” and will be reimbursed on an out-of-network basis; this only applies to manufacturers or brands specifically designated as “out-of-network” frames.

Patient’s Frame Allowance

Under the VSP Signature Plan®, your patient’s frame allowance is represented by a combination of the wholesale frame amount and corresponding retail amount for which your patient is covered. Although patients will only be informed of their retail allowance, they’re covered in full for any in-network (or covered) frame less than or equal to their wholesale or retail allowance.

Your patient can apply the frame allowance to any frame, listed or unlisted, (except for out-of-network frames in which case the patient’s out-of-network frame allowance should be applied). If patients choose unlisted frames, use your acquisition cost instead of the *Frames* catalog price when submitting the “wholesale cost” to VSP.

There is no charge to patients for standard frame cases; however, you may charge patients for special orders or for deluxe frame cases.

VSP does not provide a dispensing fee when a patient-supplied frame is used and patients can’t be charged any additional fees.

FRAME OVERAGES

Charge your patient according to our frame overage procedures. When patients choose frames exceeding both their wholesale and equivalent retail allowances, they’re responsible for overages (any amount exceeding their retail frame allowance discounted by 20%). Don’t charge your patient more than the discounted frame overage, plus sales tax if it applies.

Don’t bill patients for standard costs to ship frames to you. Non-standard shipping costs are a private transaction between you and your patients. Tell patients what the cost will be before ordering frames.

Total charges to patients can’t exceed the retail price of frames.

FRAME COMPANIES/LINES

Frame companies on the Frame Companies/Lines List have completed our application and meet the following criteria:

- The manufacturer provides us and our doctors with current catalogs and wholesale price lists for their frames, or the manufacturer is listed in the “*Frames*” catalog.
- Catalog price or manufacturer’s wholesale price doesn’t exceed a 25% markup over your typical acquisition price.

When billing us for listed frame companies/lines, please use the frame price indicated on the manufacturer’s wholesale price list, or the “*Frames*” catalog list as the wholesale cost. If the manufacturer is not listed on VSP’s Frame Companies/Lines List, use your acquisition price when indicating the wholesale cost for in-network frames.

Note: Keep invoices of frame purchases other than those on the Frame Companies/Lines List for at least six years. We may ask you for these invoices.

The purpose of the VSP Frame Companies/Lines list is solely to ease the administration of wholesale frame calculations and provider reimbursement rates. The list does not specify or guarantee that any particular frame manufacturer or frame brand will be covered by VSP at in-network rates. Certain manufacturers and/or brands may be designated by VSP as “out-of-network” and will be reimbursed on an out-of-network basis; this only applies to manufacturers or brands specifically designated as “out-of-network” frames as listed in the **Providing Frames** section of the VSP Manual.

Entries don't imply endorsement, promotion, contracts, or any other relationship between VSP and listed companies. We'll include listed companies' entire collections unless otherwise noted.

123 Eyewear

A

A & A Optical Co., Inc.
 A Child's View, Inc.
 Aaron M. Poriss, Co.
 Abba Optical, Inc.
 Accent Eyewear, Inc.
 Aden Ophthalmic Products*
 Aim Optics
 Alanco Optical
 Alibi Optiks
 Altair Eyewear
 Antica
 AOSafety®
 AO® Sunwear USA, Inc.
 Aoyama USA/International
 Systech
 Apex Sungear, LLC
 Apollo Eye Gear
 Apple Optical Co.
 ARIA Advanced Eyewear
 Aristar
 Art Craft Optical Company,
 Inc.*
 Artisan Eyewear Design
 Artistic Eye
 Artoptic International Corp.
 Ashley Barrett
 Australian Optical Co.

B

B. Robinson Optical, Inc.
 B.G.E.
 BBH Eyewear
 Bella Italia
 Ben-Glo Optical
 Benedict Optical
 Best Image
 Beverly Hills Polo Club
 Bill Blass
 Biovision, Inc.
 Black Flys Eyewear
 Blink Eyewear
 BOIC Eyewear
 Bolle´ America
 Bonjour
 Boston Eye Designs
 BOZ
 Bravo Eyewear
 Brendel Lunettes
 Broadway Eyewear
 Bruno Bernini, Inc.
 Bucci, Inc.

C

C & E Vision Group
 CAC Optical, Inc.
 Cadore Moda
 California Design Studio,
 Inc.
 Calvin Klein Eyewear

Canyon Eyewear
 Capital Eyes, LLC
 Capri Optics
 Caravaggio
 Cases & Frames Wholesale
 Optical Suppliers
 Cazal
 CDS Eyewear
 Charisma Eyewear, Inc.
 Charmant Inc., USA
 Choice Optical Group
 Claiborne Optics/Studio
 Collections
 Clariti Eyewear, Inc.
 ClearVision Optical
 COCO Lunette International
 Colors in Optics, Ltd.
 Continental Optical Imports
 Continental Sales Co.
 Costa Del Mar
 Cottet Morel Eyewear
 Coyote Vision, USA, Inc.
 Creative Group
 Creative Optics
 Crystal Clear Vision Group
 Crystal Eyewear
 Custom Optical Frames,
 Inc.
 CXD

D

Dakis Optical Company, Inc.
 Dakota Smith Eyewear
 Dan's Optical Supplies
 De Rigo USA
 Diaco, Inc.
 Diversified Ophthalmics
 Dupont Optics Company

E

E'lite Optical
 Eagle Eyewear, Inc.
 Eastern States Optical
 Elizabeth Arden
 Emporium Buyers' Club
 EnVida
 e-SMITH eYeWeAR Inc.
 Euro Designs Eyewear
 Euro Eyewear, Inc.
 Euro Vision Group
 Europa International
 Eurotrends Eyewear
 Excel Eyewear Corp.
 Exclusively Ours
 Exit Eyewear
 Exportimar, Inc.
 Eye Concept Optical Ltd.
 Eye Eye Denmark
 Eye on New York
 Eye Q Eyewear Corporation
 Eye Think Eyewear
 Eyedeals Eyewear
 Eyephorics (2.5)/Optica
 Italee
 Eyes Cream Shades
 Eyesight Pacific, Inc.
 Eyespace
 Eyestyles
 Eyewear Designs Ltd.

F

Face A Face, Inc.
 Faconnable Eyewear
 First Look Optic

Fisher Price/Clear Vision
 Fitovers**
 Flintstones
 Focal Change Frames
 Foko, Inc.
 Frame Club
 Frame Management, Inc.
 Frames Plus
 Fratelli Lozza/Opti-Fashion

G

Gatling Optical Company
 Global Optique, Inc.
 Gold Coast Imports
 Gordon Optical Supply
 Great Western Optical
 Guess?/Viva

H

Hallmark Optical
 Hart Specialties, Inc.
 Hello Kitty/Fantas-Eyes, Inc.
 Heritage Collection (formerly International Eyewear, Inc.)
 High Fashion Optical
 Hobie
 HSU International
 Hudson Optical Corp.*

I

I2I Moda
 I-Frame, Inc.
 I-Dealoptics
 I-Goti Eyewear
 I.X. Optical U.S.A.
 IC Optical, LLC
 IC Optics, Ltd.
 ICON Eyewear Inc.
 ICP
 Ideas Optical Group, Inc.
 Imagewear
 Infinity Eyewear, Inc.
 Infooptica
 Innovative Eyewear for Revolution

Inspects USA (formerly Gone Vision Group)
 International Eyewear, Inc. (CA)
 International Minds
 International Point of View
 Intervention Eyewear
 Ira Mitchell Eyewear
 Irish Eyes
 it Eyewear
 Italian Eyes

J

J & B Optical Co., Inc.
 J.F. Rey Eyewear
 Jai Kudo
 Jason International Optical, Inc.
 Jersey Optical
 Jonathan Cate Eyewear
 Jordan Eyewear, Inc.
 JR Vision Group

K

Kala Eyewear/Golden Gate Optical USA
 Kasperek Optical, Inc.
 Kazuo Kawasaki/Optica
 Italee
 KB Optics
 Keezhan Eyewear/Kadima USA
 Kenmark Optical/Lancer Int'l
 Key Largo
 Key Lunettes, Inc.
 Kingmex International Corp.
 Kio Yamato
 Koba Eyewear
 Koure Eyewear, Inc.
 Kover U.S.A., Inc.
 Kyoto Eyewear

L

L & L Optical
 L & Y Optical Wholesale
 LBI Company

L'Amy, Inc.
 L'Unique Optique, Inc.
 L'Uomo
 La Difference
 La Prima Optics
 Lantis Optical
 Lawrence Eyewear
 Mystique
 Le Star
 Leisure Optiks
 LG Eyewear
 Liberty American, Inc.
 Liberty Optical Mfg. Co., Inc.*
 Lido West Eyewear, Inc.
 Ligo
 Limited Editions (except Ce-Tru Collection)
 Linea Roma/Vision Design Eyewear Inc.
 Liz Claiborne Optics/Studio Collections
 Liz Claiborne Sunglasses
 Logic Optics USA, Inc.
 Logo Paris, Inc.
 London Bridge Classics
 Look Occhiali SRL
 Looking Good Eyewear
 Lotus Optical Ind, Corp.
 Luminaire Company
 Luxottica Group

M

M Par M
 Marajo Eyewear
 Marchon
 Marcolin
 Marine Optical, Inc.
 Marlin Industries
 Marlyn Optical Co., Inc.
 Martin Copeland
 Masunaga Group, Inc.
 MBI, LTD.
 McGee Group, The
 Meridian Eyewear

Metzler International (USA), Inc.
 Micro Vision Optical Inc.
 Microshapes
 Milton Appel Co., Inc.
 Minima
 Minuteman Optical Corp.
 Miracle Optics
 Mitani USA Inc.
 Miyazawa/EnVida
 Modern Optical Ltd. (except Best B-Eyes & Modern Times)
 Modo Eyewear
 Moja Design
 Momentum Eyewear, Inc.
 Montage Eyewear
 Montreaux Eyewear
 Morton Optical
 Mountain Pond Eyewear
 Multi Facets

N

Nantucket
 Eyewear/Precision Optical
 Nassau Vision Group
 Nautica Eyewear
 Neo Era Optics
 Neostyle Eyewear Corp.
 Nevada Eyeworks, USA
 New Era Optical
 New Millennium Eyewear Group, Inc.
 New Trends Eyewear
 New Vision Optique, LLC
 New York Eye/Hart Specialties Co.
 New York Optical Western Hemisphere
 Nicole Miller
 Nikon Eyewear
 Noble Optical
 Northern Eyes, Inc.
 Northwest Eyewear
 Nouveau Eyewear

Nutmeg Optical Supply, Inc.

O

Occhiali West
 Ocean Optical Co.
 O.G.I. Frames, Inc.
 Omni Eyewear
 On-Guard Safety Corp.*
 Opti-Fashion, Inc.
 Optica Italee
 Optical Dispensary Management
 Optical Exchange
 Optical Fashion Trade
 Optical Trends
 Optical Xpressions
 Optics Industries
 Optiline, Inc.
 Optimate, Inc.
 Optiq, Ltd.
 Optique Du Monde
 Optique Classique
 Optique Marquis
 Ora Optical
 Otego Optical
 Ownda Eyewear, Inc.
 Oycos/Momentum Eyewear, Inc.

P

Panoptx
 Pathway
 Paul Michael Optical Corporation
 Perry Ellis
 Phillips Safety*
 Phoenix Optical, Inc.
 Piazza Optical
 Pierre Cardin
 Pixel Optic, LLC
 Portside Eyewear
 Positive Eyewear
 Prava Optics, Inc.
 Premier Eyewear
 Precious Metal Eyewear
 Prestige Optics (Prestige)

line only)
 Prio Corporation
 Priority Eyewear
 Private Eyes
 Private Label
 Pro Design Eyewear, Inc.
 Prodigy Eyewear
 Profiles Eyewear

R

R & R Imports
 Rafaele
 Ralph Lauren Eyewear
 Real Eyes Optical
 Rainbow World Optical
 Supply, Inc.
 Regency International
 Regent Optical, Inc.
 Rem Optical Co.
 Renditions Eyewear Group
 Revolution Eyewear
 Revue International
 Rochester Optical
 Manufacturing
 Rodenstock
 ROI
 Royal Vision Int'l. Co.
 Royce Int'l Eyewear
 (formerly Dakota Eyewear)
 Rozin Optical

S

S.P.F. Optical, Inc.
 Safilo USA
 SAMA Eyewear
 Sanders Optical Co., Inc.
 Sans Pareil, Inc.
 Savvy Eyewear
 Scandanavian Frames, Inc.
 Scojo Vision, LLC***
 Score International, Inc.
 See O₂ Frames, Inc.
 SEECO Eyewear
 Seiko Titanium
 Serengeti Eyewear, Inc.
 Shane Michael

Sharp Optics
 Shefa, LLC
 Shuron Ltd.
 Siegel Optik
 Signature Eyewear
 Silhouette
 Silver Dollar Optical Corp.
 Smilen Eyewear
 Sola Technologies
 Solo Bambini
 Sorrento Designs
 Southern Optical
 Spectacle Eyeworks
 Spectrum Eyewear
 Spectrum Optical
 Spy Optic, Inc.
 St. John/Studio Collections
 St. Moritz
 Standard Optics
 Studio Collections (formerly
 Wilshire Designs)
 Styl-Rite Optical
 Styloptic
 Sunaress Eyewear
 Suncloud
 Superior Frame Line, Inc.
 Supreme Optical
 Corporation
 Symmetry Eyewear
 Systech/International
 Systech Corp.

T

Tart Optical
 Enterprises/Bacara
 Technol, Incorporated
 Titmus*
 Toki Eyewear/Masunaga
 Group Inc.
 Transworld Optical
 Tura
 Tuscany Eyewear

U

U.S. Eyewear
 U.S. Optical Frame Co.

U.S. Safety*
 Ultra/Palm Optical Co., Inc.
 United Colors of Benetton
 United Optical
 Universal-Univis
 Upscale Eyewear Company
 USA Optical
 Uvex/Leisure Optiks

V

Vanni
 Value Eyewear
 Veneto
 Venuti International
 Vision America
 Vision Concepts
 International Inc.
 Viva

W X Y Z

Welling International
 Wiley X Eyewear*
 Windsor Eyes (formerly
 Windsor Optical/
 Ambassador Eyewear)
 Wolverine/Kenmark/Lancer
 International*
 World Spectacles, Inc.
 Wreckless Vision
 Zeiss/Classic Optical
 Zen Eyewear
 Zimco Optics, Inc. (except
 Budget Collection)
 Zyloware

FIRST-TIME DOCTOR REDOS

The following doctor redo policies and procedures apply to all plans that require the use of a contract lab. Acceptable first-time doctor redos **for lenses only** may be done at your discretion without pre-certification:

- Your patient can't be charged for redos required because you or your office staff made errors.
- A frame change alone isn't an acceptable first-time redo (see Frame Changes, below).
- Second or subsequent requests for a lens redo are private transactions between you, the lab, and your patient.

In-Office Finishing Redos

For Signature and Choice single vision stock lenses finished in your office through the VSP In-Office Finishing Program, refer to the VSP In-Office Finishing Program section for information and requirements regarding first-time doctor redos of these lenses.

First-Time Doctor Redo Requirements and Limitations

The following criteria must be met to qualify as a first-time doctor redo:

- The same doctor and lab must be used for both the original and redo prescriptions.
- The redo must be requested within six months from the date of service.
- The redo is for lenses only.
- One of the following requirements is met:
 - Power changes (not including changes resulting in plano lenses)
 - Axis changes
 - Segment height/segment style changes due to non-adaptation (e.g., FT28 to Executive)
 - Change in lens style (e.g., bifocal to trifocal, bifocal to single vision, or any other base lens change, except progressive to non-progressive lens style)
 - Errors in transcription (not including transcription errors involving tints, photochromics, coatings, or frames)
 - Change in materials (e.g., glass to plastic, plastic to polycarbonate, plastic to high index plastic or glass, etc.)
 - Changes in base curves
- The lab will deny any redos that fall within the following limitations:
 - Request for a redo more than six months from the original date of service, unless the patient was physically unable to request the redo (see Redos After Six Months)
 - Second or subsequent submission of a redo
 - Change made by the patient in the frame size, shape, or style
 - Addition or change made by the patient in tint or coating
 - Materials lost, broken, or damaged by the patient

- Lenses covered by a manufacturer’s non-adapt warranty (e.g., photochromics, aspheric lenses) are not considered a first-time doctor redo. Resubmit lenses to the original lab for replacement consideration.

Redos for Progressive Lenses

We won’t cover redos on progressive lenses under our first-time doctor redo guidelines. These lenses must be covered under the lab’s private progressive warranty or the manufacturer’s progressive warranty, then applied to the same VSP patient in the form of replacement lenses. The same doctor must be used for both the original and redo prescriptions. Any redo on a progressive lens must be handled as a private transaction between the doctor, the lab, and the patient.

If the progressive lens is covered by a manufacturer’s warranty or lab guarantee, submit the lens to the original lab on a private invoice for replacement consideration. Options or materials not covered by the manufacturer or lab are a private transaction between you and your patient.

Submitting First-Time Doctor Redos on Lenses

First-time doctor redos must be for lenses only and submitted within six months of the original order.

Order the redo from the same lab that made the original prescription. Complete the lab’s private invoice, clearly indicating a “VSP Doctor Redo” is requested.

Submit the invoice to the lab with a copy of the original lab order form or Eyefinity Service Report and the patient’s original lenses. If you submit an Eyefinity Service Report, please remove procedure and diagnosis information.

The lab will send the new lenses to you and keep the original lenses.

Redo transactions are between you and the lab. No paperwork needs to be sent to us.

Patient Options

On acceptable first-time doctor redo prescriptions, we’ll cover patient options ordered on the original prescription. Follow the procedures below in cases where a new patient option is added on a redo:

Additional Non-covered Options	Additional Covered Options
Charge your patient either the fees shown on the VSP Signature Options Chart or your U&C fees (or “add-on” fees), whichever is lower. See Patient Option Fees Instructions for more information. The lab will bill you directly for additional options.	You’ll be charged privately by the lab. Send a First-Time Redo Verification form with the lab’s material invoice to us for reimbursement. There’s no charge to your patient for adding a covered option. Note: Unless your patient requests a change in lens material, ordering additional covered options not supplied on the original prescription isn’t a valid first-time redo request.

Frame Changes

A frame change alone is not an acceptable condition for a first-time doctor redo. At least one of the requirements listed above must be met in order for an order to qualify as a first-time doctor redo. If such a valid redo reason exists, the patient may select another frame at that time.

A lens redo isn't covered for frame changes due to your error or your patient's dissatisfaction with the style, shape, size, or fit. Any exchange of materials under these circumstances is a private transaction between you and your patient.

Lens redos may be approved if your patient has an allergic reaction to the material in the original frame. Call VSP at 800.615.1883 to request redo of lenses in this case. If lenses are approved, the frame exchange is a private transaction between you and your patient.

Doctor Redos after Six Months

Doctor redos requested more than six months from the original date of service may be approved for a first-time doctor redo only if your patient was physically unable to visit your office to request the redo earlier (e.g., the patient was ill or out of town for an extended period). Under these circumstances, you can request reimbursement for the redo by submitting a copy of the lab invoice with a First-Time Doctor Redo Verification Form to us. You must include the original date of service and clearly explain the reason for delay on the form.

Change in Laboratory

If you need to order a doctor redo from a different contract lab, you can submit a copy of the new lab invoice with a First-Time Doctor Redo Verification Form to us for reimbursement. Clearly explain the reason(s) for the lab change on the verification form. We'll only cover doctor redos at a different lab under the following circumstances:

- The original lab is out of business.
- The original lab couldn't redo the job because of a change in the original order (e.g., couldn't accommodate a brand or material change, etc.).
- The original lab can't complete the job to your satisfaction.

Important! You must try to resolve the issue with the original lab under the first-time doctor redo program before we'll cover new lenses at a different lab. If you're unable to resolve the issue with the original lab, call VSP at 800.615.1883 for additional information and instructions.

SECTION 5: CLIENT DETAILS

ANTHEM BLUE CROSS

Members are covered under the VSP Integrated Primary EyeCareSM Program. Refer to the Integrated Primary EyeCare Program in the Plans & Coverages section for more information.

Note: Some Anthem Blue Cross PPO members are also eligible for routine benefits through VSP or Blue Cross. Please follow your standard process for obtaining eligibility, authorizations, and submitting claims for those services, and bill the appropriate insurance carrier.

Please visit the Anthem Blue Cross Web site for more information on policies and procedures. You'll need to register for a Provider Access account to see the Anthem Blue Cross PPO (Prudent Buyer Plan) Operations Manual.

Eligibility & Authorization

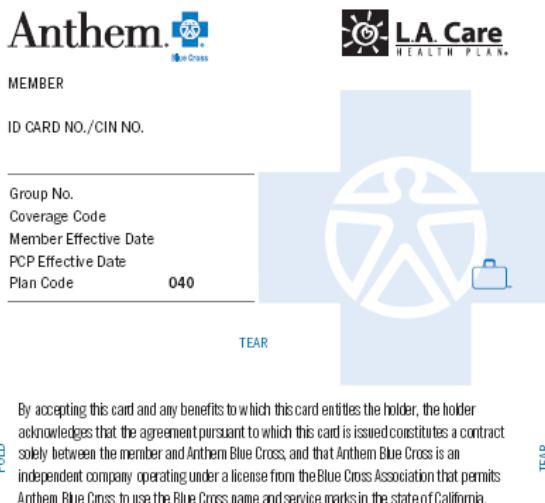
Anthem Blue Cross uses different service centers based on your patient's location. For questions about eligibility, paper claims and benefits, check your patient's ID card for information and the contact phone number. It might help to note this phone number or keep a copy of the ID card in your patient's file.

Patients may have different ID cards. But the Anthem Blue Cross and "PPO" designations will always be on the cards to identify patients as Anthem Blue Cross PPO members.

Sample ID cards:

www.anthem.com/ca		Anthem. 	
<p>Attention member: Carry this ID card with you at all times. Show it to your doctor or pharmacy for covered health services. See your Evidence of Coverage for a description of your benefits. Having or using this card does not guarantee eligibility for benefits. No out-of-network benefits (except emergency care).</p> <p>In an emergency, call 911 or go to the nearest emergency room. You do not need to get approval ahead of time for emergency services.</p>	<p>Customer Service: 1-877-687-0549</p> <p>TTY line: 1-888-757-6034</p> <p>24-hour nurse help line: 1-800-224-0336</p> <p>Prescription drug questions: 1-800-700-2533</p>	<p>Attention provider: This card is for identification purposes only and does not constitute proof of eligibility. For current eligibility, call 1-877-687-0549. Emergency services are covered without prior authorization.</p> <p>Hospitals: For all inpatient admissions, call 1-877-273-4193 within 48 hours or as soon as reasonably possible.</p> <p>If Medicare is primary, file medical claims first with Medicare. Submit all other claims to:</p> <p>P.O. Box 60007 Los Angeles, CA 90060-0007</p>	<p>Providers outside of California: For services provided outside of the state of California, the AIM program covers emergency and urgent care services only. For current eligibility, call 1-800-676-BLUE. Please submit claims to your local Blue Cross and/or Blue Shield plan. To ensure prompt claims processing, please include the three-digit alpha prefix that precedes the member's identification number listed on the front of this card.</p>
<p>Anthem Blue Cross is the trade name of Blue Cross of California, Independent licensee of the Blue Cross Association.</p>			

Your doctor (PCP) / Su médico / Bác sĩ của quý vị / 貴人醫師
 සුගුණසේනරත්න / 您的醫生 / Koj tus kws khomob
 پزشك شما / 귀하의 담당 의사 / 主治醫師 / BASH BRASH
 Pangalan ng inyong doktor (PCP)



Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the Anthem Blue Cross Web site under “Provider Finder.”

