



VSP® Advantage Network Manual

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ADVANTAGE NETWORK PLANS

This supplement to the VSP Manual provides information about coverage available to VSP members through the Advantage Network.

ENROLLMENT/DOCTOR PARTICIPATION

Only participating Advantage Network doctors can provide services to VSP members with a plan that uses the Advantage Network.

Participating doctors must:

- Maintain an active status with the VSP Network.
- Agree that all VSP doctors within their practice, including all offices, will see Advantage Network patients.
- Provide VSP with written notice 90 days prior to the termination date if the practice discontinues participation in the Advantage Network.
- Agree that if the owner doctor terminates from the Advantage Network, then all doctors associated with the practice will be terminated from the Advantage Network.

ELIGIBILITY & AUTHORIZATION

Copays

We'll indicate copays when you obtain authorization.

Note: Don't waive copays.

Coordination of Benefits (COB)

With the exception of the secondary allowances, the VSP Advantage Plan and VSP Essentials Plan COB guidelines are the same as the VSP Signature Plan. For additional information, see [Coordination of Benefits](#) in the VSP Manual.

The following table shows you how to use the secondary plan to coordinate benefits based on your network participation.

Patient's primary plan	Patient's secondary plan	Your network participation is	Then
VSP Advantage Plan or VSP Essentials Plan	VSP Signature Plan	Advantage Network	You'll be reimbursed based on the VSP Signature Plan COB allowances. (See COB rules for exceptions).
VSP Advantage Plan or VSP Essentials Plan	VSP Signature Plan	Non-Advantage Network	We'll reimburse the patient based on the VSP Signature Plan non-VSP provider reimbursement schedule if out-of-network coverage is available.
VSP Signature Plan	VSP Advantage Plan or VSP Essentials Plan	Advantage Network	You'll be reimbursed according to the Advantage Coordination of Benefits Secondary Allowances .
VSP Signature Plan	VSP Advantage Plan	Non-Advantage Network	We'll reimburse the patient based on the VSP Advantage Plan non-VSP provider reimbursement schedule if out-of-network coverage is available.
VSP Signature Plan	VSP Essentials Plan	Non-Advantage Network	We'll reimburse the patient based on the VSP Essentials Plan non-VSP provider reimbursement schedule if out-of-network coverage is available.
VSP Advantage Plan or VSP Essentials Plan	VSP Choice Plan	Advantage Network	You'll be reimbursed based on the VSP Choice Plan COB allowances (See COB rules for exceptions.)
VSP	VSP Choice	Non-	We'll reimburse the patient based on

Advantage Plan or VSP Essentials Plan	Plan	Advantage Network	the VSP Choice Plan non-VSP provider reimbursement schedule if the out-of-network coverage is available.
VSP Choice Plan	VSP Advantage Plan or VSP Essentials Plan	Advantage Network	You'll be reimbursed according to the Advantage Coordination of Benefits Secondary Allowances .
VSP Choice Plan	VSP Advantage Plan	Non-Advantage Network	We'll reimburse the patient based on the VSP Advantage Plan non-VSP provider reimbursement schedule if out-of-network coverage is available.
VSP Choice Plan	VSP Essentials Plan	Non-Advantage Network	We'll reimburse the patient based on the VSP Essentials Plan non-VSP provider reimbursement schedule if out-of-network coverage is available.

EXAM COVERAGE

Covered comprehensive eye exams are generally available to patients once every 12 or 24 months on a service, fiscal, or calendar year basis. Provide the level of exam necessary to determine your patient's eye health and visual status.

Eye exams are reimbursed at 80% of your U&C fee, up to the maximum amount shown on the Advantage Network Fee Schedule, less any exam copay. Don't balance bill for exams. View the **Advantage Network Fee Schedule** on VSPOnline by selecting **Administration** and **Practice/Doctor Updates** from the menu, then clicking the **View or Update Fees** link.

Note: Refractions are included in your exam fees.

MATERIALS COVERAGE – VSP ADVANTAGE PLAN

Coverage typically includes necessary prescription lenses and a frame up to a client-specified retail allowance, or an allowance toward contact lenses. Please review the patient's coverage before providing materials.