Note: IPEC patients can only be referred to another doctor or refused service if the service required is beyond the scope of your licensure.

Reimbursement

Anthem Blue Cross handles reimbursement, which varies according to region. Anthem Blue Cross pays claims daily following state and federal regulations.

Reimbursement is based on the lesser of the billed amount or the maximum allowable reimbursement as shown on the fee schedule. Fees are subject to change with notification from VSP.

Note: The Anthem Blue Cross PPO Integrated Primary EyeCare Program provides medical eyecare services and routine eye exams. Routine vision materials are not covered under this program. If a Blue Cross PPO member has routine vision coverage under their medical plan, you should bill Anthem Blue Cross for the routine vision exam and charge the member your Usual & Customary rates for the routine vision materials (glasses or elective contacts). The member can then submit a materials claim to Anthem Blue Cross for reimbursement. For claims questions, call 800.274.7767 for Anthem Blue Cross members or 800.444.2726 for BlueCard members.

REGIONAL FEE SCHEDULES (BY COUNTY) – EFFECTIVE OCTOBER 15, 2007

Region 1: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, Shasta, Sierra, Siskiyou, Solano, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, Yuba

Region 2: Alameda, Contra Costa, Monterey, Napa, Santa Cruz

Region 3: Marin, San Francisco, San Mateo, Santa Clara

Region 4: Los Angeles

Region 5: Orange

Region 6: Kern, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Ventura

Region 7: San Diego

Region 8: Fresno, San Joaquin, Sonoma, Stanislaus

Region 9: Imperial

Submitting Claims

Submit claims directly to Anthem Blue Cross through Eyefinity by adding “CA Blue Cross-Anthem Blue Cross” to your carrier list. Claims must be filed within 180 days of the date of service.

You can submit paper claims to the service center address listed on the back of your patient’s ID card.

ARCTIC SLOPE

The following applies to Arctic Slope members who have the Access Indemnity Plan, with co-insurance payment. Refer to the Access Indemnity Plan Section for complete details about the plan.

Patient Eligibility

The member is eligible to receive services and materials up to their plan maximum of \$500.

They are responsible for paying

- \$50 copay,
- 20% co-insurance on discounted services and materials (after copay is deducted),
- and any remaining costs once their allowance has been used.

EXAM AND MATERIALS

Arctic Slope members may use their \$500 benefit maximum within the eligibility period for:

- One routine exam AND/OR
- One pair of glasses (lens, lens options, and frame) OR
- One contact lens exam and up to an annual supply of contact lenses OR
- Laser VisionCare Services (PRK, LASIK, or custom LASIK using wavefront technology).

Note: The member must be eligible for an exam, lens, and frame to be eligible for LVC. LVC is in-lieu of exam, lens, frame, and contact lens benefits.

The services may be received on different dates of service during the same eligibility period. Phone 800.615.1883 for additional authorizations for remaining services and/or allowances.

Billing and Reimbursement

The patient is responsible for paying a \$50 copay, a 20% co-insurance amount and any remaining costs after the allowance has been applied.

Members should receive the following discounts:

- 20% off U&C for exam services and glasses,
- and 15% off U&C for contact lens services.

To determine the patient's out-of-pocket expenses, apply the discounts and coverages in this order:

Deduct the appropriate discount from your U&C fees for the services and materials to determine the discounted fee to the patient.

Subtract the patient's \$50 copay (collect the copay from the patient).

Calculate and subtract the patient's 20% co-insurance amount AFTER you've discounted your fees and subtracted the copay (collect the co-insurance from the patient).

Apply the patient's \$500 VSP allowance.

Collect any remaining balance from the patient (if applicable).

Here is an example to calculate the patient's charges for an exam and pair of glasses. (The indicated U&C fees are examples only).

Your U&C fee for the exam and glasses (lens, lens options, and frame):	\$900
Subtract the 20 percent Access Indemnity Discount:	-\$180
<hr/>	
Discounted Fee	\$720
<hr/>	
Subtract the copay (paid by patient)	-\$50
Subtract the 20% co-insurance fee (paid by patient) (20% of \$670)	-\$134
Subtract the \$500 VSP allowance	-\$500
<hr/>	
Remaining Balance (paid by patient)	\$36
<hr/>	

To determine the patient's total out-of-pocket expense, add the copay, co-insurance, and remaining balance. In this example, the patient would pay \$220 (\$50 copay + \$134 co-insurance + \$36 remaining balance).

Your payment from VSP would be \$500 (the patient's VSP allowance).

CENTERPOINT ENERGY

UHC Members of Centerpoint Energy with diabetes are covered for diabetes care, education, and wellness management through DiabetesAmerica™.

Referral Process

Patients with diabetes should be referred directly to DiabetesAmerica. Please fax all referrals to 888.627.2443. Patients can also call 888.877.8427 or visit diabetesamerica.com to schedule an appointment.

Covered Services

Through DiabetesAmerica, Centerpoint Energy UHC members can receive \$20 off of their copay.

DiabetesAmerica provides the following covered services for diabetic patients and their dependents 18 and over:

- physician consultations,
- diabetes education at each visit with certified diabetes educators licensed dietitians,
- diabetes-related lab services onsite,
- and online services including:
 - online appointment scheduling,
 - personalized health records,
 - DiabetesAmerica retail pharmacy with free home delivery,
 - DiabetesAmerica cares: 24/7 support by phone by DiabetesAmerica staff.

For more information, visit diabetesamerica.com.

CIGNA HEALTHCARE OF CONNECTICUT

Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [Cigna Quick Reference Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

Eligibility

Only Cigna HealthCare HMO, managed care, and POS members may be covered through this plan. Members will have their plan type indicated on their Cigna HealthCare ID cards like the ones below.

Network



HMO or POS



HMO Open Access or POS Open Access



Please Note: Cigna members can have routine coverage through Cigna Vision, which is administered through the Choice Network. If your patient has a Cigna Vision ID card, please refer to the Cigna Vision client detail page in the VSP Choice Network Manual for more information.

Routine Coverage

ALTERNATE MEMBER IDENTIFICATION NUMBER

Cigna HealthCare members have an Alternate Member Identification Number (AMI). Most members will have a Cigna generated ID number that begins with “U”, followed by 8 digits. However, there may be instances when a Cigna HealthCare client creates their own unique ID numbers for their employees. The ID number will be listed on the member’s Cigna ID card. Cigna HealthCare members are cross-referenced in our system under both their SSN and their AMI number. You may use either to verify eligibility.

Cigna members are cross-referenced in our systems under their Social Security Numbers and their AMI number.

Expanded Primary EyeCare

Cigna HealthCare of Connecticut, Inc. HMO, managed care and POS members (not PPO, OAP or indemnity plan members) are always eligible for standard and Expanded Primary EyeCare services whether they have routine VSP coverage or not. Check the [Primary EyeCare Plan](#) in the Plans and Coverages section for details on standard Primary EyeCare coverage. See the following pages for details on Expanded Primary EyeCare coverage for this client.

Note: Some members may also be eligible for routine benefits. Please contact us for an authorization or more information.

INITIAL REFERRAL TO DOCTOR

Members of this plan can self-refer for Primary EyeCare services or be referred by their primary care physicians.

PROVIDING SERVICES

Patients must show their Cigna ID cards to get Primary EyeCare services under the Cigna HealthCare plan. The copay for each visit is shown on the right side of the ID card, to the right of the “Specialist” row (see area #4 in the sample ID card below). Please confirm Expanded Primary EyeCare coverage with VSP before providing services.



REFERRAL BY A VSP DOCTOR

Refer patients back to their Cigna HealthCare primary care physician if your diagnosis shows a need for specialized services not covered under Primary EyeCare or Expanded Primary EyeCare plans. For care outside your scope and/or plan coverage, your patient’s Cigna HMO primary care physician directs referrals.

SUBMITTING THE CLAIM

When submitting the claim online, note the copay amount in the Amount Paid box (box 29). For paper claims, write “VSP Primary EyeCare” across the top of the CMS-1500 Form and submit the completed form to us with a copy of your patient’s Cigna ID card.

EXPANDED PRIMARY EYECARE COVERAGE

The following list shows services covered for this client beyond those services covered under Primary EyeCare. Please refer to [Primary EyeCare Plan](#) in the Plans and Coverages section for details on those services.

Covered benefits will be administered according to our policies and procedures in effect on the date of service. In addition to VSP’s Primary EyeCare coverage, the following procedure codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules, and regulations.

View [Cigna HealthCare of Connecticut Expanded Primary EyeCare Coverage](#).

CIGNA HEALTHCARE OF DELAWARE VALLEY

Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [Cigna Quick Reference Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

Eligibility

Only Cigna HealthCare HMO, managed care, and POS members may be covered through this plan. Members will have their plan type indicated on their Cigna HealthCare ID cards like the ones below.

Network



HMO or POS



HMO Open Access or POS Open Access



Please Note: Cigna members can have routine coverage through Cigna Vision, which is administered through the Choice Network. If your patient has a Cigna Vision ID card, please refer to the Cigna Vision client detail page in the VSP Choice Network Manual for more information.

Routine Coverage

ALTERNATE MEMBER IDENTIFICATION NUMBER

Cigna HealthCare members have an Alternate Member Identification Number (AMI). Most members will have a Cigna generated ID number that begins with “U”, followed by 8 digits. However, there may be instances when a Cigna HealthCare client creates their own unique ID numbers for their employees. The ID number will be listed on the member’s Cigna ID card. Cigna HealthCare members are cross-referenced in our system under both their SSN and their AMI number. You may use either to verify eligibility.

Cigna members are cross-referenced in our systems under their Social Security Numbers and their AMI number.

Expanded Primary EyeCare

Cigna HealthCare of Delaware Valley, Inc. HMO, managed care, and POS members (not PPO, OAP or indemnity plan members) are eligible for standard and Expanded Primary EyeCare services in addition to VSP routine services. Check the [Primary EyeCare Plan](#) in the Plans and Coverages section for details on standard Primary EyeCare coverage. See the following pages for details on Expanded Primary EyeCare coverage for this client.

INITIAL REFERRAL TO DOCTOR

Members of this plan can self-refer for Primary EyeCare services or be referred by their primary care physicians.

PROVIDING SERVICES

Patients must show their Cigna ID cards to get Primary EyeCare services under the Cigna HealthCare plan. The copay for each visit is shown on the right side of the ID card, to the right of the “Specialist” row (see area #4 in the sample ID card below). Please confirm Expanded Primary EyeCare coverage with VSP before providing services.



REFERRAL BY A VSP DOCTOR

Refer patients back to their Cigna HealthCare primary care physician if your diagnosis shows a need for specialized services not covered under Primary EyeCare or Expanded Primary EyeCare plans. For care outside your scope and/or plan coverage, your patient's Cigna HMO primary care physician directs referrals.

SUBMITTING THE CLAIM

When submitting the claim online, note the copay amount in the Amount Paid box (box 29). For paper claims, write “VSP Primary EyeCare” across the top of the CMS-1500 Form and submit the completed form to us with a copy of your patient's Cigna ID card.

EXPANDED PRIMARY EYECARE COVERAGE

The following list shows services covered for this client beyond those services covered under Primary EyeCare. Please refer to [Primary EyeCare Plan](#) in the Plans and Coverages section for details on those services.

Covered benefits will be administered according to our policies and procedures in effect on the date of service. In addition to VSP's Primary EyeCare coverage, the following procedure codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules and regulations.

View [Cigna HealthCare of Delaware Valley Expanded Primary EyeCare Coverage - Delaware doctors.](#)

View [Cigna HealthCare of Delaware Valley Expanded Primary EyeCare Coverage - Pennsylvania doctors.](#)

CIGNA HEALTHCARE OF ILLINOIS

Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [Cigna Quick Reference Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

Eligibility

Only Cigna HealthCare HMO, managed care, and POS members may be covered through this plan. Members will have their plan type indicated on their Cigna HealthCare ID cards like the ones below.



Please Note: Cigna members can have routine coverage through Cigna Vision, which is administered through the Choice Network. If your patient has a Cigna Vision ID card, please refer to the Cigna Vision client detail page in the VSP Choice Network Manual for more information.

Routine Coverage

ALTERNATE MEMBER IDENTIFICATION NUMBER

Cigna HealthCare members have an Alternate Member Identification Number (AMI). Most members will have a Cigna generated ID number that begins with “U”, followed by 8 digits. However, there may be instances when a Cigna HealthCare client creates their own unique ID numbers for their employees. The ID number will be listed on the member’s Cigna ID card. Cigna HealthCare members are cross-referenced in our system under both their SSN and their AMI number. You may use either to verify eligibility.

Cigna members are cross-referenced in our systems under their Social Security Numbers and their AMI number.

Expanded Primary EyeCare

Cigna HealthCare of Illinois, Inc. HMO, managed care and POS members (not PPO, OAP or indemnity plan members) are always eligible for standard and Expanded Primary EyeCare services whether they have routine VSP coverage or not. Check the [Primary EyeCare Plan](#) in the Plans and Coverages section for details on standard Primary EyeCare coverage. See the following pages for details on Expanded Primary EyeCare coverage for this client.

INITIAL REFERRAL TO DOCTOR

Members of this plan can self-refer for Primary EyeCare services or be referred by their primary care physicians.

PROVIDING SERVICES

Patients must show their Cigna ID cards to get Primary EyeCare services under the Cigna HealthCare plan. The copay for each visit is shown on the right side of the ID card, to the right of the “Specialist” row (see area #4 in the sample ID card below). Please confirm Expanded Primary EyeCare coverage with VSP before providing services.



REFERRAL BY A VSP DOCTOR

Refer patients back to their Cigna HealthCare primary care physician if your diagnosis shows a need for specialized services not covered under Primary EyeCare or Expanded Primary EyeCare plans. For care outside your scope and/or plan coverage, your patient’s Cigna HMO primary care physician directs referrals.

SUBMITTING THE CLAIM

When submitting the claim online, note the copay amount in the Amount Paid box (box 29). For paper claims, write “VSP Primary EyeCare” across the top of the CMS-1500 Form and submit the completed form to us with a copy of your patient’s Cigna ID card.

COORDINATION OF BENEFITS

Coordination of Benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If you participate as a provider with Cigna HealthCare and VSP, VSP is the primary payor for Primary EyeCare and Expanded Primary EyeCare services, not Cigna. You're responsible for verifying other coverage, if indicated, to bill and collect from the member's other carrier(s) if applicable.

EXPANDED PRIMARY EYECARE COVERAGE

The following list shows services covered for this client beyond those services covered under Primary EyeCare. Please refer to [Primary EyeCare Plan](#) in the Plans and Coverages section for details on those services.

Covered benefits will be administered according to our policies and procedures in effect on the date of service. In addition to VSP's Primary EyeCare coverage, the following procedure codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules, and regulations.

View [Cigna HealthCare of Illinois Expanded Primary EyeCare Coverage](#).

CIGNA HEALTHCARE OF INDIANA

Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [Cigna Quick Reference Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

Eligibility

Only Cigna HealthCare HMO, managed care, and POS members may be covered through this plan. Members will have their plan type indicated on their Cigna HealthCare ID cards like the ones below.

Network

myCIGNA.com	Connecticut General Life Insurance Co.			 2	
	IN: 600428 Control: 00600000				
	Account: 1234567				
	Issuer: (80840)				
	Coverage Effective Date: 01-01-2005				
	ID: U23456789 01 1				
	Name: John Public				
	PCP: John Smith				
	PCP Phone: XXX-XXX-XXXX				
	ABC Company				
Doc Name		<table border="1"> <tr> <td>NETWORK SAVINGS PLAN LOGO</td> </tr> </table>		NETWORK SAVINGS PLAN LOGO	NMCWEBA
NETWORK SAVINGS PLAN LOGO					
		<table border="1"> <tr> <td> Network PCP Visit \$15 Specialist \$15 Hospital ER \$50 Urgent Care \$25 Vision Yes Rx \$10/20/40 Rx Indiv Deduct \$50 Coinsurance Applies </td> </tr> </table>		Network PCP Visit \$15 Specialist \$15 Hospital ER \$50 Urgent Care \$25 Vision Yes Rx \$10/20/40 Rx Indiv Deduct \$50 Coinsurance Applies	
Network PCP Visit \$15 Specialist \$15 Hospital ER \$50 Urgent Care \$25 Vision Yes Rx \$10/20/40 Rx Indiv Deduct \$50 Coinsurance Applies					

HMO or POS

myCIGNA.com	CIGNA HealthCare of XXXXX, Inc.			 2	
	IN: 600428 Control: 00600000				
	Account: 1234567				
	Issuer: (80840)				
	Coverage Effective Date: 01-01-2005				
	ID: U23456789 01 1				
	Name: John Public				
	PCP: John Smith				
	PCP Phone: XXX-XXX-XXXX				
	ABC Company				
Doc Name		<table border="1"> <tr> <td>NETWORK SAVINGS PLAN LOGO</td> </tr> </table>		NETWORK SAVINGS PLAN LOGO	NMCWEBA
NETWORK SAVINGS PLAN LOGO					
		<table border="1"> <tr> <td> HMO (or POS) PCP Visit \$15 Specialist \$15 Hospital ER \$50 Urgent Care \$25 Vision Yes Rx \$10/20/40 Rx Indiv Deduct \$50 Coinsurance Applies </td> </tr> </table>		HMO (or POS) PCP Visit \$15 Specialist \$15 Hospital ER \$50 Urgent Care \$25 Vision Yes Rx \$10/20/40 Rx Indiv Deduct \$50 Coinsurance Applies	
HMO (or POS) PCP Visit \$15 Specialist \$15 Hospital ER \$50 Urgent Care \$25 Vision Yes Rx \$10/20/40 Rx Indiv Deduct \$50 Coinsurance Applies					

HMO Open Access or POS Open Access

myCIGNA.com	CIGNA HealthCare of XXXXX, Inc.			 2	
	IN: 600428 Control: 00600000				
	Account: 1234567				
	Issuer: (80840)				
	Coverage Effective Date: 01-01-2005				
	ID: U23456789 01 1				
	Name: John Public				
	PCP: John Smith				
	PCP Phone: XXX-XXX-XXXX				
	ABC Company				
Doc Name		<table border="1"> <tr> <td>NETWORK SAVINGS PLAN LOGO</td> </tr> </table>		NETWORK SAVINGS PLAN LOGO	NMCWEBA
NETWORK SAVINGS PLAN LOGO					
		<table border="1"> <tr> <td> HMO (or POS) Open Access No Referral Required PCP Visit \$15 Specialist \$15 Hospital ER \$50 Urgent Care \$25 Vision Yes Rx \$10/20/40 Rx Indiv Deduct \$50 Coinsurance Applies </td> </tr> </table>		HMO (or POS) Open Access No Referral Required PCP Visit \$15 Specialist \$15 Hospital ER \$50 Urgent Care \$25 Vision Yes Rx \$10/20/40 Rx Indiv Deduct \$50 Coinsurance Applies	
HMO (or POS) Open Access No Referral Required PCP Visit \$15 Specialist \$15 Hospital ER \$50 Urgent Care \$25 Vision Yes Rx \$10/20/40 Rx Indiv Deduct \$50 Coinsurance Applies					

Please Note: Cigna members can have routine coverage through Cigna Vision, which is administered through the Choice Network. If your patient has a Cigna Vision ID card, please refer to the Cigna Vision client detail page in the VSP Choice Network Manual for more information.

Routine Coverage**ALTERNATE MEMBER IDENTIFICATION NUMBER**

Cigna HealthCare members have an Alternate Member Identification Number (AMI). Most members will have a Cigna generated ID number that begins with "U", followed by 8 digits. However, there may be instances when a Cigna HealthCare client creates their own unique ID numbers for their employees. The ID number will be listed on the member's Cigna ID card. Cigna HealthCare members are cross-referenced in our system under both their SSN and their AMI number. You may use either to verify eligibility.

Cigna members are cross-referenced in our systems under their Social Security Numbers and their AMI number.

Expanded Primary EyeCare

Cigna HealthCare of Indiana, Inc. HMO, managed care and POS members (not PPO, OAP or indemnity plan members) are always eligible for standard and Expanded Primary EyeCare services whether they have routine VSP coverage or not. Check the [Primary EyeCare Plan](#) in the Plans and Coverages section for details on standard Primary EyeCare coverage. See the following pages for details on Expanded Primary EyeCare coverage for this client.

INITIAL REFERRAL TO DOCTOR

Members of this plan can self-refer for Primary EyeCare services or be referred by their primary care physicians.

PROVIDING SERVICES

Patients must show their Cigna ID cards to get Primary EyeCare services under the Cigna HealthCare plan. The copay for each visit is shown on the right side of the ID card, to the right of the “Specialist” row (see area #4 in the sample ID card below). Please confirm Expanded Primary EyeCare coverage with VSP before providing services.



REFERRAL BY A VSP DOCTOR

Refer patients back to their Cigna HealthCare primary care physician if your diagnosis shows a need for specialized services not covered under Primary EyeCare or Expanded Primary EyeCare plans. For care outside your scope and/or plan coverage, your patient’s Cigna HMO primary care physician directs referrals.

SUBMITTING THE CLAIM

When submitting the claim online, note the copay amount in the Amount Paid box (box 29). For paper claims, write “VSP Primary EyeCare” across the top of the CMS-1500 Form and submit the completed form to us with a copy of your patient’s Cigna ID card.

COORDINATION OF BENEFITS

Coordination of Benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If you participate as a provider with Cigna HealthCare and VSP, VSP is the primary payor for Primary EyeCare and Expanded Primary EyeCare services, not Cigna. You’re responsible for verifying other coverage, if indicated, to bill and collect from the member’s other carrier(s) if applicable.

EXPANDED PRIMARY EYECARE COVERAGE

The following list shows services covered for this client beyond those services covered under Primary EyeCare. Please refer to [Primary EyeCare Plan](#) in the Plans and Coverages section for details on those services.

Covered benefits will be administered according to our policies and procedures in effect on the date of service. In addition to VSP’s Primary EyeCare coverage, the following procedure codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules, and regulations.

View [Cigna HealthCare of Indiana Expanded Primary EyeCare Coverage](#).

CIGNA HEALTHCARE OF NEW JERSEY

Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [Cigna Quick Reference Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

Eligibility

Only Cigna HealthCare HMO, managed care, and POS members may be covered through this plan. Members will have their plan type indicated on their Cigna HealthCare ID cards like the ones below.

Network



HMO or POS



HMO Open Access or POS Open Access



Please Note: Cigna members can have routine coverage through Cigna Vision, which is administered through the Choice Network. If your patient has a Cigna Vision ID card, please refer to the Cigna Vision client detail page in the VSP Choice Network Manual for more information.