Patients are also eligible for benefits on additional materials (see [Value Added Benefits](#) below).

Lenses

Spectacle lens coverage under the VSP Advantage Plan is designed to provide necessary lenses covered in full. Your base lens payment includes your reimbursement for the following:

- Single vision, bifocal, trifocal, or lenticular lenses in plastic or glass
- Eye size up to and including 60mm
- Polycarbonate lenses for dependent children, monocular patients, and handicapped patients
- Lined multifocal lenses in all segment widths, including occupational lenses. See the [Dispensing & Lens Enhancements](#) section of the **VSP Manual** for specific details on occupational lenses
- Prism and slab off
- Base curves (regardless of curve)

Note: We only cover lenses that meet the minimum prescription criteria, unless your patient is eligible for plano lenses.

Here's our 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.
-

OTHER LENS ENHANCEMENTS

If your patient selects a lens enhancement that is covered with copay, collect the lens enhancement copay directly from the patient. You'll be charged back the [VSP Advantage Plan charge-back fee](#) for those lens enhancements.

Covered with Additional Copay

For lens enhancements that are covered with additional copay, charge the patient the patient copay listed in the [VSP Advantage Network Lens Enhancements Chart](#) or 80% of your U&C fees, whichever is lower.

Covered with Additional Copay, 80% U&C

For lens enhancements not listed on the [VSP Advantage Network Lens Enhancements Chart](#), charge 80% of your U&C fees.

Patient Charges

The following examples illustrate how to calculate “add-on” fees based on your total prices for a specific lens enhancement:

Your U&C fee for UNITY PLx Trivex (mid-index) is:	\$260
Subtract your U&C fee for UNITY PLx in plastic:	-\$200
Your U&C add-on fee is:	\$60
Deduct 20%:	-\$12
80% of your U&C add-on fee:	\$48
Add the VSP Advantage Plan patient fee for Progressive F – Plastic (FA):	\$105
Patient pays:	\$153

Your U&C fee for near variable focus plastic is:	\$180
Subtract your U&C fee for bifocals (FT28):	-\$130
Your U&C add-on fee is:	\$50
Deduct 20%:	-\$10
Patient pays:	\$40

COVERED LENS ENHANCEMENTS

If your patient chooses a covered lens enhancement, you’ll receive the VSP Advantage Plan covered service fee. We won’t apply a charge back.

FLEXIBLE LENS ENHANCEMENTS

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

Frames

Note: We’ll only cover frames when the lenses meet the minimum prescription criteria, unless your patient is eligible for plano lenses.

VSP Advantage Plan patients receive a client-defined retail frame allowance. We’ll pay you 55% of the retail price of the frame, up to 55% of the patient’s retail frame allowance. Charge 80% of U&C on the retail frame coverage.

Effective January 1, 2014, most patients with a VSP Advantage Plan will have an extra \$20 on top of their frame allowance when they select Marchon® or Altair® frames. Look for the retail allowances for Marchon/Altair and all other frames indicated on the Patient Record Report at authorization. You’ll be reimbursed up to 55% of the patient’s retail frame allowance for the frame brand dispensed.

Bill all frames as “doctor supplied” since we’re paying you directly. Your practice is responsible for paying the lab for any lab-supplied frames.

Contact Lenses

ELECTIVE CONTACT LENSES

VSP patients may have the following elective contact lens benefits:

Contact Lens Exam Copay with Materials Allowance – Your patient has a not-to-exceed patient copay toward contact lens exam services (initial fitting and evaluation, or F&E) and a separate allowance for contact lens materials. The patient pays the contact lens exam services (initial fitting and evaluation, or F&E) copay or 85% of your U&C fees, whichever is less. VSP will reimburse the difference between the patient's copay and 85% of your U&C fees. There is no copay for contact lens materials.

Exam And (Combined Contact Lens Allowance) – Your patient has a combined allowance toward contact lens exam services (initial fitting and evaluation, or F&E), calculated at 85% of your U&C fees, and materials. There is no copay for contact lens materials.

Total Allowance – Your patient has a single allowance for the routine eye exam, contact lens exam services (initial fitting and evaluation or F&E), both calculated at 85% of your U&C fees and materials. There is no copay for contact lens materials.

VISUALLY NECESSARY CONTACT LENSES

We'll cover contacts in full (routine eye exam plus initial fitting and evaluation and materials) for patients meeting the established benefit criteria if those patients are eligible for materials on the date of service. Coverage is limited and may require special handling to ensure proper reimbursement. Refer to [Visually Necessary Contact Lenses section](#) in the VSP Manual for more information.

Don't balance bill your patient. Apply exam and material (spectacle lenses and frame) copays for visually necessary contact lenses, unless otherwise specified.

Visually necessary contact lenses aren't typically covered for patients who've received any elective cosmetic surgery, such as LASIK, PRK, or RK.

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 manufacture'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.

Value Added Benefits

The benefits below are considered a private transaction between you and your patient. The patient is fully responsible for the payment of any additional items.

GLASSES

Charge 80% of U&C on eligible additional pairs of glasses, including plano sunglasses, if dispensed within 12 months of the exam. The benefit:

- is based on your total U&C fee;
- is unlimited for 12 months on or following the date of the last covered eye exam;

- is available through any VSP doctor. Use professional judgment when evaluating prescriptions from another provider. You may request an additional exam at a 80% of U&C;
- applies to prescription and non-prescription lenses;
- doesn't 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, charge 80% of U&C for the frame in the year when the patient is eligible for lenses but not for frame.

CONTACT LENS

Charge 85% of U&C on contact lens exam services (fitting and evaluation). This benefit:

- is subtracted from your U&C fee for evaluation, fitting, and follow-up services for prescription contact lenses;
- is unlimited for 12 months on or following the date of the covered eye exam;
- is available through any VSP doctor. Use professional judgment when evaluating prescriptions from another provider. You may request an additional exam at 80% of U&C;
- doesn't apply to lenses, solution, cleaning products, and service agreements.

VSP LASER VISIONCARESM PROGRAM

Members receive a complimentary screening as well as preoperative and postoperative services through participating VSP doctors.

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 or Bladeless LASIK.

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 visit **VSPOnline** and reference the **Laser VisionCare ProgramSM** page under **Plans & Coverages** for information on how to participate and a list of participating facilities.

MATERIALS COVERAGE – VSP ESSENTIALS PLAN

Materials coverage matches the VSP Advantage Plan except for lens enhancements, as outlined below.

Lenses

COVERED LENS ENHANCEMENTS

If your patient chooses a covered lens enhancement, you'll receive the [Advantage Network Lens Enhancements Chart](#) covered service fee. We won't apply the charge-back fee.

OTHER LENS ENHANCEMENTS

If your patient selects any other lens enhancement, charge the patient 80% of your U&C fees and collect the lens enhancement cost directly from the patient. You'll be charged back the [Advantage Plan Network charge-back fee](#) for those lens enhancements.

Patient Charges

The following examples illustrate how to calculate "add-on" fees based on your total prices for a specific lens enhancement:

Your U&C fee for progressive is:	\$220
Subtract your U&C fee for bifocals (FT28):	-\$100
Your U&C add-on fee is:	\$120
Deduct 20%:	-\$ 24
Patient pays:	\$ 96

Single vision lens is covered in full.	
Your U&C fee for the AR coating is:	\$ 80
Deduct 20%:	-\$16
Patient pays:	\$ 64

FLEXIBLE LENS ENHANCEMENTS

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

LAB

Refer to the [Using Our Contract Lab System](#) page in the **VSP Manual**.

Submission Instructions

Online eClaim Submission: Submit orders to any contract lab through eClaim. Include all prescription information. You can choose any lab on the VSP National Contract Lab list.

Paper Claims: Submit your orders to any contract lab on the [VSP National Contract Lab list](#).

Lab Information

The Doctor Service Report on Eyefinity will show the selected lab's contact information for each submitted order. The Lab Packing Slip also shows this information.