Routine Coverage

ALTERNATE MEMBER IDENTIFICATION NUMBER

Cigna HealthCare members have an Alternate Member Identification Number (AMI). Most members will have a Cigna generated ID number that begins with “U”, followed by 8 digits. However, there may be instances when a Cigna HealthCare client creates their own unique ID numbers for their employees. The ID number will be listed on the member’s Cigna ID

card. Cigna HealthCare members are cross-referenced in our system under both their SSN and their AMI number. You may use either to verify eligibility.

Cigna members are cross-referenced in our systems under their Social Security Numbers and their AMI number.

Expanded Primary EyeCare

Cigna HealthCare of New Jersey, Inc. HMO, managed care and POS members (not PPO, OAP or indemnity plan members) are always eligible for standard and Expanded Primary EyeCare services whether they have routine VSP coverage or not. Check the [Primary EyeCare Plan](#) in the Plans and Coverages section for details on standard Primary EyeCare coverage. See the following pages for details on Expanded Primary EyeCare coverage for this client.

Note: Some members may also be eligible for routine benefits. Please contact us for an authorization or more information.

INITIAL REFERRAL TO DOCTOR

Members of this plan can self-refer for Primary EyeCare services or be referred by their primary care physicians.

PROVIDING SERVICES

Patients must show their Cigna ID cards to get Primary EyeCare services under the Cigna HealthCare plan. The copay for each visit is shown on the right side of the ID card, to the right of the “Specialist” row (see area #4 in the sample ID card below). Please confirm Expanded Primary EyeCare coverage with VSP before providing services.



REFERRAL BY A VSP DOCTOR

Refer patients back to their Cigna HealthCare primary care physician if your diagnosis shows a need for specialized services not covered under Primary EyeCare or Expanded Primary EyeCare plans. For care outside your scope and/or plan coverage, your patient's Cigna HMO primary care physician directs referrals.

SUBMITTING THE CLAIM

When submitting the claim online, note the copay amount in the Amount Paid box (box 29). For paper claims, write “VSP Primary EyeCare” across the top of the CMS-1500 Form and submit the completed form to us with a copy of your patient's Cigna ID card.

Coordination of Benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If you participate as a provider with Cigna HealthCare and VSP, VSP is the primary payor for Primary EyeCare and Expanded Primary EyeCare services, not Cigna. You're responsible for verifying other coverage, if indicated, to bill and collect from the member's other carrier(s) if applicable.

EXPANDED PRIMARY EYECARE COVERAGE

The following list shows services covered for this client beyond those services covered under Primary EyeCare. Please refer to [Primary EyeCare Plan](#) in the Plans and Coverages section for details on those services.

Covered benefits will be administered according to our policies and procedures in effect on the date of service. In addition to VSP's Primary EyeCare coverage, the following procedure codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules, and regulations.

View [Cigna HealthCare of New Jersey Expanded Primary EyeCare Coverage](#).

CIGNA HEALTHCARE OF NEW YORK

Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [Cigna Quick Reference Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

Eligibility

Only Cigna HealthCare HMO, managed care, and POS members may be covered through this plan. Members will have their plan type indicated on their Cigna HealthCare ID cards like the ones below.

Network



HMO or POS



HMO Open Access or POS Open Access



Please Note: Cigna members can have routine coverage through Cigna Vision, which is administered through the Choice Network. If your patient has a Cigna Vision ID card, please refer to the Cigna Vision client detail page in the VSP Choice Network Manual for more information.

Routine Coverage

ALTERNATE MEMBER IDENTIFICATION NUMBER

Cigna HealthCare members have an Alternate Member Identification Number (AMI). Most members will have a Cigna generated ID number that begins with “U”, followed by 8 digits. However, there may be instances when a Cigna HealthCare client creates their own unique ID numbers for their employees. The ID number will be listed on the member’s Cigna ID card. Cigna HealthCare members are cross-referenced in our system under both their SSN and their AMI number. You may use either to verify eligibility.

Cigna members are cross-referenced in our systems under their Social Security Numbers and their AMI number.

Expanded Primary EyeCare

Cigna HealthCare of New York, Inc. HMO, managed care and POS members (not PPO, OAP or indemnity plan members) are always eligible for standard and Expanded Primary EyeCare services whether they have routine VSP coverage or not. Check the [Primary EyeCare Plan](#) in the Plans and Coverages section for details on standard Primary EyeCare coverage. See the following pages for details on Expanded Primary EyeCare coverage for this client.

Note: Some members may also be eligible for routine benefits. Please contact us for an authorization or more information.

INITIAL REFERRAL TO DOCTOR

Members of this plan can self-refer for Primary EyeCare services or be referred by their primary care physicians.

PROVIDING SERVICES

Patients must show their Cigna ID cards to get Primary EyeCare services under the Cigna HealthCare plan. The copay for each visit is shown on the right side of the ID card, to the right of the “Specialist” row (see area #4 in the sample ID card below). Please confirm Expanded Primary EyeCare coverage with VSP before providing services.



REFERRAL BY A VSP DOCTOR

Refer patients back to their Cigna HealthCare primary care physician if your diagnosis shows a need for specialized services not covered under Primary EyeCare or Expanded Primary EyeCare plans. For care outside your scope and/or plan coverage, your patient's Cigna HMO primary care physician directs referrals.

SUBMITTING THE CLAIM

When submitting the claim online, note the copay amount in the Amount Paid box (box 29). For paper claims, write “VSP Primary EyeCare” across the top of the CMS-1500 Form and submit the completed form to us with a copy of your patient's Cigna ID card.

Coordination of Benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If you participate as a provider with Cigna HealthCare and VSP, VSP is the primary payor for Primary EyeCare and Expanded Primary EyeCare services, not Cigna. You're responsible for verifying other coverage, if indicated, to bill and collect from the member's other carrier(s) if applicable.

EXPANDED PRIMARY EYECARE COVERAGE

The following list shows services covered for this client beyond those services covered under Primary EyeCare. Please refer to [Primary EyeCare Plan](#) in the Plans and Coverages section for details on those services.

Covered benefits will be administered according to our policies and procedures in effect on the date of service. In addition to VSP's Primary EyeCare coverage, the following procedure codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules, and regulations.

View [Cigna HealthCare of New York Expanded Primary EyeCare Coverage](#).

CIGNA HEALTHCARE OF SOUTH CAROLINA

Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [Cigna Quick Reference Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

Eligibility

Only Cigna HealthCare HMO, managed care, and POS members may be covered through this plan. Members will have their plan type indicated on their Cigna HealthCare ID cards like the ones below.



Please Note: Cigna members can have routine coverage through Cigna Vision, which is administered through the Choice Network. If your patient has a Cigna Vision ID card, please refer to the Cigna Vision client detail page in the VSP Choice Network Manual for more information.

Routine Coverage

ALTERNATE MEMBER IDENTIFICATION NUMBER

Cigna HealthCare members have an Alternate Member Identification Number (AMI). Most members will have a Cigna generated ID number that begins with “U”, followed by 8 digits. However, there may be instances when a Cigna HealthCare client creates their own unique

ID numbers for their employees. The ID number will be listed on the member's Cigna ID card. Cigna HealthCare members are cross-referenced in our system under both their SSN and their AMI number. You may use either to verify eligibility.

Cigna members are cross-referenced in our systems under their Social Security Numbers and their AMI number.

Expanded Primary EyeCare

Cigna HealthCare of South Carolina, Inc. HMO, managed care, and POS members (not PPO, OAP or indemnity plan members) are always eligible for standard and Expanded Primary EyeCare services whether they have routine VSP coverage or not. Check the [Primary EyeCare Plan](#) in the Plans and Coverages section for details on standard Primary EyeCare coverage. See the following pages for details on Expanded Primary EyeCare coverage for this client.

Note: Some members may also be eligible for routine benefits. Please contact us to get an authorization or more information.

INITIAL REFERRAL TO DOCTOR

Members of this plan can self-refer for Primary EyeCare services or be referred by their primary care physicians.

PROVIDING SERVICES

Patients must show their Cigna ID cards to get Primary EyeCare services under the Cigna HealthCare plan. The copay for each visit is shown on the right side of the ID card, to the right of the "Specialist" row (see area #4 in the sample ID card below). Please confirm Expanded Primary EyeCare coverage with VSP before providing services.



REFERRAL BY A VSP DOCTOR

Refer patients back to their Cigna HealthCare primary care physician if your diagnosis shows a need for specialized services not covered under Primary EyeCare or Expanded Primary EyeCare plans. For care outside your scope and/or plan coverage, your patient's Cigna HMO primary care physician directs referrals.

SUBMITTING THE CLAIM

When submitting the claim online, note the copay amount in the Amount Paid box (box 29). For paper claims, write "VSP Primary EyeCare" across the top of the CMS-1500 Form and submit the completed form to us with a copy of your patient's Cigna ID card.

COORDINATION OF BENEFITS

Coordination of Benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If you participate as a provider with Cigna HealthCare and VSP, VSP is the primary payor for Primary EyeCare and Expanded Primary EyeCare services, not Cigna. You're responsible for verifying other coverage, if indicated, to bill and collect from the member's other carrier(s) if applicable.

EXPANDED PRIMARY EYECARE COVERAGE

The following list shows services covered for this client beyond those services covered under Primary EyeCare. Please refer to [Primary EyeCare Plan](#) in the Plans and Coverages section for details on those services.

Covered benefits will be administered according to our policies and procedures in effect on the date of service. In addition to VSP's Primary EyeCare coverage, the following procedure codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules, and regulations.

View [Cigna HealthCare of South Carolina Expanded Primary EyeCare Coverage](#).

CIGNA HEALTHCARE OF TENNESSEE

Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [Cigna Quick Reference Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

Eligibility

Only Cigna HealthCare HMO, managed care, and POS members may be covered through this plan. Members will have their plan type indicated on their Cigna HealthCare ID cards like the ones below.

Network

myCIGNA.com	Connecticut General Life Insurance Co.		CIGNA	2	
	IN: 600428 Control: 00600000				
	Account: 1234567				
	Issuer: (80840)				
	Coverage Effective Date: 01-01-2005				
	ID: U23456789 01 1				
	Name: John Public				
	PCP: John Smith				
	PCP Phone: XXX-XXX-XXXX				
	ABC Company				
Doc Name		<table border="1"> <tr> <td>NETWORK SAVINGS PLAN LOGO</td> </tr> </table>		NETWORK SAVINGS PLAN LOGO	NMCWEBA
NETWORK SAVINGS PLAN LOGO					
Network		PCP Visit \$15			
Specialist \$15		4			
Hospital ER \$50					
Urgent Care \$25					
Vision Yes					
Rx \$10/20/40					
Rx Indiv Deduct \$50					
Coinsurance Applies 3					

HMO or POS

myCIGNA.com	CIGNA HealthCare of XXXXX, Inc.		CIGNA	2	
	IN: 600428 Control: 00600000				
	Account: 1234567				
	Issuer: (80840)				
	Coverage Effective Date: 01-01-2005				
	ID: U23456789 01 1				
	Name: John Public				
	PCP: John Smith				
	PCP Phone: XXX-XXX-XXXX				
	ABC Company				
Doc Name		<table border="1"> <tr> <td>NETWORK SAVINGS PLAN LOGO</td> </tr> </table>		NETWORK SAVINGS PLAN LOGO	NMCWEBA
NETWORK SAVINGS PLAN LOGO					
HMO (or POS)		PCP Visit \$15			
Specialist \$15		4			
Hospital ER \$50					
Urgent Care \$25					
Vision Yes					
Rx \$10/20/40					
Rx Indiv Deduct \$50					
Coinsurance Applies 3					

HMO Open Access or POS Open Access

myCIGNA.com	CIGNA HealthCare of XXXXX, Inc.		CIGNA	2	
	IN: 600428 Control: 00600000				
	Account: 1234567				
	Issuer: (80840)				
	Coverage Effective Date: 01-01-2005				
	ID: U23456789 01 1				
	Name: John Public				
	PCP: John Smith				
	PCP Phone: XXX-XXX-XXXX				
	ABC Company				
Doc Name		<table border="1"> <tr> <td>NETWORK SAVINGS PLAN LOGO</td> </tr> </table>		NETWORK SAVINGS PLAN LOGO	NMCWEBA
NETWORK SAVINGS PLAN LOGO					
HMO (or POS) Open Access		No Referral Required			
PCP Visit \$15		4			
Specialist \$15					
Hospital ER \$50					
Urgent Care \$25					
Vision Yes					
Rx \$10/20/40					
Rx Indiv Deduct \$50					
Coinsurance Applies 3					

Please Note: Cigna members can have routine coverage through Cigna Vision, which is administered through the Choice Network. If your patient has a Cigna Vision ID card, please refer to the Cigna Vision client detail page in the VSP Choice Network Manual for more information.

Routine Coverage

ALTERNATE MEMBER IDENTIFICATION NUMBER

Cigna HealthCare members have an Alternate Member Identification Number (AMI). Most members will have a Cigna generated ID number that begins with "U", followed by 8 digits. However, there may be instances when a Cigna HealthCare client creates their own unique ID numbers for their employees. The ID number will be listed on the member's Cigna ID card. Cigna HealthCare members are cross-referenced in our system under both their SSN and their AMI number. You may use either to verify eligibility.

Cigna members are cross-referenced in our systems under their Social Security Numbers and their AMI number.

Expanded Primary EyeCare

Cigna HealthCare of Tennessee, Inc. HMO, managed care, and POS members (not PPO, OAP or indemnity plan members) are eligible for standard and Expanded Primary EyeCare services in addition to VSP routine services. Check the [Primary EyeCare Plan](#) in the Plans and Coverages section for details on standard Primary EyeCare coverage. See the following pages for details on Expanded Primary EyeCare coverage for this client.

INITIAL REFERRAL TO DOCTOR

Members of this plan can self-refer for Primary EyeCare services or be referred by their primary care physicians.

PROVIDING SERVICES

Patients must show their Cigna ID cards to get Primary EyeCare services under the Cigna HealthCare plan. The copay for each visit is shown on the right side of the ID card, to the right of the “Specialist” row (see area #4 in the sample ID card below). Please confirm Expanded Primary EyeCare coverage with VSP before providing services.



REFERRAL BY A VSP DOCTOR

Refer patients back to their Cigna HealthCare primary care physician if your diagnosis shows a need for specialized services not covered under Primary EyeCare or Expanded Primary EyeCare plans. For care outside your scope and/or plan coverage, your patient's Cigna HMO primary care physician directs referrals.

SUBMITTING THE CLAIM

When submitting the claim online, note the copay amount in the Amount Paid box (box 29). For paper claims, write “VSP Primary EyeCare” across the top of the CMS-1500 form and submit the completed form to us with a copy of your patient's Cigna ID card.

Coordination of Benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If you participate as a provider with Cigna HealthCare and VSP, VSP is the primary payor for Primary EyeCare and Expanded Primary EyeCare services, not Cigna. You're responsible for verifying other coverage, if indicated, to bill and collect from the member's other carrier(s) if applicable.

EXPANDED PRIMARY EYECARE COVERAGE

The following list shows services covered for this client beyond those services covered under Primary EyeCare. Please refer to [Primary EyeCare Plan](#) in the Plans and Coverages section for details on those services.

Covered benefits will be administered according to our policies and procedures in effect on the date of service. In addition to VSP's Primary EyeCare coverage, the following procedure codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules, and regulations.

View [Cigna HealthCare of Tennessee Expanded Primary EyeCare Coverage - Tennessee doctors](#).

View [Cigna HealthCare of Tennessee Expanded Primary EyeCare Coverage - Kentucky doctors](#).

View [Cigna HealthCare of Tennessee Expanded Primary EyeCare Coverage - Mississippi doctors.](#)

View [Cigna HealthCare of Tennessee Expanded Primary EyeCare Coverage - Arkansas doctors.](#)

CIGNA HEALTHCARE OF WASHINGTON

Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [Cigna Quick Reference Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

Eligibility

Only Cigna HealthCare HMO, managed care, and POS members may be covered through this plan. Members will have their plan type indicated on their Cigna HealthCare ID cards like the ones below.

Network



HMO or POS



HMO Open Access or POS Open Access



Please Note: Cigna members can have routine coverage through Cigna Vision, which is administered through the Choice Network. If your patient has a Cigna Vision ID card, please refer to the Cigna Vision client detail page in the VSP Choice Network Manual for more information.

Routine Coverage

ALTERNATE MEMBER IDENTIFICATION NUMBER

Cigna HealthCare members have an Alternate Member Identification Number (AMI). Most members will have a Cigna generated ID number that begins with “U”, followed by 8 digits. However, there may be instances when a Cigna HealthCare client creates their own unique ID numbers for their employees. The ID number will be listed on the member’s Cigna ID card. Cigna HealthCare members are cross-referenced in our system under both their SSN and their AMI number. You may use either to verify eligibility.

Cigna members are cross-referenced in our systems under their Social Security Numbers and their AMI number.

Expanded Primary EyeCare

Cigna HealthCare of Washington, Inc. HMO, managed care, and POS members (not PPO, OAP or indemnity plan members) are eligible for standard and Expanded Primary EyeCare services in addition to VSP routine services. Check the [Primary EyeCare Plan](#) in the Plans and Coverages section for details on standard Primary EyeCare coverage. See the following pages for details on Expanded Primary EyeCare coverage for this client.

INITIAL REFERRAL TO DOCTOR

Members of this plan can self-refer for Primary EyeCare services or be referred by their primary care physicians.

PROVIDING SERVICES

Patients must show their Cigna ID cards to get Primary EyeCare services under the Cigna HealthCare plan. The copay for each visit is shown on the right side of the ID card, to the right of the “Specialist” row (see area #4 in the sample ID card below). Please confirm Expanded Primary EyeCare coverage with VSP before providing services.



REFERRAL BY A VSP DOCTOR

Refer patients back to their Cigna HealthCare primary care physician if your diagnosis shows a need for specialized services not covered under Primary EyeCare or Expanded Primary EyeCare plans. For care outside your scope and/or plan coverage, your patient’s Cigna HMO primary care physician directs referrals.

SUBMITTING THE CLAIM

When submitting the claim online, note the copay amount in the Amount Paid box (box 29). For paper claims, write “VSP Primary EyeCare” across the top of the CMS-1500 Form and submit the completed form to us with a copy of your patient's Cigna ID card.

COORDINATION OF BENEFITS

Coordination of Benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If you participate as a provider with Cigna HealthCare and VSP, VSP is the primary payor for Primary EyeCare and Expanded Primary EyeCare services, not Cigna. You're responsible for verifying other coverage, if indicated, to bill and collect from the member's other carrier(s) if applicable.

EXPANDED PRIMARY EYECARE COVERAGE

The following list shows services covered for this client beyond those services covered under Primary EyeCare. Please refer to [Primary EyeCare Plan](#) in the Plans and Coverages section for details on those services.

Covered benefits will be administered according to our policies and procedures in effect on the date of service. In addition to VSP's Primary EyeCare coverage, the following procedure codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules, and regulations.

View [Cigna HealthCare of Washington Expanded Primary EyeCare Coverage - Washington doctors](#).

View [Cigna HealthCare of Washington Expanded Primary EyeCare Coverage - Oregon doctors](#).

CIGNA HEALTHCARE OF WESTERN PENNSYLVANIA

Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [Cigna Quick Reference Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

Eligibility

Only Cigna HealthCare HMO, managed care, and POS members may be covered through this plan. Members will have their plan type indicated on their Cigna HealthCare ID cards like the ones below.

Please note: VSP also provides coverage to members of Cigna HealthCare of Central Pennsylvania under the Select Network. Please refer to the Select Network Manual for more information.

Network



HMO or POS



HMO Open Access or POS Open Access



Please Note: Cigna members can have routine coverage through Cigna Vision, which is administered through the Choice Network. If your patient has a Cigna Vision ID card, please refer to the Cigna Vision client detail page in the VSP Choice Network Manual for more information.

Routine Coverage

ALTERNATE MEMBER IDENTIFICATION NUMBER

Cigna HealthCare members have an Alternate Member Identification Number (AMI). Most members will have a Cigna generated ID number that begins with “U”, followed by 8 digits. However, there may be instances when a Cigna HealthCare client creates their own unique ID numbers for their employees. The ID number will be listed on the member’s Cigna ID card. Cigna HealthCare members are cross-referenced in our system under both their SSN and their AMI number. You may use either to verify eligibility.

Cigna members are cross-referenced in our systems under their Social Security Numbers and their AMI number.

Expanded Primary EyeCare

Cigna HealthCare of Western Pennsylvania, Inc. HMO, managed care, and POS members (not PPO, OAP or indemnity plan members) are eligible for standard and Expanded Primary EyeCare services in addition to VSP routine services. Check the [Primary EyeCare Plan](#) in the Plans and Coverages section for details on standard Primary EyeCare coverage. See the following pages for details on Expanded Primary EyeCare coverage for this client.

INITIAL REFERRAL TO DOCTOR

Members of this plan can self-refer for Primary EyeCare services or be referred by their primary care physicians.

PROVIDING SERVICES

Patients must show their Cigna ID cards to get Primary EyeCare services under the Cigna HealthCare plan. The copay for each visit is shown on the right side of the ID card, to the right of the “Specialist” row (see area #4 in the sample ID card below). Please confirm Expanded Primary EyeCare coverage with VSP before providing services.



REFERRAL BY A VSP DOCTOR

Refer patients back to their Cigna HealthCare primary care physician if your diagnosis shows a need for specialized services not covered under Primary EyeCare or Expanded Primary EyeCare plans. For care outside your scope and/or plan coverage, your patient's Cigna HMO primary care physician directs referrals.

SUBMITTING THE CLAIM

When submitting the claim online, note the copay amount in the Amount Paid box (box 29). For paper claims, write “VSP Primary EyeCare” across the top of the CMS-1500 Form and submit the completed form to us with a copy of your patient's Cigna ID card.

COORDINATION OF BENEFITS

Coordination of Benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If you participate as a provider with Cigna HealthCare and VSP, VSP is the primary payor for Primary EyeCare and Expanded Primary EyeCare services, not Cigna. You're responsible for verifying other coverage, if indicated, to bill and collect from the member's other carrier(s) if applicable.

EXPANDED PRIMARY EYECARE COVERAGE

The following list shows services covered for this client beyond those services covered under Primary EyeCare. Please refer to [Primary EyeCare Plan](#) in the Plans and Coverages section for details on those services.

Covered benefits will be administered according to our policies and procedures in effect on the date of service. In addition to VSP's Primary EyeCare coverage, the following procedure codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules, and regulations.

View [Cigna HealthCare of Western Pennsylvania Expanded Primary EyeCare Coverage](#).

CIGNA HEALTHCARE OF WISCONSIN

Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [Cigna Quick Reference Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

Eligibility

Only Cigna HealthCare HMO, managed care, and POS members may be covered through this plan. Members will have their plan type indicated on their Cigna HealthCare ID cards like the ones below.

Network



HMO or POS



HMO Open Access or POS Open Access



Please Note: Cigna members can have routine coverage through Cigna Vision, which is administered through the Choice Network. If your patient has a Cigna Vision ID card, please refer to the Cigna Vision client detail page in the VSP Choice Network Manual for more information.

Routine Coverage

ALTERNATE MEMBER IDENTIFICATION NUMBER

Cigna HealthCare members have an Alternate Member Identification Number (AMI). Most members will have a Cigna generated ID number that begins with “U”, followed by 8 digits. However, there may be instances when a Cigna HealthCare client creates their own unique

ID numbers for their employees. The ID number will be listed on the member's Cigna ID card. Cigna HealthCare members are cross-referenced in our system under both their SSN and their AMI number. You may use either to verify eligibility.

Cigna members are cross-referenced in our systems under their Social Security Numbers and their AMI number.

Expanded Primary EyeCare

Cigna HealthCare of Wisconsin, Inc. HMO, managed care, and POS members (not PPO, OAP or indemnity plan members) are eligible for standard and Expanded Primary EyeCare services in addition to VSP routine services. Check the [Primary EyeCare Plan](#) in the Plans and Coverages section for details on standard Primary EyeCare coverage. See the following pages for details on Expanded Primary EyeCare coverage for this client.

INITIAL REFERRAL TO DOCTOR

Members of this plan can self-refer for Primary EyeCare services or be referred by their primary care physicians.

PROVIDING SERVICES

Patients must show their Cigna ID cards to get Primary EyeCare services under the Cigna HealthCare plan. The copay for each visit is shown on the right side of the ID card, to the right of the "Specialist" row (see area #4 in the sample ID card below). Please confirm Expanded Primary EyeCare coverage with VSP before providing services.



REFERRAL BY A VSP DOCTOR

Refer patients back to their

Cigna HealthCare primary care physician if your diagnosis shows a need for specialized services not covered under Primary EyeCare or Expanded Primary EyeCare plans. For care outside your scope and/or plan coverage, your patient's Cigna HMO primary care physician directs referrals.

SUBMITTING THE CLAIM

When submitting the claim online, note the copay amount in the Amount Paid box (box 29). For paper claims, write "VSP Primary EyeCare" across the top of the CMS-1500 Form and submit the completed form to us with a copy of your patient's Cigna ID card.

COORDINATION OF BENEFITS

Coordination of Benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If you participate as a provider with Cigna HealthCare and VSP, VSP is the primary payor for Primary EyeCare and Expanded

Primary EyeCare services, not Cigna. You're responsible for verifying other coverage, if indicated, to bill and collect from the member's other carrier(s) if applicable.

EXPANDED PRIMARY EYECARE COVERAGE

The following list shows services covered for this client beyond those services covered under Primary EyeCare. Please refer to [Primary EyeCare Plan](#) in the Plans and Coverages section for details on those services.

Covered benefits will be administered according to our policies and procedures in effect on the date of service. In addition to VSP's Primary EyeCare coverage, the following procedure codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules, and regulations.

View [Cigna HealthCare of Wisconsin Expanded Primary EyeCare Coverage](#).

COVENTRY HEALTH CARE OF VIRGINIA, COVENTRY HEALTH CARE OF WEST VIRGINIA, COVENTRY HEALTH AND LIFE INSURANCE COMPANY

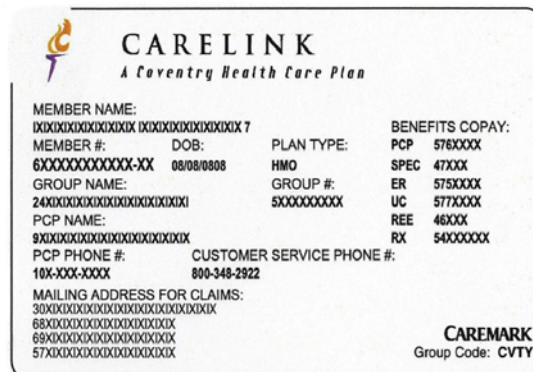
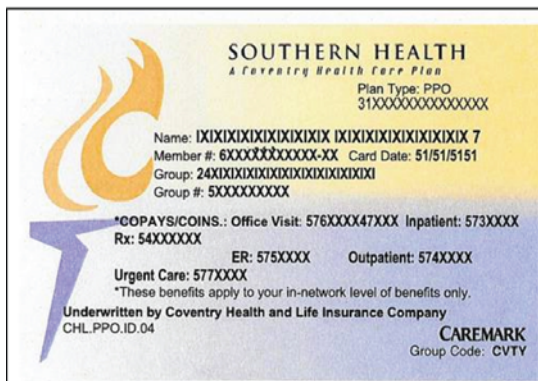
Authorizations

Authorizations for all Coventry Health Care and Coventry Health and Life Insurance Company patients are valid for 15 days only.

Member ID Numbers & ID Cards

Coventry Health Care and Coventry Health and Life Insurance Company employees do not use Social Security Numbers (SSN) for patient identification. Member ID cards show the unique 11-digit identification numbers that are issued by Coventry Health Care and Coventry Health and Life Insurance Company.

Sample ID cards:



VSP Savings Statement

Coventry Health Care and Coventry Health and Life Insurance Company patients cannot receive the automated VSP Savings Statement.

Contact Lens Services

For NBS Comment Codes: D619, D620, D621, D622, and D624

The patient is eligible to receive a covered in full contact lens exam (fitting and evaluation) after applicable copay. Please bill your U&C fees.

For NBS Comment Code: D623

Important! The contact lens material code must be billed with the fitting and evaluation code to ensure payment. If materials are not dispensed at the time of the fitting and evaluation, bill the contact lens material HCPCS that the patient is being fitted for with a \$0 amount.

Based on the type of contact lenses prescribed:

Specialty Contact Lenses 15% discount off your usual & customary fee up to an allowance of \$40, minus applicable copay. Patient is responsible for remaining balance. Please bill your U&C fees.	Non-Specialty Contact Lenses Covered-in-full contact lens exam (fitting and evaluation 15% discount off your usual and customary fee) after a \$35 copay. Please bill your U&C fees.
V2501—Hard/PMMA, toric or prism ballast	V2500—Hard/PMMA, spherical
V2502—Hard/PMMA, bifocal	V2510—Gas permeable, spherical
V2503—Hard/PMMA, color vision deficiency	V2513—Gas permeable, extended wear
V2511—Gas permeable, toric, prism ballast	V2520—Soft/hydrophilic, spherical
V2512—Gas permeable, bifocal	V2523—Soft/hydrophilic, extended wear
V2521—Soft/hydrophilic, toric or prism ballast	
V2522—Soft/hydrophilic, bifocal	
V2530—Scleral, gas impermeable per lens	
V2531—Scleral, gas permeable	
V2599—Other	

ELECTIVE CONTACT LENS COPAYMENT EXCEPTION CLIENTS

Eligibility

This information applies only to clients with Elective Contact Lens (ECL) copay exceptions if comment code D385 (see below) is indicated on the authorization. These clients require subtracting the copay from the total charged, rather than the allowance.

For complete ECL information, refer to “Contact Lens Plans” in the Plans & Coverages section.

Comment code D385: Copay applies to ECL. Subtract copay from total of discounted fitting and evaluation and U&C material charge. Apply your patient’s allowance to the remaining balance. Refer to “VSP” Manuals on *VSP Online*, ECL Copay Exception Clients page in the Client Details section.

EXAMPLES

Remaining balance is less than Contact Lens Allowance

1. Determine the total of your discounted fitting & evaluation and U&C material charge.

Your U&C fee for contact lens materials:	\$50
Add your discounted (15% off U&C) fitting and evaluation charge:	+\$30
Total:	\$80

2. Subtract the copay from this total to determine the remaining balance.

Patient’s copay: (patient pays)	(patient pays) -\$20
Remaining balance:	\$60

3. Subtract the contact lens allowance from this total.

Contact lens allowance (e.g., \$105)	-\$60
Remaining balance: (patient pays)	\$0

Remaining balance is more than Contact Lens Allowance

1. Determine the total of your discounted fitting & evaluation and U&C material charge.

Your U&C fee for contact lens materials:	+\$95
Add your discounted (15% off U&C) fitting and evaluation charge:	+\$50
Total:	\$145

2. Subtract the copay from this total to determine the remaining balance.

Patient’s copay (patient pays):	-\$20
Remaining balance:	\$125

3. Subtract the contact lens allowance from this total.

Contact lens allowance (e.g., \$105)	-\$105
Remaining balance (patient pays):	\$20

Note: Our online Savings Statement won’t automatically calculate copays for these

ELECTIVE CONTACT LENS COVERED IN FULL EXCEPTION CLIENTS

This information applies only to those clients with Elective Contact Lens (ECL) covered-in-full exceptions. These clients require that an annual supply of ECL contacts be covered in full to your patient.

Important! Please review the “Special Information-Group Comments” on the Patient Record Report for copays or special instructions.

For complete ECL information, refer to “Contact Lens Plans” in the Plans & Coverages section.

Submitting the Claim

EYE EXAM

Use your patient’s exam benefit to bill for the routine exam.

CONTACT LENS SERVICES

Bill the right CPT code and your U&C fees for the contact lens services.

CONTACT LENS MATERIALS

Bill the right HCPCS code(s) for provided materials. Submit your U&C fees for materials and indicate the number of units (contact lenses) dispensed.

CONTACT LENS TYPE

Based on the number of units dispensed, indicate the correct type of lenses:

- 1–2 units: Conventional or non-disposable contacts
- 3–52 units: Planned replacement, month/quarter, or 14-day disposables
- 53–106 units: 7-day disposables
- 107–361+ units: 1-day disposables

Reimbursement

VSP PAYMENT

We’ll pay your contact lens service fees discounted by 15% and your U&C fees for materials up to the maximum amount for the type of contact lenses provided. We’ll pay separately for a routine exam.

COPAY

Collect copays from your patient.

BALANCE BILLING

Don't bill your patient for the contact lens services or the annual supply of contact lenses. You must accept payment from us as payment in full for services rendered and make no additional charge to the patient for covered services.

HOMETOWN HEALTH PLAN INTEGRATED PRIMARY EYECARE

Members of Hometown Health Plan's HMO and PPO, as well as Renown Health and Senior Care Plus members, are covered under VSP's Integrated Primary EyeCare ProgramSM. Refer to the [Integrated Primary EyeCare Program](#) in the Plans & Coverages section for more information.

Note: Some Hometown Health members are also eligible for routine benefits through VSP. Please follow your standard process for obtaining eligibility, authorizations, and submitting claims for those services, and bill the appropriate insurance carrier.

Please contact Hometown Health's Provider Relations department at 775.982.3233 to schedule an in-service to learn more about policies and procedures, obtain information on electronic claims submittal, and check member eligibility status.

Eligibility & Authorization


For questions about eligibility, paper claims and benefits, check your patient's ID card for information and the contact phone number. Keep a copy of the ID card in your patient's file.

SAMPLE ID CARDS

Sample HMO ID Card - Front

Member Number:	
Member Name:	
Subscriber Name:	
PCP Name:	
PCP Phone:	888-341-8574
	Bin:005974
OFFICE COPAYS	RxGrp:HOMETOWN
Primary Care/Specialist	
	RX: Generic/Brand/Non-Formulary
UC/ER COPAYS	
Urgent Care/Emergency Room	
	HMO

Sample HMO ID Card - Back

For routine or urgent care call your Primary Care Physician (PCP) listed on the front of this card.	
In northern Nevada, Renown Regional Medical Center and Renown South Meadows Medical Center are the preferred medical facilities for emergency and hospital care.	
Submit claims to:	EDI Payer ID #88023
Mail claims to:	Hometown Health
	PO Box 981703
	El Paso TX, 79998-1703
	
Eligibility, benefits or pre-certification information:	
775-982-3232 or 800-336-0123	
Health Hotline (24-hour Registered Nurse):	
775-982-5757 or 888-324-3243	
<i>Possession of this card does not guarantee eligibility.</i>	

Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the Hometown Health website at www.hometownhealth.com. Services that are approved will be applied to the members' medical benefit.

Note: Integrated Primary EyeCare patients can only be referred to another doctor or refused service if the service required is beyond the scope of your licensure.

Reimbursement

Hometown Health handles reimbursement and pays claims daily following state and federal regulations. Reimbursement is based on your current VSP contracted rates.

Submitting Claims

Please refer to the patient's ID card from Hometown Health for directions on submitting claims.

IDAHO POWER COMPANY

The following applies to Idaho Power Company members' additional pair of safety coverage.

Authorization

Idaho Power patients may fill out a questionnaire about their work environments and related safety requirements before their exam. A sample Safety Requirements Questionnaire is located in the Tools and Forms section of the Manuals on VSPOnline on eyefinity.com. Keep a copy of the questionnaire or the information it contains in your patient's record.

To obtain an authorization, contact VSP at 800.615.1883.

Copay

Collect a \$10 copay from patients.

Materials Coverage

LENSES

Safety lenses are available to the member only. The following lenses are covered in full:

- Polycarbonate (preferred)
- Progressive
- Blended
- Photochromic

The following coatings and tints are covered in full:

- Anti-reflective
- Solid and gradient tints
- Ultraviolet (UV) coating (required)

FRAME

Permanent side shields are required for all frames and are covered, up to the frame allowance, including frame and side shields.

The patient has a retail frame allowance of \$100 (wholesale allowance of \$35). If the member chooses a frame with a cost that exceeds both the wholesale and retail allowances, discount the retail overage by 20%. Determine the patient's cost (if any) as you do today and collect any overages from patient.

Lab

Order safety lenses and frames for these clients from a lab capable of producing ANSI certified safety eyewear (see the National Contract Lab List).

L3 COMMUNICATIONS

The following client details apply to L3 Communications members only. Please refer to Safety EyeCare Plan in the Plans and Coverages section for complete Safety EyeCare information.

Eligibility

Your patient must get a signed "Safety EyeCare Authorization Form" from L3 Communications before scheduling an appointment. The patient must also fill out our VSP's Safety Requirements Questionnaire before getting an exam. Please put both forms in the patient's file.

Authorization

Important! L3 Communications employees must provide a signed Safety Eyewear Authorization Form before they can receive safety services or materials even if they are eligible for safety benefits online.

There are two ways to get authorization:

Online: Log on to eyefinity.com, select **Get Authorization & Check Eligibility**, and then select **Member Search**.

By phone: Call the VSP Provider Services Support Line at 800.615.1883. You'll need to provide the name of the L3 Communications supervisor who approved the benefit to our Customer Service Representative to get an authorization.

COPAY

No copay to collect from patients.

Providing Materials

L3 Communication members are eligible for one safety frame and Repair benefit at a \$25 wholesale/\$65 retail frame allowance.

The following limitations and requirements apply to L3 Communications employees:

- Safety glasses are available to the employee only.
- Rose 1 & 2 tints are covered.
- Polycarbonate lenses are preferred and are covered.
- Permanent or removable side shields are required for all frames and are covered, up to the frame allowance, including frame and side shields.
- Frames for electricians must be made from non-metallic materials.

MICHIGAN EDUCATION SPECIAL SERVICES ASSOCIATION (MESSA)

Getting an Authorization Number

You must get an authorization for each MESSA patient. We require authorization for claims to be paid. Call our MESSA authorization line at **800.624.7021** for authorization numbers only. Call VSP at 800.615.1883 for other questions about MESSA patients.

We'll give you the following information by phone:

- Patient's client number
- Whether coordination of benefits applies
- Services for which the patient is eligible
- Authorization number

Coordination of Benefits (COB)

Follow VSP's standard COB process. When paying secondary, please use the below COB secondary allowances.

MAXIMUM COB SECONDARY ALLOWANCES

	Plan 1	Plan 2	Plan 3	Plan 3+	Bronze	Silver	Gold	Platinum
Exam	\$38	\$38	\$38	\$38	\$38	\$38	\$38	\$38
Lenses	\$50	\$50	\$50	\$70	\$50	\$50	\$50	\$70
Frame	\$50	\$65	\$65	\$80	\$130	\$130	\$130	\$130
Deductible	\$35	\$24.50	None	None	\$35	\$24.50	None	None

Plan Details

	Exam Copay	Materials Copay	Elective Contact Lens Allowance	Frame Allowance	Covered Options	Non-covered Options
Plan 1	\$10	\$25	\$65 total; see Note #1.	\$65 retail/ \$26 whsl.	Rimless drilling and grooving, Pink 1 or 2 tints.	Tints other than Pink 1 or 2, photochromics, oversize blanks, blended/progressive lenses, and all items on the VSP Patient Options List.
Plan 2	\$6.50	\$18	\$90 total; see Note #1	\$65 retail/ \$26 whsl.	For both: Rimless drilling and mounting, all tints,	For all: Anti-reflective or mirror coating, thin-lite/hi-lite, hi-index lenses, progressives, polycarbonate lenses, scratch-resistant coatings, edge coating/ groove painting, faceting, UV 400
Plan 3	None	None	\$115 total; see Note #1.	\$65 retail/ \$26 whsl.	photochromics, oversize blanks, blended lenses (not progressive), polarized lenses.	

Plan 3+	None	None	Non-Disposables: Covered in full. Disposable: The allowance is \$200 total. The doctor gives 20% discount off the balance of the U&C fees for fitting, evaluation and first three months after applying the patient's allowance. See Note #4.	\$80 retail/ \$35 whsl.	Rimless drilling and mounting, all tints, photochromics, oversized blanks, blended and progressive lenses including smart-segs, polarized lenses.	coatings, roll, and polish.
Starter Plan	\$10	None	\$65	N/A; see Note #2.	N/A; see Note #2.	N/A; see Note #2.
Bronze	\$10	\$25	\$85 total; see Note #3.	\$130 retail/\$50 whsl.	Rimless drilling and mounting, Pink 1 or 2 tints.	Tints other than Pink 1 or 2, photochromics, oversized blanks, blended/progressive, and polarized lenses.
Silver	\$6.50	\$18	\$110 total; see Note #3.	\$130 retail/\$50 whsl.	For both: Rimless drilling and mounting, all tints, photochromics, oversized blanks, blended lenses (not progressives), polarized lenses.	For all: Anti-reflective or mirror coating, thin-lite/hi-lite, hi-index lenses, progressives, polycarbonate lenses, scratch-resistant coatings, edge coating/ groove painting,
Gold	None	None	\$135 total; see Note #3.	\$130 retail		

Platinum	None	None	Covered in full. Disposables limited to a Total: contact lens plan with \$250 allowance, including routine exam, contact lens services, and materials; see Note #4.	\$130 retail/ \$50 whsl.	Rimless drilling and mounting, all tints, photochromics, oversize blanks, blended and progressive lenses (including smart-segs), polarized lenses.	faceting, UV 400 coatings, roll, and polish.
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Important! Exam and material copays don't apply to contact lenses. Don't collect these from your patient or deduct them from your patient's contact lens allowance.

CLIENT DETAIL NOTES

Note #1: Add your U&C fees for professional services & materials, then apply your patient's allowance. A 20% discount should then be applied to any remaining balance. For disposable contacts, the discount only applies to the first three months' supply. This discount replaces the standard contact lens discounts of 15% off exam, fitting, and evaluation.

Note #2: Patients are responsible for lenses and frames, so please give them itemized receipts. They'll submit charges to us for reimbursement. For contact lenses, charge your U&C fee, minus the allowance. No discount applies.

Note #3: Bronze, Silver, and Gold plans receive standard contact lens discounts of 15% off exam, fitting, and evaluation.

Note #4: As defined by MESSA: Disposables are daily and 1-2 week disposables. Non-disposables are conventional and planned replacement (including monthly and quarterly). When billing for 1-24 units of Planned Replacement lenses, enter "Planned Replacement" in Box 19.

Please use HCPCS-specific codes when filing VSP claims through eClaim. The Contact Lens Type drop-down list has HCPCS-specific codes and descriptions consistent with industry standards.

Covered Contact Lens Type Codes

<u>HCPCS Description</u>	Covered in Full*
V2500—Hard/PMMA, spherical	2 or less
V2501—Hard/PMMA, toric or prism ballast	2 or less
V2502—Hard/PMMA, bifocal	2 or less
V2503—Hard/PMMA, color vision deficiency	2 or less
V2510—Gas permeable, spherical	2 or less

V2511—Gas permeable, toric, prism ballast	2 or less
V2512—Gas permeable, bifocal	2 or less
V2513—Gas permeable, extended wear	2 or less
V2520—Soft/hydrophilic, spherical	24 or less, see Note #4
V2521—Soft/hydrophilic, toric or prism ballast	24 or less, see Note #4
V2522—Soft/hydrophilic, bifocal	24 or less, see Note #4
V2523—Soft/hydrophilic, extended wear	24 or less, see Note #4
V2530—Scleral, gas impermeable per lens	2 or less
V2531—Scleral, gas permeable	2 or less
V2599—Other	2 or less

*Number of units covered in full, up to the **maximum**. Don't balance-bill patients. An allowance applies if units are over this amount.

Non-covered Patient Options

If your patient chooses a non-covered option, charge your U&C fee for the Starter Plan or the patient-option fee for all other plans.

If you offer a special promotion or discount, charge whichever is lower: Your U&C fee minus 20% or your "special" fee. If you're charging the patient your "special" fee, explain that in "Special Instructions."

Elective Contact Lens Allowance

Patients can use the Elective Contact Lens allowance only to pay for new or replacement contact lenses. The allowance doesn't cover lost or damaged lenses, except at covered intervals.

Note: Using the Elective Contact Lens allowance makes the patient ineligible for any other service or materials for that eligibility period.

The following items aren't covered and don't get a 20% discount. They're a private transaction between you and your patient:

- Contact lens insurance
- Contact lens care kit
- Follow-up visits (except those included in the initial fee)
- Plano sunglasses
- Supplies

NV ENERGY CLIENT DETAILS

The following applies to NV Energy, formerly known as Nevada Energy Inc., members' additional pair of safety coverage. NV Energy also provides VSP Signature Plan and Computer VisionCare coverage.

Authorization

NV Energy patients may fill out a questionnaire about their work environments and related safety requirements before their exam. A sample [Safety Requirements Questionnaire](#) is located in the Tools and Forms section of the Manuals on VSPOnline on eyefinity.com. Keep a copy of the questionnaire or the information it contains in your patient's record.

To obtain an authorization, contact VSP at 800.615.1883.

Copay

Collect a \$10 copay from patients.

Materials Coverage

LENSES

Safety lenses are available to the member only.

Polycarbonate lenses are preferred and covered in full.

Photochromatic lenses are covered in full.

Progressive lenses are covered.

FRAME

The patient has a retail frame allowance of \$90 (wholesale allowance of \$35). If the member chooses a frame with a cost that exceeds both the wholesale and retail allowances, discount the retail coverage will by 20%. Determine the patient's cost (if any) as you do today and collect any overages from patient.

Lab

Order safety lenses and frames for these clients from a lab capable of producing ANSI certified safety eyewear (see the [National Contract Lab List](#)).

POST-CATARACT ENHANCEMENT CLIENTS

Coverage for post-cataract enhancement services is indicated by comment code S316: "Patient is eligible for exam and materials after cataract surgery. Call Customer Service."

Copays vary. Please call VSP at 800.615.1883 for authorization and copay information.

Post-Cataract Services

Our post-cataract services are based on national Medicare guidelines. Patients can get post-surgical exams and materials covered up to the plan allowance, minus any copays. Please call VSP for an authorization for post-cataract exams and materials. Pre-certification isn't required.

This isn't a medical benefit and doesn't cover postoperative/ambulatory care. The benefit only covers a comprehensive or intermediate exam and corrective materials needed after cataract removal or the lack of an IOL.