First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a patient's lenses to meet their needs. Refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

LAB - CALIFORNIA

VSPOne Sacramento or VSPOne San Diego must fabricate covered lenses dispensed to your patients—[unless there's an emergency](#), you're providing a [Doctor In-Office Lens Enhancement](#), or you're using the MarchonDirect service or VSP In-office Finishing Program. Refer to the [VSP In-Office Finishing Program](#) section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSPOne Sacramento at:

151 Blue Ravine Road
Folsom, CA 95630
800.952.5518
VSPOne.com

Contact VSPOne San Diego at:

2651 La Mirada Drive
Vista, CA 92081
866.569.8800
VSPOne.com

Important! In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

MarchonDirect is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

[VSP In-Office Finishing](#) enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSPOne Columbus, refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

LAB – FLORIDA

VSPOne Ft. Lauderdale or VSPOne Tampa must fabricate covered lenses dispensed to your patients—[unless there's an emergency](#), you're providing a [Doctor In-Office Lens Enhancement](#), or you're using the MarchonDirect service or VSP In-office Finishing Program.

Refer to the [VSP In-Office Finishing Program](#) section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSPOne Ft. Lauderdale at:

6611 NW 15th Way
Fort Lauderdale, FL 33309
800.327.3718
VSPOne.com

Contact VSPOne Tampa at:

5600 115th Avenue North
Clearwater, FL 33760
866.587.6141
VSPOne.com

Important! In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

MarchonDirect is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

[VSP In-Office Finishing](#) enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSPOne Ft. Lauderdale or VSPOne Tampa, refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

LAB - OHIO

VSPOne Columbus must fabricate all covered lenses dispensed to VSP patients—[unless there's an emergency](#), you're providing a [Doctor In-Office Lens Enhancement](#), or you're using the MarchonDirect service or VSP In-Office Finishing Program. Refer to the [VSP In-Office Finishing Program](#) section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSPOne Columbus at:

2605 Rohr Road
Lockbourne, OH 43137
800.251.5150
VSPOne.com

Important! In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

MarchonDirect is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

[VSP In-Office Finishing](#) enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSPOne Columbus, refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

LAB – OREGON, WASHINGTON

VSPOne Olympia must fabricate covered lenses dispensed to your patients—[unless there's an emergency](#), you're providing a [Doctor In-Office Lens Enhancement](#), or you're using the MarchonDirect service or VSP In-office Finishing Program.

Refer to the [VSP In-Office Finishing Program](#) section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSPOne Olympia at:

8719 Commerce Place Drive NE, Suite D
Lacey, WA 98516
888.352.7502
VSPOne.com

Important! In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

MarchonDirect is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

[VSP In-Office Finishing](#) enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSPOne Olympia, refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

VSP ELEMENTS PROGRAM®

For more information on [VSP Elements](#), refer to the **Plans and Coverages** section in the **VSP Manual**.

SUBMITTING CLAIMS/BILLING & REIMBURSEMENT

Submit claims just as you do for VSP Signature Plan claims. For additional information, refer to [Submitting Claims](#) in the VSP Manual.

Billing

- You may bill eye 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 the eye exam, please remember to bill refraction (92015) separately for accurate reimbursement.
- For dates of service **on and after 10/1/15**, all WellVision® Exams should be billed with Z01.00, Z01.01 or Z13.5 or the appropriate [refractive diagnosis code](#); materials must be billed with the appropriate refractive disorder diagnosis code.
- For dates of service **on and before 9/30/15**, all WellVision® Exams should be billed with V72.0, V80.2 or 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.

Note: When billing progressive lenses, bill your U&C fee on two lines—one for the base bifocal lenses and the second for the progressive add-on.

Reimbursement

Reimbursement is made according to the current **Advantage Network Fee Schedule**. View the **Advantage Network Fee Schedule** on VSPOnline by selecting **Administration** and **Practice/Doctor Updates** from the menu, then clicking the **View or Update Fees** link.

Note: Only Practice Administrators can view the Professional Fee Schedules. If you aren't able to access the fee schedule, contact Eyefinity at 877.448.0707.