ELIGIBILITY

Aphakic with IOL (pseudophakia): Post-surgical exam and one pair of eyeglasses or contact lenses after each cataract surgery with IOL insertion (ICD-9 V43.1) once per lifetime per operative eye.

Aphakic without IOL: In addition to the post-surgical exam, aphakic patients who do not have an IOL (diagnosis codes ICD-9 379.31 [aphakia] and ICD-9 743.35 [congenital aphakia]) are covered for the following lenses or combination of lenses after each cataract surgery when visually necessary:

- Bifocal lenses in frames; or
- lenses in frames for distance vision and lenses in frames for near vision (two pairs of glasses); or
- conventional contact lenses for distance vision, eyeglasses for near vision to wear with contact lenses, and eyeglasses to wear when the contact lenses have been removed.

LENS MATERIALS

The following options are covered following cataract extraction when visually necessary and documented by the treating doctor:

- Tints (V2744-V2745)
- Anti-reflective coating (V2750)
- UV lenses (V2755)
- Oversize lenses (V2780)

FRAMES

Only standard frames are covered (V2020). Deluxe frames (V2025) aren't covered, but your patient may pay to upgrade frames. Tell patients about price differences in advance. They must sign an "Advanced Beneficiary Notice" agreeing to pay the extra charge.

NON-COVERED MATERIALS

If your patient chooses materials other than those covered, the cost of those materials is a private transaction between you and your patient. We don't cover replacement frames, eyeglasses, or contact lenses.

PRINCIPAL FINANCIAL GROUP

Please refer to Access Plan in the Plans and Coverages section for further information.

Access Plan Eligibility

- Principal identifies members by a nine-digit ID number. This number is displayed on the member's Principal ID card. The Principal ID card is accepted in place of a VSP Access Plan ID card.

Principal Indemnity Schedule

- Principal offers an indemnity plan in addition to VSP's Access Plan. Principal administers the indemnity benefit.
- If the patient has Principal indemnity benefit and VSP Access Plan, provide Access discounts.
- Patient is responsible for submitting claim to Principal for reimbursement through the indemnity benefit.

RAYTHEON COMPANY

Important! Raytheon employees are covered under the VSP ProTec Safety plan.

The following client details apply to Raytheon Company members only. They don't apply to Raytheon Aircraft employees in Kansas and Arkansas. Please refer to the Safety Eyecare Plan in the Plans and Coverages section for complete Safety Eyecare information for these members.

Eligibility

Before scheduling an appointment, Raytheon members must get a signed "Raytheon Company ProTec Eyewear Authorization Form" from Raytheon. Although not required, Raytheon members may also present the VSP Safety Requirements Questionnaire at the time of their exam. Please put all applicable forms in the patient's file.

Authorization

Important! Raytheon employees must provide a signed Raytheon Company ProTec Eyewear Authorization Form before they can receive safety services or materials even if they are eligible for safety benefits online.

There are two ways to get authorization:

Online: Log on to eyefinity.com, select **Get Authorization & Check Eligibility**, and then select **Member Search**.

By phone: Call VSP at 800.615.1883. You'll need to provide the name of the Raytheon supervisor who approved the benefit to our Customer Service Representative to get an authorization.

COPAY

Exam – If the member doesn't have an exam benefit under their Raytheon Company Safety Plan, check under the Raytheon Company full service plan (Group #12099251) to issue an exam authorization with a \$10 copay.

Important! Most Raytheon employees will have their exam benefit under the Raytheon Company full service plan #12099251 and not under the Raytheon Company Safety Plan.

Materials – No copay.

Providing Materials

Under the ProTec Safety Plan, Raytheon members are eligible for a fully covered safety frame from the ProTec Eyewear® frame kit and single-vision, lined bifocal, or trifocal polycarbonate lenses. Detachable side shields and a frame case are provided with each order through the participating labs.

The following limitations and requirements apply to Raytheon members:

- Safety glasses are available to the employee only.
- Polycarbonate lenses are preferred and covered.
- Permanent or removable side shields are required for all frames and are covered in full for ProTec Eyewear frames.
- If permanent side shields are required it will be noted on the member's Raytheon Company ProTec Eyewear Authorization form. Note: When billing on eyefinity.com enter "permanent side shields" in Lab Special Instructions on Invoice Services page of eClaim.
- All ProTec Safety and Repair/Replace orders must be sent to participating labs.
- Frames for electricians must be made from non-metallic materials.

Repair/Replace Benefits

Raytheon employees must provide a signed "Raytheon Company Safety Eyewear Authorization Form" before they can receive repair/replacement safety services or materials.

After using their materials benefit under their ProTec Safety plan, Raytheon members have an additional Repair/Replace benefit for their safety eyewear which covers materials.

- Raytheon members are eligible for repair/replacement if their spectacle lenses or frames are broken or damaged.
- Eligible Raytheon members covered under this additional benefit are entitled to safety eyeglass lens and safety frame repair/replacement.
- Frame repair includes temples only, front only, hinge, and miscellaneous repairs.
- The repair benefit may also include replacement of a complete frame and/or basic lens based on your professional judgment.

The following limitations and requirements apply to Raytheon members:

- For Raytheon members that supply a non-ProTec Eyewear frame to have lenses replaced, order must be sent to participating labs.
- For Raytheon members that supply a non-ProTec Eyewear frame for repair/replacement, previous safety frame must be replaced with a selected ProTec Eyewear model.
- For new frames, Raytheon members must choose one of the 30 ANSI-approved frames from the ProTec Eyewear kit or online catalog which are fully covered.
-

SAFETY EYEWEAR PLANS—AZ CLIENT DETAILS

The following information applies to this Arizona-based safety client only:

- Tucson Electric Power Company

Please refer to the [Safety EyeCare Plans](#) section in the Plans and Coverages section of this manual for administration information and coverage details for **national** VSP members.

Materials

Lenses	Frames
Members are entitled to one pair of single vision, bifocal or trifocal monogrammed safety lenses in glass, plastic or polycarbonate. If the member chooses to add options to the safety lenses above and beyond those included in the plan, the patient is required to pay option fees according to the VSP Patient Options List .	Members are eligible to receive one Titmus safety frame from the Standard Collection, <i>excluding</i> UVEX Astro RX 3003. Members may upgrade their frame to one of the listed Titmus collections below by paying the applicable upgrade charge if the collection is not covered as part of their benefit. Permanent side shields cannot be mounted on all frame styles. Authorizations indicating “Permanent Side Shields Only” must accommodate permanent side shields.

Frame Collections

Titmus (a.k.a. Uvex by Honeywell) frames are provided in the following collection options. Upgrade charges for some clients might apply. Current styles can be found online at the Titmus Web site. Or call Titmus at 800.446.1802 for a local representative.

Collection Name	Upgrade Charge
Standard (excluding UVEX Astro RX 3003) or Baseline	None
Fashiongarde	\$12
Premiere	\$17
Trendsetter	\$28
Exclusive, SWRx	\$38

Titanium	\$65
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Labs

Order safety lenses and frames for these clients from one of these VSP Safety Contract Labs:

Aspen Optical 1050 West Main St., Ste. 102 Mesa, AZ 85201 480.894.8770 or 800.926.5367	Meridian Optical Laboratory 3711 E. Atlanta Avenue Phoenix, AZ 85040 602.257.8555 or 800.352.5465	Bristow Optical Co. 3840 East 5 th St. Tucson, AZ 85716 520.327.5885 or 800.303.5885
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TELEPHONE AND DATA SYSTEMS INC. (TDS)

TDS members can use their material benefit on a non-prescription, ready-made pair of sunglasses in place of contact lenses or prescription lenses and frames.

Non-Prescription Sunglasses

Coverage is valid for any ready-made, doctor-supplied sunglasses, and can be ordered if not available at the time of visit. Sunglasses can't be sent to a lab for lenses or have additional lens options added. Any modification will make the sunglasses a non-covered item.

Submitting Claims

When you submit claims for non-prescription sunglasses on eClaim, indicate the order as a "frame only" order.

THE GREENBRIER COMPANIES INC.

The following applies to The Greenbrier Companies Inc. members' additional pair of safety coverage.

Authorization

The Greenbrier Companies Inc. patients may fill out a questionnaire about their work environments and related safety requirements before their exam. A sample Safety Requirements Questionnaire is located in the Tools and Forms section of the Manuals on VSPOnline on eyefinity.com. Keep a copy of the questionnaire or the information it contains in your patient's record.

To obtain an authorization, contact VSP at 800.615.1883.

Copay

Collect a \$40 copay from patients.

Materials Coverage

LENSES

Safety lenses are available to the member only.

Polycarbonate lenses are preferred and covered in full.

Ultraviolet (UV) coating is required and covered in full.

FRAME

The patient has a retail frame allowance of \$65 (wholesale allowance of \$25). If the member chooses a frame with a cost that exceeds both the wholesale and retail allowances, discount the retail coverage by 20%. Determine the patient's cost (if any) as you do today and collect any overages from patient.

Lab

Order safety lenses and frames for these clients from a lab capable of producing ANSI certified safety eyewear (see the National Contract Lab List).

UNION BENEFITS TRUST (FORMERLY OCSEA)

Interim benefits are available within 12 months of the last exam. Exam and lenses are covered if:

- Diopter changes \geq .50 diopters, or
- Axis change \geq 15 degrees, or
- Prism change \geq .50 diopters, or
- Visual acuity improvement: at least one line on standard eye.

See Interim Benefits in the Plans and Coverages section for more information.

UNIVERA HEALTHCARE

Terminated effective January 1, 2013

Low Vision

Univera Healthcare members are covered for a Low Vision exam every 12 months up to \$125. Please refer to Low Vision in the Plans and Coverages section for details on those services.

Primary EyeCare and Expanded Primary EyeCare

Effective January 1, 2004, all Univera Healthcare members are eligible for standard and expanded Primary EyeCare services. Refer to Primary EyeCare Plan in the Plans and Coverages section for details on standard Primary EyeCare coverage. See below for details on Expanded Primary EyeCare coverage for this client.

To get Primary EyeCare services under Univera Healthcare, patients must inform you of their VSP coverage and provide their unique ID number. You then must verify copays with us.

Note: Some members of Univera Healthcare may be eligible for VSP benefits. Please call us for an authorization or more information.

INITIAL REFERRAL TO DOCTOR

Members of this plan may self-refer for Primary EyeCare services or be referred by their primary care physician (PCP).

REFERRAL BY A VSP DOCTOR

Refer patients back to their “Univera PCP” if your diagnosis shows a need for specialized services not covered under Primary EyeCare or Expanded Primary EyeCare plans. For care outside of your scope and/or plan coverage, your patient’s Univera primary care physician directs referrals.

SUBMITTING CLAIMS

Please submit claims online via Eyefinity.com. For paper claims, write “VSP Primary EyeCare” across the top of the CMS-1500 and submit the completed form to VSP.

Note: VSP may occasionally need to ask you for additional information to support certain medical eyecare procedures provided to your patients.

Expanded Primary EyeCare Coverage

The following list shows services covered for this client beyond those services covered under Primary EyeCare. Please refer to Primary EyeCare Plan in the Plans and Coverages section for details on those services.

Covered benefits will be administered according to our policies and procedures in effect on the date of service. In addition to VSP’s Primary EyeCare coverage, the following procedure

codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules, and regulations.

[Univera Healthcare Expanded Primary EyeCare Coverage](#)

UNITED PARCEL SERVICE (UPS)

Eligibility

UPS members who are eligible for hard and soft daily-wear contacts under the Special Daily Wear Contact Lens Coverage are identified by the following comment code:

— P010: SPECIAL DAILY WEAR CONTACT LENS COVERAGE

Please use HCPCS-specific codes when filing VSP claims in eClaim. The Contact Lens Type drop-down list has HCPCS-specific codes and description consistent with industry standards.

Daily Wear Contact Lenses (Hard and Soft)

Contact Lens Type	Fully Covered	Covered Codes
Soft daily wear	Yes	V2520—2 units or less
Hard daily wear	Yes	V2500—2 units or less
Other	No—See Other Contact Lenses	N/A

Two units or less of daily-wear clear contact lenses should be handled as stated in “Covered Contacts Plans” under Contact Lens Plans in the Plans and Coverages section of the Manual.

Other Contact Lenses

All other elective contact lenses, i.e., disposable, planned replacement, extended wear, bifocal, toric, or tinted daily wear, as well as rigid, gas-permeable daily wear, are covered through the Exam And plan. Refer to the Contact Lens Plans in the Plans and Coverages section of the Manual for more information.

Patient Education

You must provide a Healthy Connections flier to all Non-Union UPS members.

Non-Union members: [Non-Union Member Healthy Connections–Informed Choices flier](#)

Important! To determine if a patient is a non-union member, refer to the special comments section of the Patient Record Report.

VSP GLOBAL® CLIENT DETAILS

Materials coverage

FRAME

Patients may choose a Marchon® or Altair® frame, covered up to their frame allowance, plus an additional 20% off any amount exceeding the allowance.

If another frame is selected, charge the patient 80% of your U&C fees (or 70% of your U&C fees if the frame is selected on the same day as the eye exam). Select patient-supplied frame when submitting through eClaim.

If you don't carry certain Marchon or Altair frames you can still order them for VSP employees—simply follow these steps:

- Contact Marchon or Altair directly and indicate that you need a frame sent directly to the lab for a VSP employee:
 - Marchon 800.645.1300
 - Altair 800.505.5557
- You can also order Marchon or Altair frames through eClaim on eyefinity.com by selecting lab-supplied; and the frame will be sent to your office once completed at the lab.
- If your patient wears multi-focal lenses, contact your lab or the frame manufacturer directly to obtain a frame for proper segment height measurements.

LENS

Patients who select progressive lenses and anti-reflective (AR) coatings are covered exclusively for UNITY® progressive lenses and AR coatings. If the patient selects another brand of progressive lenses or AR coating, charge the fee listed in the VSP Signature Plan Patient Options Chart or your U&C, whichever is lower.

Important! Although the UNITY Performance Optics portfolio also includes single vision and computer vision lenses, these may not be fully covered. Please review the [Dispensing and Patient Options](#) section and charge the patient as you would any other VSP Signature Plan® patient.

SECTION 6: POLICIES

BUSINESS CONTINUITY PLAN

We've established emergency recovery plans that'll go into effect immediately in the unlikely event our corporate office experiences a major disaster, such as a flood or earthquake. Follow the guidelines below in the event of a disaster.

Affected Support Services

Major disasters could impact these authorization support systems:

- Electronic claim submission system
- Interactive Voice Response (IVR) system

Procedures to Follow During a Major Disaster

Please follow these guidelines if a disaster impacts our corporate office:

- Call VSP at 800.615.1883 and follow the recorded instructions. We'll update them as needed.
- For procedural questions, check the appropriate section in this manual.
- Modified Authorizations—If the greeting instructs you to give “modified authorizations,” please follow this procedure:

Provide exam services to your patient. Explain that VSP's experiencing a business interruption and you can't obtain an authorization for services. Tell your patient that, unless you receive full authorization, they may have out-of-pocket expenses that you can't confirm until later.

Have your patient sign a Patient Responsibility Statement. You can find an electronic copy under the Patient Education area in the Administration section on VSPOnline at eyefinity.com. Collect deductibles (if known).

Complete your claim form, except for the “Authorization Number” field. We'll assign an authorization number when we process your claim. Please include all client information to help us process your claim. You'll get confirmation of patient deductibles on your future Explanation of Payment. Material services need standard authorization. They can't be billed on a modified authorization. Patients can pick out what they want, but don't order them until you can check eligibility. Before ordering, tell your patients about any out-of-pocket expenses they might have once you confirm coverage.

Note: To get authorizations during our recovery phase, please use the electronic claim submission system when it becomes available for you to get authorizations.

CHARITY PROGRAMS: SIGHT FOR STUDENTS® , AMERICAN RED CROSS, AND VSP MOBILE EYES®

Starting October 27, 2009, only Choice Network providers will be eligible to provide eyecare services to VSP charity patients. Please refer to the Choice Manual for more details.

COMPLAINTS AND GRIEVANCES

While VSP makes every attempt to resolve patient concerns quickly and to the patient's satisfaction, each VSP network doctor is responsible for ensuring office staff is aware of the VSP complaint process and provides a copy of the VSP Member Complaint/Grievance Form to patients when they ask. The Member Complaint/Grievance Form is available in English, Spanish, and Chinese, and can be found Patient Education area in the Administration – Form Library section on VSPOnline at eyefinity.com.

The role of our Quality Assurance (QA) program is to make sure our doctors comply with our patient-care standards. These standards reflect requirements set by state and federal regulations and several entities, including government agencies (e.g., Centers for Medicare and Medicaid Services), medical/employer groups, and accreditation agencies (e.g., NCQA, or the National Committee for Quality Assurance).

Our QA program includes a clinical review of potential quality-of-care grievances. We require you to give a written explanation and relevant documentation if potential quality-of-care concerns are identified. A VSP clinical reviewer evaluates the complaint and informs you of the outcome by mail.

QA evaluates all potential quality-of-care complaints/grievances for individual doctor trends. Our reviewer can use information from past complaints during the review. The frequency and outcome of previous quality of care complaints/grievances may lead to improvement action up to and including termination from the VSP network.

Patient Satisfaction

We mail patient satisfaction surveys monthly or quarterly to a random sample of our patients who've seen VSP doctors. Most returned surveys reveal our patients are completely satisfied with services. But when one of our patients expresses a concern or complaint, we refer that to the appropriate department for review and resolution, following our policies and procedures described above.

INSURANCE, LICENSURE AND CERTIFICATION

Insurance Requirement

Our network doctors must maintain individual malpractice insurance coverage in an amount of not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate. However, if a doctor participates in an active state patient compensation fund or excess liability program and meets that particular state's fund/program requirements, that doctor will be exempt from maintaining VSP's individual malpractice insurance coverage requirements. All other network doctors shall maintain the requisite individual coverage, not shared with another individual or entity. Doctors must notify us within 10 days of any lapse in professional or general liability insurance coverage and indemnify us against damage or claims stemming from a lack of insurance coverage. Insurance verification is done during the credentialing and recredentialing processes.

Licensure and Certification

Our network doctors must be licensed and in good standing as optometrists or ophthalmologists in the state(s) where they practice. We verify state licenses, state-controlled substance licenses (CDS) and federally controlled substance certificates (DEA) during the credentialing and recredentialing processes.

THERAPEUTIC PHARMACEUTICAL AGENTS (TPA) CERTIFICATION: OPTOMETRISTS

Optometrists must be fully licensed and TPA certified.

BOARD CERTIFICATION: OPHTHALMOLOGISTS

All ophthalmologists must be board-certified by either the American Board of Ophthalmology (ABO), or the American Osteopathic Board of Ophthalmology and Otorhinolaryngology Certificate of Specialization (AOBOO).

A certificate from the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery isn't acceptable.

U.S. DRUG ENFORCEMENT ADMINISTRATION REQUIREMENTS

Ophthalmologists must maintain current authorization to prescribe medication following federal DEA and state requirements in each state where they see patients. In some states, optometrists must have current DEA licenses to get or maintain TPA certification and prescribe medicine to the fullest extent of that certification.

Some of our clients require optometrists to have DEA certificates. We support any such requirement.

Medicare

Medicare participation is required of all VSP network doctors in order to comply with the implementation of the Centers for Medicare and Medicaid Services' (CMS) Medicare Advantage program. VSP doctors are required to provide evidence of participation at initial and re-credentialing.

MEDICARE ADVANTAGE CONTRACT PROVISIONS TO NETWORK DOCTOR AGREEMENT

The Network Doctor agrees to provide those covered Vision Services which he or she is licensed to provide, which Network Doctor routinely provides and for which he or she has been credentialed by VSP to provide in accordance with the terms of the Medicare Advantage (MA) Contract Provisions, all VSP's policies, procedures and manuals applicable to the Network Doctor providing vision service to MA enrollees.

This Medicare Advantage contract provisions shall form a part of the Network Doctor Agreement ("Agreement") and adds provisions and conditions required by the Centers for Medicare and Medicaid Services ("CMS") for participation in the MA Program.

Whereas, CMS requires that specific terms and conditions be incorporated into doctor agreements between VSP and a Network Doctor to comply with the Medicare laws, regulations, and CMS instructions, including but not limited to, the Medicare Prescription Drug, Improvement and Modernization Act of 2003. (Pub. L. 108-73) 117 Stat 2066 (MMA); and

Whereas, Network Doctor, as a Downstream Provider, desires to provide services to Medicare beneficiaries who enroll in the MA Program; and

Whereas, VSP, as a First Tier Entity, desires that Network Doctor provide services to Medicare beneficiaries who enroll in the Medicare Advantage Program; and

Whereas, VSP and Network Doctor agree to comply with the terms and conditions specified by CMS in the form of these MA contract provisions to the Network Doctor Agreement between Network Doctor and VSP; and

Whereas this MA contract provisions supersedes and replaces any prior MA Contract provision in its entirety entered into between Network Doctor and VSP.

NOW, THEREFORE, the parties agree as follows:

DEFINITIONS

Agreement (including all in-force amendments and addenda) means the agreement between VSP and Network Doctor that specifies the contractual relationship between the First Tier Entity (VSP) and Downstream Provider (Network Doctor) for the provision of services to Enrollees.

Downstream Provider means an entity or individual that is contracted by VSP to provide services to Medicare Advantage Enrollees.

First Tier Entity means the entity that contracts with Medicare Advantage (MA) to provide services to Enrollees.

Centers for Medicare and Medicaid Services ("CMS") means the agency within the Department of Health and Human Services ("HHS") that administers the Medicare Program.

Completion of Audit means completion of audit by the Department of Health and Human Services, the General Accounting Office, or their designees of Medicare Advantage, Medicare Advantage contractor or related entity.

Final Contract Period means final contract period between CMS and Medicare Advantage with whom the First Tier Entity has entered into an Agreement.

Medicare Advantage Organization ("MAO") means a health plan that has entered into a contract with CMS to provide services to Medicare beneficiaries under the Medicare Advantage program.

Medicare Advantage (“MA”) is an alternative to the traditional Medicare program in which private plans run by health insurance companies provide health care benefits that eligible beneficiaries would otherwise receive directly from the Medicare program.

Member means an individual who has enrolled in or elected coverage through MA. A Member is also known as an Enrollee.

Provider means (1) any individual who is engaged in the delivery of health care services in a State and is licensed or certified by the State to engage in that activity in the State; and (1) performs some of the MA organization’s management functions under contract or delegation; (2) any entity that is engaged in the delivery of health care services in a State and is licensed or certified to deliver those services if such licensing or certification is required by State law or regulation.

Related entity means any that is related to the MA organization by common ownership or control and (1) performs some of the MA organization’s management functions under contract or delegation; (2) furnishes services to Medicare enrollees under an oral or written agreement; or (3) leases real property or sells materials to the MA organization at a cost of more than \$2,500 during a contract period.

VSP and Network Doctor agree to comply with the following requirements:

1. To grant the Department of Health and Human Services (HHS), the Comptroller General or their designees, the right to inspect, evaluate, and audit any pertinent information, including books, contracts, medical records, patient care documentation, and records of subcontractors or related entities for a period of 10 years from the end of the Final Contract Period or Completion of Audit, whichever is later, for Members enrolled in Medicare Advantage. This record retention period applies to all new records as well as to all records required to be retained under any prior addendum as of the date first written above. [42 CFR 422.504 (e) (4)].
2. To abide by all Federal and state laws regarding confidentiality and enrollee record accuracy requirements, including: (1) abiding by Federal and State laws regarding confidentiality and disclosure of medical records or other health and enrollment information. (2) ensuring that medical information is released only in accordance with applicable Federal or State law or pursuant to court orders, subpoenas, and safeguard the privacy of the beneficiary’s information, and maintain records and information in an accurate and timely manner. [42 CFRs 422.118 and 422.504 (a)(13)].
3. To hold harmless and protect Members from incurring financial liabilities that are the legal obligation of MA or of VSP. In no event, including but not limited to, nonpayment or breach of an agreement by Medicare Advantage, VSP, or other intermediary, or the insolvency of the Medicare Advantage, VSP, or other intermediary, shall Network Doctor bill, charge, collect a deposit from, or receive other compensation or remuneration from a Member. Network Doctor shall not take any recourse against the Member, or a person acting on behalf of the Member, for services provided. This provision does not prohibit collection of applicable deductibles, coinsurance, or copays, as specified in the MA Evidence of Coverage. This provision also does not prohibit collection of fees for non-covered services, provided that, pursuant to CMS instructions, the Member was informed in advance of the cost and elected to have non-covered services rendered. [42 CFRs 422.504(g) and (i)(3)(i)].
4. To perform, if applicable, the functions that are delegated consistent with VSP’s requirements, MA requirements, and federal regulations. Network Doctor also agrees to comply with any applicable delegation requirements between MA and VSP, or mandated by federal regulations.

5. To promptly pay Network Doctor according to CMS standards and to comply with all payment provisions required by state and Federal law. [42 CFR 422.520].
6. To comply with CMS reporting requirements as specified in federal in Sec 422.310 and Sec 422.516. [42 CFR 422.504(a)(8)].
7. To comply with all Medicare laws, regulations, and CMS instructions, including but not limited to, all CMS accountability provisions, which may be more fully documented in the MA's policies and procedures.[42 CFRs 422.504(i)(3)(ii) and 422.504(i)(4)(v)].
8. To agree that cost sharing for dual-eligible Members is limited to the Medicaid cost sharing limits; and that for those dual-eligible Members the Network Doctor will accept MA or VSP payment as payment-in-full or will separately bill the appropriate state source for any amounts above the Medicaid cost sharing.

In the event that VSP, CMS, and/or MA determine that Network Doctor's performance under this MA Contract provision is not satisfactory, VSP, CMS, and/or MA may revoke Network Doctor's participation in the MA Program.

Except as provided in this Contract provision, all other provisions of the Agreement between Network Doctor and VSP not inconsistent with this Contract provision shall remain in full force and effect. This Contract provision shall remain in force as a separate but integral addition to the Agreement to ensure compliance with required CMS provisions, and shall continue concurrently with the term of the Agreement.

MEDICAID AND MEDICARE DUALY ELIGIBLE CAPITATED FINANCIAL ALIGNMENT DEMONSTRATION PLANS (CFAD)

The Network Doctors agrees to provide those covered Vision Services which he or she is licensed to provide, which Network Doctor routinely provides and for which he or she has been credentialed by VSP to provide in accordance with the terms of the Medicaid Dual Eligibility provisions, all VSP's policies, procedures and manuals applicable to the Network Doctor providing vision services to the Dual Eligible population.

The Dual Eligible CFAD contract provisions shall form a part of the Network Doctor Agreement ("Agreement") and adds provisions and conditions required by the Centers for Medicare and Medicaid Services ("CMS") and State Medicaid programs for participation in the (CFAD) program.

1. No payment shall be made by Plan to doctor for a Provider Preventable Condition (as such term is defined by the Applicable Requirements). As a condition of payment from VSP, Provider shall comply with reporting requirements on Provider Preventable Conditions as described at [42 C.F.R. § 477.26(d) and as may be specified by VSP.
2. Provider shall not bill Members for missed appointments or refuse to provide services to Members who have missed appointments. Provider shall work with Members and Plan to assist Members in keeping their appointments.

OFFICE STANDARDS

VSP Network Participation Requirements

1. Submit all eligible VSP claims through VSP's electronic claim submission system (applies only to doctors joining the VSP Network effective May 1, 2002, or later).
2. Use VSP contracted laboratories, as required based upon a patient's VSP plan type.

3. Provide and have, or be employed by another VSP doctor who has, majority ownership and complete control of on-site dispensing services contiguous to the practice office location to ensure VSP patients the benefit and convenience of a full-service, quality vision care program.
4. If an owner doctor, be present to the public in his/her open office(s) a minimum of 8 hours per week.
5. Maintain and display a minimum inventory of 200 frames from approved frame manufacturers, including a minimum of 100 frames that fall within the average VSP frame allowance of \$150.
6. Provide contact lens care to VSP patients.
7. Provide 24-hour access to VSP patients, as well as have 24-hour access to instrumentation and materials. The 24-hour access to patients must include one or more of the following options: (a) answering service, (b) on-call service, (c) pager/mobile phone or (d) answering machine message providing the patient with instructions on how and where to obtain services from a VSP doctor. All of these options must allow a patient to leave a message for a returned call back. All messages are required to be returned by a doctor or qualified office personnel within one hour.
8. Effective January 1, 2013, provide service to patients who have the VSP Choice Plan (except, that this sentence shall not apply to doctors who practice in states with laws that specifically prohibit a health plan such as VSP from requiring the provision of such services).
9. VSP's primary method of communication is e-mail. At least one network doctor's valid e-mail address is required for each Qualified Office Location. It is the network doctor's responsibility to maintain an up-to-date e-mail address to ensure receipt of important updates and critical information from VSP.

General Office Standards

1. Provide access to a clean, properly working restroom, and have a sink with hot and cold running water available in or near the exam room.
2. Provide access for handicapped patients, including doors wide enough for wheelchairs (minimum 32 inches), restrooms with handrails, and a handicapped parking space. The facility or office must be free of barriers that may prevent a handicapped/disabled person from receiving eye care services.
3. Provide a reception area with adequate lighting and office furnishings that are clean and in a good state of repair.
4. Maintain a pet-free environment, except as required by law.
5. Meet applicable local health and safety codes, including fire hazards, electrical wiring, and office floors that are clean and free of any hazardous obstacles.
6. Have convenient access to records of all patients seen within the last three years.
7. Maintain medical records in a confidential, secured location not accessible to the public.
8. Maintain all VSP patient records according to the state law.
9. Efficiently process incoming telephone calls during business hours. A patient should be able to reach the doctor's office by phone within 30 seconds on the first attempt.
10. Efficiently process incoming telephone calls after business hours. A patient should be able to leave a message with an answering service within 45 seconds.
11. Make every effort to see the patient at his/her scheduled appointment time. The patient's waiting time should not exceed 30 minutes from that time.
12. Make appointment for services available depending on the patient's condition as follows:

Routine Preventive Care: Non-symptomatic, routine preventive eye exam within 30 calendar days.

Medical Care: Routine eyecare within seven days.

Urgent Care: During office hours, within 24 hours, based on the severity of the patient's condition as determined by the doctor.

Emergency Care: When emergency treatment is necessary (as determined by the VSP doctor to be serious or life threatening), the patient is to be directed to the most appropriate emergency facility.

Unscheduled Appointments: Evaluated (triaged) by a doctor to determine the severity of the condition and disposition of the patient. Patients who need to be seen immediately are to be accommodated.

Specialty Referral: Within 14 calendar days from the time the primary care provider requests the referral.

13. Have online access to Manuals located on VSPOnline at eyefinity.com, or maintain a current paper copy of the VSP Provider Reference Manual and Patient Options List.

14. Have VSP complaint/grievance policy and patient resolution forms available to patients upon request.

Clinical Office Standards

1. Have the minimum instrumentation necessary to provide routine and therapeutic services at the comprehensive level.
2. Maintain diagnostic and/or therapeutic pharmaceutical agents and an inventory of supporting contact lens solutions and care products that are not outdated or expired.
3. Keep all equipment and instruments in proper working order, including (but not limited to):
 - Biomicroscope (Slit Lamp)
 - Foreign Body Removal Instruments
 - Keratometer
 - Lensometer
 - Phoropter
 - Tonometer
 - Threshold Visual Fields Device, or Visual Field Testing Device (Minimum of a Tangent Screen)
 - Blood Pressure Measuring Device
 - Gonioprism
 - Lacrimal Dilators, Irrigators, Punctal Plugs
 - Ophthalmoscope
 - Volk or Hruby Type Lens
4. Maintain hygienically clean instruments and testing devices.
5. Keep antiseptic solutions, such as alcohol, on hand for cleaning faceguards and other areas of instrumentation that come into contact with patients.
6. Maintain good personal hygiene and professional demeanor.
7. Have diagnostic contact lenses available. These can't be expired.
8. Maintain contact lens wear and care instructional materials. Use an approved method of disinfecting diagnostic contact lenses.

Office Standards for Infection Control and Safety

Infection control measures are to be used for decreasing the risk of transmission of microorganisms in patient care settings. VSP has adopted the recommendations/guidelines of the Centers for Disease Control (CDC) and the Association for Practitioners in Infection Control (APIC) as part of its provider office standards. A fundamental component of infection control is the concept of Universal Precautions, which involve the use of protective methods when taking care of patients.

The following measures make up the fundamentals of infection control:

Hand washing and Gloving

Wash hands promptly and thoroughly between patient contacts and after contact with blood, body fluids, secretions, excretions, and equipment or articles used in the patient exam/care setting is one of the most effective measures to reduce the risk of transmitting organisms from one person to another, or from one site to another. Hand washing facilities is defined by OSHA as an adequate supply of clean (potable) running water, soap and single use towels (paper towels, roller towels, or hot air hand dryer acceptable).

Gloves are to be worn when appropriate, to provide barrier protection for the patient and doctor, and to reduce opportunities for the transmission of microorganisms between patients, doctors, and other office personnel. The failure to change gloves between patient contacts is an infection control hazard.

Wearing gloves does not replace the need for hand washing; hands should be washed immediately or as soon as feasible, after removal of gloves or other protective equipment.

Cleaning, Disinfection and Sterilization of Patient Care Equipment

Disinfect all instrument surfaces that come into contact with patients by using standard methods such as the recommendations of the CDC (www.cdc.gov) and the APIC (www.apic.org).

Contact Lens Disinfection

Use an approved method of disinfecting diagnostic gas permeable contact lenses. Heating at 70 to 80 degrees centigrade for 10 minutes is also an acceptable method of disinfection. Soft trial contact lenses should be disinfected with hydrogen peroxide.

Infectious Waste Disposal

All infectious waste must be placed in appropriately labeled containers (a lined wastebasket with a lid or a sharps container where appropriate) and disposed of according to Federal, state, and local regulations. Infectious waste includes, but is not limited to:

- disposable gloves and gowns
- all sharp disposable instruments
- products used in patient care (e.g., tissue, gauze, etc.)

Occupational Safety and Health Administration (OSHA) Blood Borne Pathogens Standard

Most optometry offices will not be exposed to blood borne pathogens; however, a copy of the OSHA Exposure to Blood Borne Pathogen Standard (29 CFR 1910.1030) can be obtained from the OSHA Publications Office, 200 Constitution Avenue, N.W., Washington, DC 20210, or at the Web site of the Labor Department's Occupational Safety and Health Department (www.osha-slc.gov).

Instrument Maintenance

Instruments should be calibrated and maintained according to the manufacturers' directions. Keep a log of calibration, cleaning, and maintenance for each instrument.

Facility Safety

The office should be safe and accessible for all patients. Safety considerations include ensuring that all areas are free from physical hazards. Minimum standards include proper equipment and patient care material storage, clearly defined exit signs, and clear exit areas. The office is required to have an operational smoke detector and a fire extinguisher. Proper lighting in and around the office, including stairways and parking lots, is also an important safety consideration.

Offices are required to meet the Americans with Disabilities Act Accessibility Guidelines (ADAAG), which are available from the Department of Justice at (800) USA-ABLE, or from the Access Board's Web site (www.access-board.gov).

PATIENTS' RIGHTS AND RESPONSIBILITIES

We're committed to mutually respectful relationships between patients and doctors. We expect these relationships will lead to effective healthcare while recognizing people are individuals who all have different needs. We explain our expectations and set up guidelines for cooperation between patients, doctors, and clients. Patients can find this information at vsp.com.

Our patients have the right to be treated with consideration, dignity, respect and to have VSP doctors:

- Provide complete information about their eyecare and any proposed procedures and alternatives regardless of cost or benefit coverage.
- Allow patients to control decisions about their eyecare treatment.
- Provide 24-hour access for ocular emergencies.
- Maintain privacy and confidentiality regarding their care.
- Make appropriate preventive health services available .
- Give prompt and reasonable responses to questions and requests.
- Provide information regarding their services and qualifications.
- Provide the VSP grievance procedures if there is dissatisfaction with services.
- Obtain input regarding services and assist them with any problems.

Our patients have the responsibility to follow preventative eyecare guidelines, and:

- Check the health care benefits and exclusions of their coverage.
- Establish and maintain a relationship with their primary eyecare provider.
- Give eyecare providers complete and accurate information needed in order to care for them.
- Notify eyecare provider if they are going to be late or need to reschedule an appointment.
- Know the cost (co-payment, deductible, coinsurance) of their care.
- Carry out the treatment plan agreed upon with their eyecare provider or primary care physician.
- Know how to access urgent, emergency and out-of-area medical eyecare services.

American Sign Language (ASL) Interpreter Requests

Under the Americans with Disabilities Act of 1990, eye doctors and other health care providers are required under this federal law to provide American Sign Language (ASL) interpreter services, at no cost to the patient, to patients who need and request ASL interpreter services.

If you or a member of your staff are ASL-fluent, you may, of course, communicate with hearing-impaired patients in that manner. If neither you nor a member of your staff have fluency in ASL, you should make arrangements for an ASL interpreter to assist at no cost to the patient. If you need help finding an ASL interpreter, you may contact the national Registry of Interpreters for the Deaf (RID) by calling 703.838.0030 or by visiting their website at rid.org.

California Language Assistance Program

Note: This section will only display online to doctors in California.

BACKGROUND

VSP's Language Assistance Program (LAP), made available on January 1, 2009, was created as a result of California Senate Bill 853 (SB 853), legislation requiring health insurance plans to provide California plan members who have Limited English Proficiency with access to both written and spoken language assistance. Plans are required to provide written translation of certain documents free of charge based on the plan's determination of their threshold languages.

We have identified that our California Language Assistance Program threshold languages for written document support are Spanish and Chinese.

DOCUMENT TRANSLATION

Members who prefer their VSP member materials in Spanish or Chinese can receive free translation of VSP member documents. A notice of VSP's language assistance services is provided in each California member mailing. This notice is written in English, Spanish, and Chinese and provides information on how to access materials in other languages and translation services.

VSP also has a member Web site available in Spanish. You can direct members who prefer to read VSP's Web site in Spanish to es.vsp.com to view all member information, including finding a doctor.

INTERPRETATION

VSP provides telephone interpretation services to any VSP member who prefers to communicate with VSP about their benefits in a language other than English, including TTY/TDD for those who are hearing impaired. In addition to our threshold languages of Spanish and Chinese, VSP provides telephone interpretation for almost all other languages as well.

VSP members who want to discuss their benefits in another language or want to request a translated VSP document can call VSP at 800.877.7195 and indicate their language need. Members can also visit vsp.com to see a list of VSP practices where language(s) other than English are spoken.

We encourage you to update your office(s) language capabilities quarterly on VSPOnline on eyefinity.com so members know where they can receive services in languages other than English.

Practices must keep in mind that family, friends, and minor children are considered untrained interpreters. Using family, friends, and minor children poses a problem with patient privacy. In addition, family may impose their view of the patient and their health that can lead to not providing the highest quality care as desired.

Note: If a patient insists that the provider or staff communicate with bilingual family or friends, document in the member patient record that the VSP member refuses interpreter services and/or uses friend or family to interpret.

DOCUMENTATION

The following items should be documented in the patient's medical record and/or patient history form:

- Patient's preferred written and spoken language
- Refusal of interpreter (if applicable)
- Use of interpreter and who (family member, minor, friend, doctor, office staff, or trained professional interpreter)

It is suggested to also document the patient's race and ethnicity with an option for the patient not disclose this information.

COMPLAINTS AND GRIEVANCES

We make every attempt to resolve patient concerns quickly and to their satisfaction. Doctors are responsible for making sure their staff knows our complaint process and gives our complaint/grievance form to patients when they ask. You can find master copies of these forms on VSPOnline at eyefinity.com. The VSP Member Complaint/Grievance Form is available in [English](#), [Spanish](#), and [Chinese](#).

New York Confidentiality Protocols for Victims of Domestic Violence and Endangered Individuals

Individuals experiencing actual or threatened violence frequently establish new addresses and phone numbers to protect their health and safety.

Insurance Regulation 168 (11NYCRR 244) pursuant to New York State Insurance Code, Section 2612, requires VSP® Vision Service Plan to provide Confidentiality Protocols for Victims of Domestic Violence and Endangered Individuals. VSP will accommodate a reasonable request to provide communications of claims-related information by alternative means or at alternative locations in accordance with this regulation for the state of New York.

We recommend you post the full description of **VSP's protocol** in your office.

SERVICES SUBJECT TO REVIEW/AUDIT

The services provided by a Network Doctor to any VSP Patient will be subject to review or audit. Upon request, a Network Doctor will timely furnish patient records to VSP of any or all Enrollees for whom claims have been submitted to VSP for payment. VSP may use any information obtained from those records for statistical, actuarial, scientific, peer review, or other reasonable purposes, including applicable state and federal law requirements, provided that the confidentiality of VSP Patient medical information is not compromised or any professional confidence is breached. A Network Doctor agrees that utilization and claims information may be released to MCOs and peer review groups.

As part of a Network Doctor's contractual requirements, the doctor agrees to fully cooperate with VSP review or audit activities/processes, including, but not limited to, in-office audits or inspections, business audits, special investigation audits, medical records reviews, and/or similar VSP investigative or quality assurance efforts. A Network Doctor will timely reimburse VSP for its reasonable out-of-pocket expenses and costs incurred in such audit(s)/inspection(s), except for an educational review as set forth under the Quality

Assurance Program section in this VSP Provider Reference Manual, which VSP considers to be of a routine review.

A Network Doctor agrees to cooperate with, abide by, and adhere to, all rulings of any VSP quality assurance, or peer review committee. All records, data, and information acquired by or prepared for any VSP quality assurance or peer review committee shall be held in confidence, except to the extent necessary to carry out the purposes of such review activities, and shall not be subject to subpoena or discovery, which limitations shall survive the expiration or termination of the VSP Network Doctor Agreement.

QUALITY ASSURANCE PROGRAM

Program Overview

Our Quality Assurance (QA) program partners with you to deliver the highest quality eyecare to VSP patients. The program also educates you and your staff about our QA policies and procedures. This program follows state and federal regulations and guidelines from accrediting organizations like the National Committee for Quality Assurance (NCQA).

Note: Our Quality Assurance department protects patient records, confidentiality, and all proprietary information. For more information, refer to VSP's Privacy Procedures.

Quality Assurance Medical-Record Review

Medical record reviews involve an internal mail-in review or an on-site office review. QA requests only VSP patient records during these reviews. Electronic-record documentation is acceptable if findings are included. We use clinical peer reviewers trained in our policies and procedures to assess and grade reviews.

Review Levels

Medical record reviews have up to three levels and may occur at any time. Each level requires ten, randomly selected VSP patient records. The patient names are chosen from claims billed in your name. A patient record with a different doctor noted as the one who performed the exam will not be reviewed and may impact the result of your review.

A peer reviewer accesses each record based on VSP's exam and documentation standards and returns the results to the QA administrator who informs you of the review outcome. A QA contact name is provided and you may call at any time for clarification of the review results.

EDUCATIONAL REVIEW (ROUTINE REVIEW)

The first review you'll receive is a routine educational review. The review is assessed for a pass or non-pass and the results are communicated to you.

If you pass this educational review, no follow up review or financial assessment will occur.

A non-passing outcome will result in a First Formal review in approximately six months. This timeframe allows correction of the initial identified discrepancies.

FIRST FORMAL REVIEW

You will receive a First Formal review, requiring another ten VSP patient medical records, when you do not pass the prior educational review.

If you pass this First Formal, no follow up review or financial assessment will occur.

A non-passing outcome results in a financial assessment for each record with discrepancies at a maximum of \$100.00. A Second Formal follow up review will occur in approximately six months. This timeframe allows the doctor to correct identified discrepancies.

SECOND FORMAL REVIEW

You will receive a Second Formal review, requiring another ten VSP patient medical records, when you do not pass the prior First Formal review. This is the last review level to demonstrate you meet VSP's exam and documentation standards.

A \$500.00 fee is assessed and collected at the time of the Second Formal review.

If you pass this Second Formal, no other follow up review or additional financial assessment will occur.

Non-passing outcomes, at a minimum, lead to higher financial assessments for records with discrepancies based on the doctor's 12-month claim volume and may result in a recommendation for possible contract termination from our network.

EYE HEALTH MANAGEMENT PROGRAM

The VSP Eye Health Management Program focuses on early detection and aids in the treatment and coordination of care for eye and related health conditions. It integrates the medical data collected through VSP providers with the healthcare system.

Benefits to Your Practice

- Promotes and quantifies optometry's participation in medical care.
- Helps facilitate medical care for your patients.
- Brings patients into your office and helps keep them there.
- Helps your practice earn more money.

Reimbursement Opportunity

By reporting chronic health conditions to VSP, we'll reimburse you for the additional education and services you provide to patients.

For each patient identified, you can earn:

- \$5 for reporting diabetes and/or diabetic retinopathy.
- \$2 for reporting hypertension and/or high cholesterol.

Note: Payment won't exceed \$5 and isn't cumulative. If a \$5 condition and a \$2 condition are checked, then \$5 is paid. If two \$2 conditions are checked, \$2 is paid. The patient's medical record must indicate any condition reported on a claim.

Please refer to the following section for more information on the Eye Health Management Program.

- **Eligibility and Authorization**
[Submitting Claims/Timelines](#)

Patient condition reporting just got easier. Follow these simple steps.

- Before seeing the patient, print the Patient Record Report or place a sticky note on each patient file.
- During the exam, check the appropriate patient condition box(es) on the Patient Record Report or sticky note.
- Use the information from the Patient Record Report or sticky note to submit a WellVision Exam claim.

Note: The Patient Record Report now includes an Eye Health Management section, making it even easier to collect and report patient conditions.

Eye Health Management Program Data Requirement

Doctors are required to report patient conditions through eClaim, practice management software, or paper, and will be monitored as part of the Quality Assurance (QA) Program. Eye Health Management results will be provided in the QA Review Summary. Outcomes identifying the need for improvement will require the doctor's acknowledgement of the results and an improvement action plan.

Below are the guidelines for submitting claims with patient condition(s)

Diabetes. Check this box or enter diagnosis codes for patients who self reported having diabetes.