Refractive Diagnosis Codes			
For dates of service on and before 9/30/15		For dates of service on and after 10/1/15	
ICD-9	Description	ICD-10	Description
367.0	Hypermetropia	H52.01	Hypermetropia, right eye
		H52.02	Hypermetropia, left eye
		H52.03	Hypermetropia, bilateral
367.1	Myopia	H52.11	Myopia, right eye
		H52.12	Myopia, left eye
		H52.13	Myopia, bilateral
367.20	Astigmatism, unspecified	H52.201	Unspecified astigmatism, right eye

		H52.202	Unspecified astigmatism, left eye
		H52.203	Unspecified astigmatism, bilateral
367.21	Regular astigmatism	H52.221	Regular astigmatism, right eye
		H52.222	Regular astigmatism, left eye
		H52.223	Regular astigmatism, bilateral
367.22	Irregular astigmatism	H52.211	Irregular astigmatism, right eye
		H52.212	Irregular astigmatism, left eye
		H52.213	Irregular astigmatism, bilateral
367.31	Anisometropia	H52.31	Anisometropia
367.32	Aniseikonia	H52.32	Aniseikonia
367.4	Presbyopia	H52.4	Presbyopia
367.51	Paresis of accommodation	H52.521	Paresis of accommodation, right eye
		H52.522	Paresis of accommodation, left eye
		H52.523	Paresis of accommodation, bilateral
367.52	Total or complete internal ophthalmoplegia	H52.511	Internal ophthalmoplegia (complete) (total), right eye
		H52.512	Internal ophthalmoplegia (complete) (total), left eye
		H52.513	Internal ophthalmoplegia (complete) (total), bilateral
367.53	Spasm of accommodation	H52.531	Spasm of accommodation, right eye
		H52.532	Spasm of accommodation, left eye
		H52.533	Spasm of accommodation, bilateral
367.81	Transient refractive change	H52.6	Other disorders of refraction
367.89	Other disorders of refraction and accommodation	H52.6	Other disorders of refraction
367.9	Unspecified disorder of refraction and accommodation	H52.7	Unspecified disorder of refraction

ADVANTAGE NETWORK COORDINATION OF BENEFITS SECONDARY ALLOWANCES

Eye exam	\$50	less secondary plan copays
Lenses	\$36	less secondary plan copays
Frame	\$58	less secondary plan copays

Secondary allowances are cumulative. The maximum secondary allowance available for exam, lenses, and frame services is \$144.

ADVANTAGE EXAM PLUS PLANS

Exam & Materials Coverage

EXAM COVERAGE

Covered comprehensive eye exams are generally available to your patient once every 12 or 24 months on a service year, fiscal year, or calendar year basis. Provide the level of exam necessary to determine your patient's eye health and visual status.

Advantage Exam Plus Plan and Advantage Exam Plus with Allowances Plan eye exam fees are made according to your Advantage Network Fee Schedule.

We'll pay exam services once per eligibility period. Don't balance bill for exams.

MATERIALS COVERAGE

Advantage Exam Plus and Advantage Exam Plus with Allowances patients are entitled to savings on glasses and contact lens services. Advantage Exam Plus with Allowances patients are eligible for additional materials benefits based on a client-determined schedule of allowances. Refer to [Exam Plus and Exam Plus with Allowances](#) in the **VSP Manual** for more information.

Lab

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

CALIFORNIA STATE UNIVERSITY (CSU) CLIENT DETAILS

Eligibility & Authorization

COMPUTER VISION CARE (CVC)

Only eligible California State University employees are covered for a Computer VisionCare (CVC). Dependents aren't covered. CSU Retirees benefits exclude CVC coverage.

To receive a CVC benefit, employees must obtain a VSP Computer Visioncare Form from their CSU campus benefits office and present the form to you at the time of service. Keep a copy of the VSP Computer Visioncare Confirmation Form signed by the patient in their file.

You'll be reimbursed according to the Advantage Plan Professional Fee Schedule for CVC materials dispensed and your Advantage Plan fees for CVC exams. Refer to the [CVC](#) section of the VSP Manual for additional information.

VSP COMPUTER VISIONCARE CONFIRMATION [FORM](#)

Advantage Network

Lens Enhancements Chart



Effective July 1, 2013.

Use this chart to determine what to charge patients and reconcile your VSP® Vision Care Explanation of Payment.

Copay

All lens enhancements are covered after a copay. Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower. For lens enhancements without a copay listed, charge 80% of your U&C.