- **Diabetic Retinopathy.** Check this box or enter diagnosis codes when your patient has diabetic retinopathy, regardless of whether the patient has been diagnosed with diabetes. If the patient has been diagnosed with diabetes, also check the diabetes box or enter diagnosis codes.
- **Hypertension.** Check this box or enter diagnosis codes for patients who either self reported being diagnosed with hypertension or those who are taking medications specifically for hypertension.
- **High Cholesterol.** Check this box or enter diagnosis codes for patients who either self reported being diagnosed with high cholesterol or those who are taking medications specifically for high cholesterol.
- **Glaucoma.** Enter diagnosis codes for patients who have been diagnosed with glaucoma at any time, including the current visit
- **ARMD.** (Age-related Macular Degeneration). Enter diagnosis codes for patients who have been diagnosed with ARMD at any time, including the current visit.

Check the patient's conditions (diabetes, diabetic retinopathy, hypertension, high cholesterol) using the check boxes on eClaim or enter diagnosis codes. Report glaucoma, age-related macular degeneration, and other conditions using diagnosis codes.

Diabetes	Diabetic Retinopathy
• 250.00 - 250.03	• 362.01 - 362.07
• 250.10 - 250.13	• 364.42
• 250.20 - 250.23	
• 250.30 - 250.33	Glaucoma
• 250.40 - 250.43	• 365.05
• 250.50 - 250.53	• 365.06
• 250.60 - 250.63	• 365.10
• 250.70 - 250.73	• 365.11
• 250.80 - 250.83	• 365.89
• 250.90 - 250.93	• 365.9
	• 365.1
Age-related Macular Degeneration	• 365.13 - 365.15
• 362.50 - 362.53	• 365.20 - 365.24
	• 365.31
High Cholesterol	• 365.32
• 272.0 - 272.2	• 365.41 - 365.44
• 272.4	• 365.51
Hypertension	• 365.52
• 401.0	• 365.59 - 365.65
• 401.1	• 365.70 – 365.74
• 401.9	• 365.81 - 365.83
• 997.91	

Claims Submission

Reimbursement will apply to all VSP Signature Plan® and VSP Choice Plan® claims that include a WellVision Exam® (in network) and one or more reported patient condition.

Additional reimbursement applies to VSP Signature Plan® and VSP Choice Plan® claims only that are billed with one of the following exam codes: 92002, 92004, 92012, 92014, S0620, or S0621.

VSP Payment Guidelines for Coordination of Benefits (COB) Claims between a Medical Health Plan or Medicare and VSP Plans

The patient's chief complaint or presenting symptoms determines the primary diagnosis on the claim. If the primary diagnosis is a medical eye condition, you may bill the patient's medical insurance as primary and coordinate benefits with VSP as secondary. Some major medical plans cover annual eye exams for patients with conditions such as diabetes, regardless of whether they present with medical symptoms or just for their annual eye exam.

However, if the medical plan is going to be billed, it is extremely important to explain this to the patient in the exam room before the patient is escorted to the front desk for check out.

If the patient has no medical chief complaint and the medical plan does not cover routine/annual eye exams, bill VSP.

Note: Proper documentation of the patient's chief complaint, medical condition(s), related eye symptoms, and high-risk medications should all be recorded in the presenting reasons for the patient's visit.

For further details, refer to the Provider Reference Manual for VSP's [COB guidelines](#).

Reimbursement

VSP's Doctor Payment System

We reimburse doctors according to a unique fee payment methodology. Our goals are to pay doctors as fairly as we can while, at the same time, provide an eyecare plan to clients at a competitive price.

We pay professional fees for the VSP Signature Plan® exams (diagnostic services) and lens and frame dispensing services. Refer to the [VSP Signature Plan](#) in Section 2: Plans and Coverages for more information.

Filing Doctors' Fees

Doctors' usual and customary (U&C) fees are first filed with VSP during the Credentialing process. VSP uses this information to determine each doctor's payable fees for providing services to VSP patients.

Assigned Fee Reports

Assigned Fee Reports (AFRs) reflect the doctor-submitted U&Cs and VSP-determined payable amounts for exams, basic lens, and frame services based on VSP Plan type. Access your Assigned Fee Report for your practice on VSPOnline at [eyefinity.com](#) by clicking the View and Update Fees link under Practice/Doctor Updates in the Administration area.

SIGNATURE NETWORK

Your Signature Plan reimbursement schedule is contained in your Assigned Fee Report on VSPOnline. Check here to see your reported U&Cs and VSP-determined payable amounts for exams, basic lens, and frame services.

CHOICE NETWORK

Your VSP Choice Plan reimbursement schedule is contained in your Assigned Fee Report on VSPOnline. Check here to see your reported U&Cs and VSP-determined payable amounts for exams, basic lens, and frame services.

OTHER NETWORKS

Our Regional Network Plans, VSP Advantage, and Medicaid Plans have fee schedules for each state. View fee schedules for plans you participate with by accessing the appropriate Manual on VSPOnline.

Maximum Allowances

Our Board of Directors establishes maximum amounts that can be reimbursed for exams and for lens and frame services in each geographic region. The board reviews these confidential amounts annually.

Progressive Lenses (Signature and Choice)

You will receive your bifocal dispensing fee PLUS a service fee for covered and non-covered progressive lenses. If covered, both the bifocal dispensing and applicable service fee are paid by VSP. If progressives are not covered, see Patient Charges for Non-Covered Lens Options for information on patient charges.

Payments

We deposit payment to your bank account via Electronic Funds Transfer (EFT) following your state's established pay schedule and include payment for claims turned in and received during specified pay periods. An Explanation of Payments (EOP) itemizing the claims paid with checks and post statements is available to view on VSPOnline.

Important! Effective January 1, 2013, all VSP payments will be made by EFT, also known as direct deposit. Network doctors must be enrolled in order to receive payment. Doctors can enroll their practice online or by contacting Customer Service at 800.615.1883.

Also, effective January 1, 2013, EOPs will be available online only. Doctors can print their EOPs by accessing them online if needed.

Cutoff Dates

Our payment schedule includes cutoff dates; claims need to be processed by these dates for them to be paid on your next check. Cutoffs usually fall five to 10 days before the last day of the payment period. We can't guarantee internal processing time, but claims turned in at least three working days before the cutoff usually are paid on the upcoming check.

Claims Not on the Explanation of Payment (EOP) Statement

If payment for a claim doesn't appear on your check, it could be because:

- The wrong doctor ID number was used.
- We need more information.
- We got the claim after the deadline, so it'll be included on your next check.
- We haven't received the claim.
- We're auditing the claim or lab invoice.

For claims that have gone unpaid more than two months, copy the “Doctor’s Copy” of the claim and mail it with a note explaining the situation. Please mail that to VSP’s Member Claims Processing Department at the same address you send your VSP claims.

Important! Please clearly print your doctor ID number on the claim copy so pay isn’t further delayed.

Payment Errors

If you see a payment error, write us within five days after your EFT is deposited. Please include copies of your EOP and the “Doctor’s Copy” of the claim so we can review the claim. For more information, please call VSP at 800.615.1883.

HOW TO USE VSP’S NAME AND LOGO

You can use the registered service mark “VSP®” and our registered logo. Just ask all doctors in your practice, or your school’s Dean/Clinical Director, to sign and return a “Limited License Agreement.” We’ll contact you once it’s approved.

Which Logo Should I Use?

It’s up to you. Download one from VSPOnline on eyefinity.com. Then follow these guidelines and watch your practice grow!

Use VSP’s Name and Logo in Your:

Once you have all approved LLAs on file, follow these guidelines to ensure you stay in compliance with other VSP specifications, policies, and applicable approvals.

SMALLER ADS AND PROMOTIONS

These types of ads and promotions do not require VSP review and pre-approval before they run:

- Business cards or letterhead (only if promoting “VSP members welcome”)
- Value or promotional pack discount mailings
- In-office supplies (e.g., posters, brochures)
- Print and online ads (e.g., Yellow Pages, newspaper, practice Web site)
- Marketing and promotional materials (e.g., reminders and referral mailings, newsletters)

LARGER, MASS MEDIA ADS, AND PROMOTIONS

Please submit an Ad Approval Request form for these types of ads and promotions before they run:

- Billboards
- Radio

- Television
- Transit vehicles (e.g., bus stops, taxi signs)

Always include the ® symbol showing VSP is a registered service mark.

For example:

“VSP® members welcome”

“VSP® network doctor”

Note: Check state regulatory and professional associations for more information on laws and regulations in your area.

Things to remember:

Only use the full-color, all-white, or all-black logo.

- On color paper, use only the all-white or all-black logo. For Yellow Pages and newspaper advertisements, use the all-black logo only.
- Don't duplicate the logo stock typefaces or modify it.
- The logo and all text within the logo, including the “Vision care for life” tagline, must be legible.
- When using the VSP logo on your Web site, you can link it to vsp.com.
- When using the logo in your print or online materials, you can proportionately resize it, but it can't be any smaller than one-half inch in height.
- The space around the logo should be free from other graphics or messages.
- The minimum clear space around the logo must be equal to the height of the “p”.
- Always consult your designer/printer to ensure correct formatting.

A Few Words from Our Legal Department

The marks “VSP,” “Vision Service Plan,” and “VSP Vision Care” are registered or common law marks owned by VSP. Unauthorized use of these marks may violate your VSP Network Doctor Agreement, VSP Facility Agreement, or VSP Participating School Agreement.

In addition, the following actions are not allowed:

- Use VSP's name or logo in advertisements containing statements of price or offers of discounts (e.g., “\$25 off,” “free sunglasses with any purchase,” “two pairs of glasses for the price of one”).
- Refer to clients contracted with VSP (e.g., “Employees of ABC Inc. are accepted here.”)
- Mail to employees of a VSP client.
- Use the term “Vision Service Plan” (rather, use “VSP®” when referring to your network participation).
- Use the VSP name and/or logo more than twice in a single media (e.g., the same advertisement, newsletter article, mailing, etc.).

Violation of your signed LLA could result in monetary penalties, the revocation of your license agreement and/or VSP terminating its contract with you.

If your LLA is revoked or you terminate your contract with VSP, you must immediately remove all references to your VSP network participation.

For questions or more information, please call 800.615.1883 or e-mail: networkmanagement@vsp.com.

VSP'S NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

This "Notice of Privacy Practices" (given to patients) replaces VSP's Privacy Policy, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Overview

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please read carefully.

PURPOSE

The purpose of this notice is to:

- Notify you of our information protection practices
- Explain your rights as a VSP member

VSP'S RESPONSIBILITIES

We're required to abide by the terms of this notice currently in effect by:

- Maintaining the privacy of your Protected Health Information
- Giving notice of our legal duties and privacy practices with respect to Protected Health Information

NOTICE REVISIONS

We reserve the right to revise the terms of this notice and to make the revised terms effective for all Protected Health Information that it maintains. If we revise this notice, we'll make the revised notice available within 60 days.

Definitions

Business Associate	<p>A person or entity that uses Protected Health Information to perform a service for us, including (but not limited to):</p> <ul style="list-style-type: none"> • Billing • Claim processing • Data entry
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Healthcare Operations	Activities related to our operations, including (but not limited to): <ul style="list-style-type: none"> • Quality assessment and improvement • Doctor-performance evaluations • Fraud and abuse detection • Claim payment • Claim audits • Customer-issue resolution
Payment	Our collection of insurance premiums or its determination and payment of claims.
Protected Health Information	Information relating to a VSP patient's past, present or future health or condition, the provision of healthcare to a VSP patient or payment for providing healthcare to a VSP patient. Protected Health Information includes (but isn't limited to): <ul style="list-style-type: none"> • Patient name • SSN/member ID • Service date • Diagnosis information • Claim information
Treatment	Provision, coordination or management of vision care and related services by one or more vision care providers.

Privacy Practices

How VSP Uses and Discloses Information About You	We'll only use and disclose your Protected Health Information without your authorization when needed for: <ul style="list-style-type: none"> • Coordination of your vision care treatment • Disclosure to your plan sponsor to the extent permitted by law • Payment • Healthcare operations • As required or permitted by law (please see "Use or Disclosure Required or Permitted by Law" section)
Disclosure to our Business Associates	We'll only disclose your Protected Health Information to Business Associates who've agreed in writing to maintain the privacy of Protected Health Information as required by law.
Use or Disclosure Requiring Authorization	We won't use or disclose your Protected Health Information for any purpose besides those described in this notice. We'll request your written authorization if it becomes necessary to disclose any of your Protected Health Information for other reasons. Revoking Authorization: If you give us written authorization, you can revoke it at any time in writing, except to the extent that we've relied on the authorization before it was revoked.
Use or Disclosure Required or Permitted by	We can use or disclose your Protected Health Information to the extent the law requires the use or disclosure: Public Health: For public health activities or as required by the public health authority.

Law	<p>Health Oversight: To a health oversight agency for activities such as audits, investigations and inspections. Oversight agencies include, but aren't limited to, government agencies overseeing the healthcare system, government benefit programs, other government regulatory programs, and civil rights laws.</p> <p>Legal Proceedings: In response to an order by a court or administrative tribunal responding to a subpoena, discovery request, or other legal process.</p> <p>Criminal Activity: As requested by law enforcement authorities, if use or disclosure is needed to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.</p> <p>Law Enforcement: For law enforcement purposes, including:</p> <ul style="list-style-type: none"> • Legal process or as otherwise required by law • Limited information requests for identification and location • Use or disclosure related to a crime victim • Suspicion that a death stems from criminal conduct • If a crime occurs on VSP's premises • In a medical emergency where it's likely a crime has been committed
Use and Disclosure Examples	<p>Payment: We use Protected Health Information during payment processing to verify services provided were covered under your patient's vision care plan.</p> <p>Healthcare Operations: We use and disclose Protected Health Information to audit and review claims payment activity and make sure claims were paid right.</p> <p>Treatment: To coordinate treatment by a healthcare provider.</p>

Know Your Rights

Review Your Protected Health Information	<p>You have a right to inspect and get a copy of your Protected Health Information.</p> <p>Important: If you feel your Protected Health Information is wrong, you have the right to request that it be corrected.</p>
Request to Restrict Your Protected Health Information	<p>You can request restrictions on the use and disclosure of your Protected Health Information. We're not required to agree to a requested restriction.</p> <p>Example: If a restriction request prevents us from giving service to you or from performing payment-related functions, we won't be able to agree to the request.</p>

Confidential Communication	<p>When needed, we mail your Protected Health Information to your home. If you think getting a copy at home could compromise your safety, you can request an alternate communication method and/or location. But you have to make the request in writing.</p> <p>Important: We won't ask for an explanation for requests, but we might charge a small fee for this service.</p> <p>Example: Patients might decide for their safety to have mail containing Protected Health Information sent somewhere other than home, or to have the information faxed.</p>
Explanation of Disclosures	<p>If your Protected Health Information was disclosed to anyone but you for a reason other than treatment, payment, or healthcare operations, you have a right to an explanation.</p> <p>Important: If the disclosure was made to you, VSP won't provide an explanation.</p>
Get a Copy	<p>You can view and print a copy of this Notice of Privacy Practices through vsp.com. You can also request a copy from your Benefit Administrator, or a paper copy from us.</p>
Complaints	<p>If you believe your privacy rights were violated, you can turn in a complaint to us, or to the U.S. Secretary of Health and Human Services at any time. We won't retaliate against you for filing a complaint.</p> <p>File complaints at vsp.com or call Member Services at 800.877.7195 for complaints about:</p> <ul style="list-style-type: none"> • Restrictions on the use or disclosure of your Protected Health Information • Amendments to your Protected Health Information • Explanations about the use or disclosure of your Protected Health Information <p>File complaints with the U.S. Secretary of Health and Human Services using the HIPAA Complaint Submission Form at cms.hhs.gov/hipaa/hipaa 2/default.asp, or by mail to: HIPAA Complaint, 7500 Security Blvd., C5-24-04, Baltimore, MD 21244, for complaints about:</p> <ul style="list-style-type: none"> • Our business practices • Use of your Protected Health Information

Contact Information

Refer patients to VSP at 800.877.7195 or vsp.com if they ask about their Protected Health Information in regard to:

- Restrictions on the use or disclosure of Protected Health Information
- Amendments to Protected Health Information
- Revoking authorizations
- Explaining use or disclosure of Protected Health Information
- Copies of Protected Health Information

VSP'S PRIVACY COMMITMENT

Our Privacy Commitment

All VSP employees, upon employment, get privacy and security training and agree to abide by our “Confidentiality of Information” policy. Our policy explains the importance of protecting the confidentiality of medical records, personal information, insurance claims and other materials. Violating this policy can lead to disciplinary action up to and including termination.

Medical Directors, Optometry Directors, Clinical Consultants, and Clinical Committee Members also get Privacy and Security training. They must sign a Conflict of Interest and Confidentiality Statement.

Any patient specific or Protected Health Information is confidential. This information is shared only with people who have a need to know and authority to get such information, as explained above.

We'll only use and disclose patient Protected Health Information when needed to coordinate vision care treatment, to disclose information to the patient's employer/plan sponsor to the extent permitted by law, for payment and healthcare operations, or as required or permitted by law.

Our legal department reviews any court order or subpoena for disclosure of confidential information to determine the order's legitimacy, the reason for disclosure, and limitations on information disclosed.

All patient information is stored for the amount of time required by law and company policy in locked files accessible only for the above reasons.

System stored patient information is protected by system security measures block unauthorized access. We've also implemented security policies and procedures required by HIPAA. We currently employ industry-standard, system-security measures to protect electronically stored and transmitted information.

Our network doctors' offices must maintain confidentiality and guard patients' Protected Health Information against loss, defacement, tampering, or use by unauthorized people. The contracted doctor's office must maintain a policy of confidentiality for patient medical record information.

If we uncover a confidentiality violation by a network doctor, either through an onsite visit or a complaint/grievance, our Quality Assurance Committee and our staff determine steps needed to restore confidentiality. We consult our Human Resources department if one of our employees was involved in violating confidentiality.

Our Notice of Privacy Practices will be provided to any member, client, or network doctor on request.

Confidentiality and Security on VSP.com

We respect the privacy of our Web site users. We don't collect personal information from anyone who simply visits our Web site.

Patients who enter personal information should know all communication between their computers and our Web servers is encrypted using secured server technology (SSL). Our

secure server software is the industry standard and among the best software available today for secure transactions.

VSP'S FRAUD AND ABUSE POLICY

VSP considers insurance fraud and abuse as professionally unacceptable and criminal behavior and takes every precaution to ensure such activities are detected, eliminated, and referred to appropriate governmental authorities. VSP will vigorously pursue all fraudulent and abusive activities and supports all efforts to combat such practices by enforcing the following measures concerning, but not limited to, the health care provider, contract laboratories, VSP employees, clients, agents, and patients.

Program Components

The components of our Anti-Fraud and Abuse Business Plan are:

- The Anti-Fraud and Abuse Policy
- Education
- Prevention and Internal Controls
- Detection
- Investigation
- Sanctions and Disciplinary Action
- Full Cooperation with Law Enforcement and Regulatory Authorities
- Reporting

Education

VSP recognizes that the best defense against becoming a victim of fraudulent or abusive behavior is an educated work force capable of preventing, detecting and eliminating such activities. VSP is dedicated to providing appropriate education and training in this area. Company-wide training of all employees will cover the following topics:

- VSP's Fraud and Abuse Policy
- The true costs of insurance fraud and how it directly affects them
- Definition of what constitutes fraud and abuse, including money laundering
- Indicators of fraudulent and abusive activities
- Reporting of suspected fraud and abuse
- Roles and responsibilities of the Special Investigative Unit (SIU)
- Responsibilities of each employee in reporting suspected or known fraudulent or abusive activities

Education and training for providers, contract laboratories, clients, agents, and patients concerning fraud and abuse will consist of:

- Definition of what constitutes fraud and abuse

- Indicators of fraudulent and abusive activities
- Repercussions of fraud and abuse
- Reporting of suspected fraud and abuse

Prevention and Internal Controls

VSP will maintain a comprehensive system of internal controls designed to prevent and detect occurrences of fraud and abuse. The system of internal controls will consist of:

- An organizational structure which segregates functions of claims processing, claims recording, and claims payment as well as maintenance of patient and provider membership tables and provider and laboratory fee tables
- Procedures incorporated into the manual work flow to maximize the probability that questionable claims will be identified and investigated
- Mainframe system checks that identify all claims which meet pre-set indicators and criteria that are known to be outside the norm of our industry standards and services
- Provider peer review processes and procedures
- Internal claim audits of a statistically valid sampling
- A system of supervisor accountability for the review and approval of their unit's actions

Detection

Well trained personnel are able to routinely spot indicators of fraud and abuse. VSP's SIU is the coordinator for all information and investigation regarding the detection and reporting of fraudulent and abusive activities. Detection of fraud or abuse can come from the following areas:

Claims Processors

- All claims processors will be familiar with the indicators of fraud and abuse
- Suspicious claims will be reviewed to determine if any misrepresentation has occurred
- Pertinent information will be documented
- If a claim is VSP internally confirmed to be fraudulent or abusive of the system, the matter will be forwarded to the SIU for appropriate action

Claims Auditors

- The claims auditors will continuously review reimbursement claims received during the normal course of daily audits with the purpose of identifying fraud and abuse
- The claims auditors will be made available to perform special reviews of any situation where fraud or abuse is suspected

Customer Service Representatives

- All customer service representatives will be familiar with the indicators of fraud and abuse

- Calls concerning provider fraud and abuse will be documented and the information forwarded to the SIU.
- All non-provider calls concerning fraud and abuse will be documented and the information forwarded to the SIU.

Quality Management Specialists

- All quality management specialists will be familiar with the indicators of fraud and abuse.
- Any potential fraud or abuse issues that are identified during a quality assurance review will be forwarded directly to the SIU.

SIU

- The SIU will routinely run reports against our claims systems to identify activities that are uncharacteristic of our industry.
- Abnormal utilization patterns will be researched and appropriate action taken.

Hotline

- An Anti-Fraud Hotline has been made available for all parties (providers, contract laboratories, employees, clients, agents, and patients) to report any suspected fraud or abuse.
- The toll free number is 800.877.7236.

Investigation

All cases of suspected fraudulent or abusive activities employed/practiced by providers, contract laboratories, VSP employees, agents, clients, or patients will be fully investigated with the involvement of the SIU and VSP Legal Counsel as needed. The following items will be considered to be a part of the investigation:

- Information gathering
- Claim validity
- Scope of the investigation
- Ability to prosecute
- Ability to recover monies owed
- On-site investigations conducted by VSP personnel
- Use of outside investigators and experts

Sanctions and Disciplinary Action

Fraudulent and/or abusive practices could result, without limitation, in the following sanctions and/or disciplinary actions:

- Providers—suspension or removal from the VSP doctor network, assessment and collection of restitution, assessment and collection of reasonable audit costs and expenses, referral to the appropriate state's governing Board of Optometry, Board of Ophthalmology, or Medical Boards, referral to the appropriate state's law enforcement or

other government agency(ies) and reporting to the National Practitioner Data Bank and/or other appropriate data reporting agency

- Contract Laboratories—suspension or removal from the approved listing of VSP laboratories and restitution collected
- VSP employees—termination and restitution collected
- Agents—suspension or removal as VSP agent, restitution collected, and referral to the appropriate state’s governing Insurance Department

Upon the expiration or termination of the VSP Network Doctor Agreement, a doctor will no longer be or be considered a VSP Network Doctor. From the date of expiration or termination onward, unless the parties otherwise agree in a separate writing, the doctor, in any capacity, unless prohibited or limited by law, will: (a) no longer directly or indirectly submit any VSP patient claims for reimbursement to VSP for any purpose, (b) directly or indirectly advertise or indicate in any manner or in any way that he/she is a VSP Network Doctor, affiliated with or authorized by VSP and/or a VSP out of network provider, or any variation thereof, (c) act as, or hold himself/herself out to the public to be, a VSP Network Doctor and/or a VSP out of network provider, or any variation thereof and/or (d) submit any VSP patient claims for reimbursement to VSP as an out of network provider. The doctor will promptly advise all VSP patients that as of the date of expiration or termination, he/she no longer is a participant on the VSP doctor network. The doctor shall not issue/make any disparaging, slanderous and/or libelous remarks regarding/concerning VSP and its business to any VSP client, VSP patient and/or any third party for any reason whatsoever.

Full Cooperation with Law Enforcement and Regulatory Authorities

In cases where sufficient evidence is gathered to indicate that fraudulent activity has in fact occurred, VSP’s Corporate Legal Counsel will coordinate actions with law enforcement agencies as well as be prepared to initiate civil litigation in furtherance of all anti-fraud objectives. VSP will cooperate fully with all law enforcement agencies in the subsequent prosecution of fraudulent activities.

Reporting

The SIU will collect data and maintain documentation of investigations to provide support for Company actions. Cases under review or turned over to law enforcement for prosecution will be documented and reported to the Corporate Compliance Officer quarterly. The Corporate Compliance Officer will report the quarterly results to the Finance Committee of the Board. To meet standards of compliance, the SIU will report to states and requesting clients as required. The Company will also evaluate the effectiveness of its anti-fraud and abuse efforts on an annual basis.

VSP is a member of the National Health Care Anti-Fraud Association. VSP will incorporate any additional fraud detection and investigation measures deemed necessary and pertinent to our operation to comply with the NHCAA standards, and with local, state or federal law, as required.

VSP ELECTRONIC FUNDS TRANSFER AND EXPLANATION OF PAYMENT POLICIES

EFT Requirement

Effective January 1, 2013, all VSP network doctors must be enrolled in Electronic Funds Transfer (EFT), also known as direct deposit. Doctors can enroll their practice online or can call 800.615.1883.

Note: If your practice isn't signed up for EFT, your payment will be disrupted until you sign up.

Electronic EOP Requirement

Effective January 1, 2013, printed Explanation of Payment (EOP) documents will not be mailed. EOPs are accessible through eyefinity.com. Call 800.615.1883 for assistance accessing your online EOP.

VSP SAVINGS STATEMENT

It is recommended that VSP doctors use the VSP Savings Statement with VSP patients. Studies show patients are more satisfied when they get a statement during an office visit.

Note: You may use your own version of a savings statement (i.e., OfficeMate's patient fee slip); provided it contains similar information to the VSP Savings Statement reinforcing the value the patient receives from their coverage.

An automated version of the VSP Savings Statement is available when doctors submit a patient's claim through Eyefinity's eClaim system. The statement is automatically completed based on a patient's claim information entered into eClaim, and is available through the Report Window on eyefinity.com.

To help offices use the automated VSP Savings Statement, we've also implemented several new requirements:

- A patient signature is no longer required on the statement.
- If you dispense contact lenses or glasses, the automated statement can be provided when a patient picks up materials.
- Doctors don't need to keep a copy of patients' completed statements.

If patients don't order materials, please give them VSP Savings Statements during the office visit.

Doctors can get blank copies of the statement in the "Tools and Forms" section or under "Working with VSP" on VSPOnline at eyefinity.com. Doctors may give a paper copy to patients if they choose.

You can show you gave a savings statement by choosing the right check box when submitting claims through Eyefinity's eClaim system.

At this time, patients in the following plans and programs shouldn't get savings statements:

- Medicaid and SCHIPS
- Primary and Acute EyeCare
- VSP Diabetic Eyecare ProgramSM
- VSP Laser VisionCareSM
- Vision Therapy
- Repair

GLOSSARY

Acute EyeCare	A VSP product covering patients who need urgent care.
Administrative Simplification	Administrative Simplification, or Title II of the Health Insurance Portability and Accountability Act (HIPAA), will standardize specific electronic transactions used in the healthcare industry. This requires protecting patient privacy and ensuring the security, integrity and authenticity of health information.
Algorithm	In this context, a step-by-step description of the suggested procedure for monitoring and/or treating certain conditions. Algorithms are intended to provide guidance only; they never replace a doctor's professional judgment.
Allowance	The maximum amount, in dollars, we will pay toward a certain service.
Authorization	The process of making sure a patient's eyecare may be covered by VSP. Authorization doesn't guarantee payment for a service.
Benefit	In this context, the type and amount of coverage for a service.
Birthday Rule	A way to determine the primary vision plan for dependent children covered by more than one plan. In this case, the primary plan is the one held by the parent whose birthday comes first in the calendar year.
Claim	A healthcare provider's request to a health plan for payment and the necessary accompanying information.
CMS-1500	Formerly HCFA-1500. A federally approved claim form used to record the patient's condition and bill for services rendered.
Coordination of Benefits	Also called COB. The process of coordinating multiple plans for a single patient visit.
Contract Lab	An optical lab that has signed a contract with us to make lenses for our patients.
Copay	Payment collected from a patient before services are given. Copays vary between plans, clients and levels of coverage.
Coverage	A term showing that the cost of a certain service provided to a patient will be reimbursed by us in part or in full.
CPT Code	"Current Procedural Technology Code." An identifying code and descriptive term used to report services and procedures.
Credentialing	The process of making sure our doctors meet standards including current licensing and board certification, as applicable.
Diabetic Eyecare Program	A VSP product that provides medical eyecare services for patients with Type 1 diabetes.
Dispensing	The process of providing materials, such as lenses and frame, to patients.
Eligibility	Whether a patient can get VSP benefits.
Encounter Data	Detailed patient demographic, health and health insurance information collected from a CMS-1500 claim form.

Fee-For-Service Plan (FFS)	Health coverage in which doctors and other providers receive get a fee for each service such as an office visit, test, procedure or other healthcare service. The plan will either pay the medical provider directly or reimburse the patient for covered services after the patient has paid the bill and filed an insurance claim. Patients can get medical care from doctors they choose.
First-Time Redo	The one-time remaking of a lens that falls within our first-time redo policy.
Frame Overage	The dollar amount patients must pay when they chooses frames whose cost exceeds both the patient's wholesale and retail frame allowance.
Gender Rule	A way to designate a primary vision plan for dependent children covered by more than one vision plan. In this case, the father usually holds the primary plan.
Half-Pair Option	Typically refers to a patient option when the doctor or patient requests the option on only one lens, rather than a pair of prescription lenses.
HCPCS	HCFA's Common Procedure-Coding System. A list of descriptive terms and identifying codes for reporting medical services given by healthcare providers.
Health Maintenance Organization (HMO)	A type of health plan that provides care through a network of doctors in certain geographic or service areas. HMOs coordinate healthcare services patients get.
HEDIS	Health Plan Employer Data and Information Set. A set of standardized measures designed to assess health plan performance.
HIPAA	The Health Insurance Portability and Accountability Act (HIPAA) is federal legislation intended to improve the portability and continuity of health benefits, to ensure greater accountability for healthcare fraud and to simplify administering health insurance.
Independent Lab	An optical lab not under contract with us.
Interim Benefit	A supplemental benefit (offered by some VSP clients) that covers services before the patient's next eligibility date. Interim benefits particularly apply when there are significant changes in the patient's prescription.
IVR	Interactive Voice Response. This is our automated system allowing doctors to access patient eligibility and coverage by phone.
Laser VisionCare	A VSP eyecare plan offering coverage for laser procedures.
Member	A person enrolled in a VSP plan who is the primary insured.
NCQA	National Committee for Quality Assurance. This is an independent, not-for-profit organization setting health plan accreditation standards.
Order of Benefits	The sequence in which benefits are used, beginning with primary plans, secondary plans and then numerically succeeding plans.
Overage	Amount the patient pays the doctor (in addition to the copay) for services and products not covered by any plan.

Patient Options	Cosmetic lens features or enhancements. Patients pay the Patient Option Fee unless their plans cover that option. Examples of patient options include tints, polycarbonate and anti-reflective coatings.
PCP	Primary Care Physician. The doctor the patient usually visits.
Preferred Provider Organization (PPO)	A fee-for-service option where a member can choose plan-selected providers who have agreements with the plan. When a member uses a PPO provider, they pay less money out-of-pocket for medical service than when they use a non-PPO provider.
Primary Coverage	In coordination of benefits, the primary coverage is held by the person whose benefits will be exhausted before benefits from secondary and other plans are used.
Primary EyeCare	A VSP product that provides supplemental medical eyecare services for the detection, treatment and management of ocular and/or systemic conditions that produce ocular or visual symptoms.
Primary Plan	The plan held by the person whose benefits are exhausted first, following the order of benefits.
Provider Review	Also called a MedicalRecord Review, this is the process exam and treatment of each patient is properly documented and billed.
Referral	The process doctors use to direct patients to consult with another doctor.
Reimbursement	Money paid to doctors for covered services.
Explanation of Payment (EOP)	A statement explaining service payments and adjustments included in VSP doctor reimbursements. Also called an Explanation of Benefits (EOB) or Remittance Advice (RA).
Schedule of Allowances	A list of services patients are covered for, and the amounts to which patients are covered, according to their plans.
Secondary Allowance	The amount available for each benefit when VSP is the secondary plan.
Secondary Coverage	In coordination of benefits, secondary coverage is held by the person whose benefits are used after benefits from the primary plan have been exhausted.
Secondary Plan	The plan held by the person whose benefits are used after primary plan benefits have been used.
Service for Service	The secondary allowance is applied first to the same service or product of the primary plan (exam to exam, lens to lens, frame to frame, etc.). Any benefit amounts remaining after applying the allowance to a like benefit can be used for other services.
Service Verification	The process for making sure a service is covered and we'll reimburse you for that service before you give that service. You'll be notified which services need special processing to obtain a case number.
U&C; U&C Fees	Usual and Customary Fees. These are a doctor's standard, unmodified charges for given services.
VDT	Video Display Terminal. This term is used mainly when talking about our VDT VisionCare plan.
VSP Network Doctor	An optometrist or ophthalmologist who's signed a contract to take part in our doctor network.

VSP Signature Plan®

Options Chart



Effective March 1, 2013

Use this chart to determine what to charge patients and reconcile your VSP® Vision Care Explanation of Payment.

Patient Fee

Charge patients the listed patient fee or your usual and customary fee (U&C), whichever is lower.

Charge Back

This is the amount charged to you for noncovered options to cover lab fees. You won't be charged for covered options.

Service Fee

You'll receive the listed service fee for patient options. VSP will reimburse this fee for covered options. For noncovered options, this will be included in the patient fee you collect from the patient.

VSP Signature Plan

Effective March 1, 2013

Charge patients the listed patient fee or your U&C fee, whichever is lower.

Aspherical and Spherical Lens Styles		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
AA	Aspheric Plastic 1.50	\$10	\$13	\$23	\$14	\$14	\$28
AB	High-index Plastic 1.53–1.60/Trivex	\$29	\$22	\$51	\$33	\$22	\$55
AH	High-index Plastic 1.66/1.67	\$48	\$28	\$76	\$58	\$32	\$90
AJ	High-index Plastic 1.70 & Above	\$68	\$34	\$102	--	--	--
AD	Polycarbonate	\$10	\$13	\$23	\$14	\$14	\$28
AF	High-index Glass 1.60–1.80 (Clear)	\$35	\$20	\$55	\$85	\$42	\$127

Digital Aspheric Lens Styles		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
BA	Digital Aspheric Lenses – Plastic	\$19	\$14	\$33	\$26	\$14	\$40
BA + BB	Digital Aspheric Lenses – High-index Plastic 1.53–1.60/Trivex	\$16	\$11	\$33 + \$27	\$16	\$11	\$40 + \$27
BA + BH	Digital Aspheric Lenses – High-index Plastic 1.66/1.67	\$37	\$19	\$33 + \$56	\$40	\$25	\$40 + \$65
BA + BJ	Digital Aspheric Lenses – High-index Plastic 1.70 & Above	\$57	\$25	\$33 + \$82	--	--	--
BD	Digital Aspheric Lenses – Polycarbonate	\$19	\$14	\$33	\$26	\$14	\$40

Occupational Lens Styles		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

Polarized Lens Styles		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
DA	Polarized Lenses – Plastic A	\$36	\$17	\$53	\$48	\$23	\$71
DA + DB	Polarized Lenses – High-index Plastic 1.53–1.60/Trivex	\$47	\$23	\$53 + \$70	\$59	\$29	\$71 + \$88
DA + DH	Polarized Lenses – High-index Plastic 1.66/1.67	\$55	\$27	\$53 + \$82	--	--	--
DA + DD	Polarized Lenses – Polycarbonate	\$13	\$14	\$53 + \$27	\$13	\$14	\$71 + \$27
DE	Polarized/Laminated Lenses – Glass	\$49	\$23	\$72	\$63	\$30	\$93

Bifocal Lens Styles (Mark bifocal box.)		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
IA	Near Variable Focus – Plastic A	--	--	--	\$16	\$14	\$30
IL	Near Variable Focus – Plastic B	--	--	--	\$26	\$20	\$46
+IB	Near Variable Focus – High-index Plastic 1.53–1.60	--	--	--	\$11	\$10	\$21
+II	Near Variable Focus – High-index Plastic 1.66/1.67	--	--	--	\$27	\$18	\$45
+ID	Near Variable Focus – Polycarbonate	--	--	--	\$7	\$10	\$17
GA	Blended Bifocal – Plastic	--	--	--	\$14	\$13	\$27

Plastic Dyes		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes – Solid Color (Except Pink I & II)	\$5	\$8	\$13	\$5	\$8	\$13
MP	Plastic Dyes – Gradient	\$7	\$8	\$15	\$7	\$8	\$15

+This option code is always in conjunction with a base lens option code [shaded], e.g., IB is charged with IA.
Please note: If the patient is covered for plastic dyes, glass tints, or photochromics, there is no service fee for those options.
Additionally, for children or handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.

Charge patients the listed patient fee or your U&C fee, whichever is lower.

Glass Tints and Color Coatings		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I & II & Yellow)	\$16	\$14	\$30	\$24	\$17	\$41
MS	Glass Color Coatings – Solid	\$22	\$16	\$38	\$22	\$16	\$38
MT	Glass Color Coatings – Gradient	\$25	\$17	\$42	\$25	\$17	\$42

Photochromics		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
PM	Photochromics – Glass	\$15	\$14	\$29	\$23	\$14	\$37
PR	Photochromics – Plastic A	\$22	\$20	\$42	\$39	\$25	\$64
PP	Photochromics – Plastic B	\$42	\$20	\$62	\$51	\$25	\$76
^PP	Photochromics – Mid-index	\$42	\$20	\$62	\$51	\$25	\$76

Other Coatings		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
QM	Anti-reflective Coating A	\$21	\$16	\$37	\$21	\$16	\$37
QN	Anti-reflective Coating B	\$34	\$17	\$51	\$34	\$17	\$51
QT	Anti-reflective Coating C	\$41	\$20	\$61	\$41	\$20	\$61
QV	Anti-reflective Coating D	\$52	\$23	\$75	\$52	\$23	\$75
QP	Mirror – Solid & Single Gradient (Includes Base Color)	\$26	\$18	\$44	\$26	\$18	\$44
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$20	\$50	\$30	\$20	\$50
QQ	Scratch-resistant Coating A – Factory Applied	\$7	\$8	\$15	\$7	\$8	\$15
QS	Scratch-resistant Coating B – Other Approved Coatings	\$15	\$14	\$29	\$15	\$14	\$29

Oversize		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
RM	Frames Stamped 61mm Eye Size or Greater – Plastic	\$5	\$5	\$10	\$6	\$6	\$12
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$5	\$12	\$10	\$6	\$16

Miscellaneous		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
SP	High-luster Edge Polish	\$6	\$8	\$14	\$6	\$8	\$14
SQ	Edge Coating	\$17	\$15	\$32	\$17	\$15	\$32
SR	Faceted Lenses (Includes Polishing)	\$41	\$20	\$61	\$41	\$20	\$61
SV	UV Protection	\$6	\$8	\$14	\$6	\$8	\$14
BV	UV Protection – Backside	\$7	\$3	\$10	\$7	\$3	\$10
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
SW	(Lab Use Only)	--	--	--	--	--	--

Doctor Supplied		Single Vision			Multifocal		
Code	Option Description	In-office Lab ¹	Service Fee	Patient Fee	In-office Lab ¹	Service Fee	Patient Fee
IM	Plastic Dyes – Solid Color (Pink I & II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes – Solid Color (Except Pink I & II)	\$5	\$8	\$13	\$5	\$8	\$13
IP	Plastic Dyes – Gradient	\$7	\$8	\$15	\$7	\$8	\$15
IV	UV Protection	\$6	\$8	\$14	\$6	\$8	\$14

¹If ordered with SunSensors photochromics, option code PP includes payment for mid-index materials.

Please note: If the patient is covered for plastic dyes, glass tints, or photochromics, there is no service fee for those options.

¹In-office Lab - For the patient options your office can fulfill in-house, you'll be reimbursed this listed fee for covered options. For noncovered options, this will be included in the patient fee you collect from the patient.

Charge patients the listed patient fee or your U&C fee, whichever is lower.

Progressive				
Code	Option Description	Charge Back	Service Fee ²	Patient Fee
CM	Custom Measurements (on Eligible Progressive N or O)	\$2	\$8	\$10
NA	Progressive N – Plastic	\$95	\$65	\$160
NA + NB	Progressive N – High-index Plastic 1.53–1.60/Trivex	\$25	\$17	\$160 + \$42
NA + NH	Progressive N – High-index Plastic 1.66/1.67	\$48	\$24	\$160 + \$72
NA + NJ	Progressive N – High-index Plastic 1.70 & Above	\$77	\$38	\$160 + \$115
NA + ND	Progressive N – Polycarbonate	\$15	\$15	\$160 + \$30
NA + NP	Progressive N – Polarized	\$51	\$25	\$160 + \$76
OA	Progressive O – Plastic	\$75	\$45	\$120
OA + OB	Progressive O – High-index Plastic 1.53–1.60/Trivex	\$25	\$17	\$120 + \$42
OA + OH	Progressive O – High-index Plastic 1.66/1.67	\$48	\$24	\$120 + \$72
OA + OJ	Progressive O – High-index Plastic 1.70 & Above	\$77	\$38	\$120 + \$115
OA + OD	Progressive O – Polycarbonate	\$15	\$15	\$120 + \$30
OA + OP	Progressive O – Polarized	\$51	\$25	\$120 + \$76
FA	Progressive F – Plastic	\$54	\$36	\$90
FA + FB	Progressive F – High-index Plastic 1.53–1.60/Trivex	\$25	\$17	\$90 + \$42
FA + FH	Progressive F – High-index Plastic 1.66/1.67	\$48	\$24	\$90 + \$72
FA + FJ	Progressive F – High-index Plastic 1.70 & Above	\$77	\$38	\$90 + \$115
FA + FD	Progressive F – Polycarbonate	\$15	\$15	\$90 + \$30
FA + FP	Progressive F – Polarized	\$51	\$25	\$90 + \$76
FE	Progressive F – Glass/High-index Glass (Clear)	\$59	\$36	\$95
JA	Progressive J – Plastic	\$46	\$34	\$80
JA + JB	Progressive J – High-index Plastic 1.53–1.60/Trivex	\$25	\$17	\$80 + \$42
JA + JH	Progressive J – High-index Plastic 1.66/1.67	\$48	\$24	\$80 + \$72
JA + JJ	Progressive J – High-index Plastic 1.70 & Above	\$77	\$38	\$80 + \$115
JA + JD	Progressive J – Polycarbonate	\$15	\$15	\$80 + \$30
JA + JP	Progressive J – Polarized	\$51	\$25	\$80 + \$76
JE	Progressive J – Glass/High-index Glass (Clear)	\$56	\$34	\$90
KA	Progressive K – Plastic	\$30	\$20	\$50
KA + KB	Progressive K – High-index Plastic 1.53–1.60/Trivex	\$25	\$17	\$50 + \$42
KA + KH	Progressive K – High-index Plastic 1.66/1.67	\$48	\$24	\$50 + \$72
KA + KJ	Progressive K – High-index Plastic 1.70 & Above	\$77	\$38	\$50 + \$115
KA + KD	Progressive K – Polycarbonate	\$15	\$15	\$50 + \$30
KA + KP	Progressive K – Polarized	\$51	\$25	\$50 + \$76
KE	Progressive K – Glass/High-index Glass (Clear)	\$50	\$20	\$70

+This option code is always charged in conjunction with its base lens option code [shaded], e.g., KD is charged with KA.

²The Service Fee for progressives is paid in addition to your VSP Signature Plan bifocal dispensing fee.

Please note: For children or handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.

Progressive Categories ³		
Custom	N	Hoyalux iD LifeStyle/cd*, Reveal Freeform Vi*, UNITY® PLxpression*, Varilux Ipseo*, Varilux Physio Enhanced Fit*, Zeiss Individual*
	O	Autograph II*, GT2 3D/Short, GT2 3DV, Hoyalux Summit cd/ecp iQ*, Kodak Unique, Reveal Freeform, SOLA HDV, Supercede/Ws Internal, UNITY PLxtra/PLxtreme*, Varilux Ellipse 360, Varilux Physio/Short 360, Varilux Physio Enhanced
Premium	F	Accolade Freedom, AO Easy HD, Creation, Definity/Short, Element/Short, GT2/Short, Hoyalux Summit ecp/cd, Kodak Digital Precise/Short, Presio i/Digital, Reveal, Shamir Spectrum, SOLAOne HD, Succeed Internal, UNITY PLx, Varilux Comfort 2 DRx/Short/Enhanced, Varilux Physio/DRx/Short
	J	AO Easy, Compact ULTRA, Compact ULTRA HD, Essilor Ideal Short/Advanced, Ethos HD/Short, Genesis, Gradal Top, Hoyalux GP Wide, Kodak Precise/Short, Kodak Precise PB/Short, Piccolo, SOLAOne, Varilux Comfort 2/Short, Varilux Ellipse
Standard	K	Accolade, Adaptar, Amplitude/Mini, AO Compact, Essilor Ideal, Freedom ID, HD Trinity/Short, Illumina, Image, Instinctive, iRx Pro, Kodak, Kodak Concise, Natural, Navigator/Short, Outlook, Ovation, SmallFit, SOLAMAX, VIP

³If a lens is not shown, please refer to the **Product Index** in the **Manuals** on **VSPOnline** at **eyefinity.com**.

*This progressive lens is customizable for the most precise prescription. You'll receive the additional CM service fee when the frame wrap, pantoscopic tilt, and vertex distance measurements are submitted with your lab order via **eClaim** at **eyefinity.com**. All three measurements are required. Refer to the **Product Index** in your **VSP Manual** for additional eligible lenses.



PO Box 997100
Sacramento, CA 95899-7100
800.615.1883
vsp.com