Charge Back

This is the amount charged to you for lab fees. You won't be charged for covered lens enhancements.

Service Fee

VSP will reimburse this fee for covered lens enhancements. For other enhancements, this will be included in the copay you collect from the patient.

Aspherical and Spherical Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
AA	Aspheric Plastic 1.50	\$10	\$21	80% of U&C	\$14	\$21	80% of U&C
AB	High-index Plastic 1.53-1.60/Trivex	\$29	\$27	80% of U&C	\$33	\$27	80% of U&C
AH	High-index Plastic 1.66/1.67	\$48	\$35	80% of U&C	\$58	\$40	80% of U&C
AJ	High-index Plastic 1.70 & Above	\$68	\$43	80% of U&C	--	--	--
AD	Polycarbonate	\$10	\$21	\$31	\$14	\$21	\$35
AF	High-index Glass 1.60–1.80 (Clear)	\$35	\$25	80% of U&C	\$85	\$53	80% of U&C

Digital Aspheric Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
BA	Digital Aspheric Lenses – Plastic	\$19	\$20	80% of U&C	\$26	\$20	80% of U&C
BA + BB	Digital Aspheric Lenses – High-index Plastic 1.53-1.60/Trivex	\$16	\$12	80% of U&C	\$16	\$12	80% of U&C
BA + BH	Digital Aspheric Lenses – High-index Plastic 1.66/1.67	\$37	\$21	80% of U&C	\$40	\$28	80% of U&C
BA + BJ	Digital Aspheric Lenses – High-index Plastic 1.70 & Above	\$57	\$29	80% of U&C	--	--	--
BD	Digital Aspheric Lenses – Polycarbonate	\$19	\$20	\$39	\$26	\$20	\$46

Occupational Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

Polarized Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
DA	Polarized Lenses – Plastic A	\$36	\$21	80% of U&C	\$48	\$29	80% of U&C
DA + DB	Polarized Lenses – High-index Plastic 1.53-1.60/Trivex	\$47	\$29	80% of U&C	\$59	\$36	80% of U&C
DA + DH	Polarized Lenses – High-index Plastic 1.66/1.67	\$55	\$34	80% of U&C	--	--	--
DA + DD	Polarized Lenses – Polycarbonate	\$13	\$18	80% of U&C	\$13	\$18	80% of U&C
DE	Polarized/Laminated Lenses – Glass	\$49	\$29	80% of U&C	\$63	\$38	80% of U&C

Bifocal Lens Styles (Mark bifocal box.)		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
IA	Near Variable Focus – Plastic A	--	--	--	\$16	\$18	80% of U&C
IL	Near Variable Focus – Plastic B	--	--	--	\$26	\$24	80% of U&C
+IB	Near Variable Focus – High-index Plastic 1.53-1.60	--	--	--	\$11	\$13	80% of U&C
+II	Near Variable Focus – High-index Plastic 1.66/1.67	--	--	--	\$27	\$23	80% of U&C
+ID	Near Variable Focus – Polycarbonate	--	--	--	\$7	\$13	80% of U&C
GA	Blended Bifocal – Plastic	--	--	--	\$14	\$16	80% of U&C

Plastic Dyes		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes – Solid Color (Except Pink I & II)	\$5	\$10	\$15	\$5	\$10	\$15
MP	Plastic Dyes – Gradient	\$7	\$10	\$17	\$7	\$10	\$17

1. For VSP Essentials Plan: Refer to Patient Record Report for Patient Copay information. See the Advantage Network Manual to learn more.

+This lens enhancement code is always in conjunction with a base lens enhancement code [shaded], e.g., IB is charged with IA.

Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.

Advantage Network

Glass Tints and Color Coatings		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I & II & Yellow)	\$16	\$18	\$34	\$24	\$20	\$44
MS	Glass Color Coatings – Solid	\$22	\$20	80% of U&C	\$22	\$20	80% of U&C
MT	Glass Color Coatings – Gradient	\$25	\$21	80% of U&C	\$25	\$21	80% of U&C

Photochromics		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
PM	Photochromics – Glass	\$15	\$18	\$33	\$23	\$18	\$41
PR	Photochromics – Plastic A	\$22	\$25	\$47	\$39	\$31	\$70
PP	Photochromics – Plastic B	\$42	\$28	\$70	\$51	\$31	\$82
^PP	Photochromics – Mid-index	\$42	\$28	\$70	\$51	\$31	\$82

Other Coatings		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$20	\$41	\$21	\$20	\$41
QN	Anti-reflective Coating B	\$34	\$24	\$58	\$34	\$24	\$58
QT	Anti-reflective Coating C	\$41	\$28	\$69	\$41	\$28	\$69
QV	Anti-reflective Coating D	\$52	\$33	80% of U&C	\$52	\$33	80% of U&C
QP	Mirror – Solid & Single Gradient (Includes Base Color)	\$26	\$23	80% of U&C	\$26	\$23	80% of U&C
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$25	80% of U&C	\$30	\$25	80% of U&C
QQ	Scratch-resistant Coating A – Factory Applied	\$7	\$10	80% of U&C	\$7	\$10	80% of U&C
QS	Scratch-resistant Coating B – Other Approved Coatings	\$15	\$18	80% of U&C	\$15	\$18	80% of U&C

Oversize		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater – Plastic	\$5	\$6	80% of U&C	\$6	\$8	80% of U&C
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$6	80% of U&C	\$10	\$8	80% of U&C

Miscellaneous		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
SP	High-luster Edge Polish	\$6	\$10	80% of U&C	\$6	\$10	80% of U&C
SQ	Edge Coating	\$17	\$19	80% of U&C	\$17	\$19	80% of U&C
SR	Faceted Lenses (Includes Polishing)	\$41	\$25	80% of U&C	\$41	\$25	80% of U&C
SV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16
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	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
IM	Plastic Dyes – Solid Color (Pink I & II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes – Solid Color (Except Pink I & II)	\$5	\$10	\$15	\$5	\$10	\$15
IP	Plastic Dyes – Gradient	\$7	\$10	\$17	\$7	\$10	\$17
IV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16

*If ordered with SunSensors or SunGray photochromics, lens enhancement code PP includes payment for mid-index materials.

1. In-office Lab: For the patient lens enhancements your office can fulfill in-house, you'll be reimbursed this listed fee for covered lens enhancements. For all other lens enhancements, this will be included in the patient copay you collect from the patient.

Progressive				
Code	Lens Enhancement Description	Charge Back	Service Fee ²	Patient Copay
CM	Custom Measurements (on Eligible Progressive N or O) Lenses	\$2	\$8	80% of U&C
NA	Progressive N – Plastic	\$95	\$80	80% of U&C
NA + NB	Progressive N – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	80% of U&C
NA + NH	Progressive N – High-index Plastic 1.66/1.67	\$48	\$30	80% of U&C
NA + NJ	Progressive N – High-index Plastic 1.70 & Above	\$77	\$48	80% of U&C
NA + ND	Progressive N – Polycarbonate	\$15	\$20	80% of U&C
NA + NP	Progressive N – Polarized	\$51	\$31	80% of U&C
OA	Progressive O – Plastic	\$79	\$71	80% of U&C
OA + OB	Progressive O – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	80% of U&C
OA + OH	Progressive O – High-index Plastic 1.66/1.67	\$48	\$30	80% of U&C
OA + OJ	Progressive O – High-index Plastic 1.70 & Above	\$77	\$48	80% of U&C
OA + OD	Progressive O – Polycarbonate	\$15	\$20	80% of U&C
OA + OP	Progressive O – Polarized	\$51	\$31	80% of U&C
FA	Progressive F – Plastic	\$54	\$51	\$105
FA + FB	Progressive F – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$105 + 80% of U&C ³
FA + FH	Progressive F – High-index Plastic 1.66/1.67	\$48	\$30	\$105 + 80% of U&C ³
FA + FJ	Progressive F – High-index Plastic 1.70 & Above	\$77	\$48	\$105 + 80% of U&C ³
FA + FD	Progressive F – Polycarbonate	\$15	\$20	\$105 + \$35
FA + FP	Progressive F – Polarized	\$51	\$31	\$105 + 80% of U&C ³
FE	Progressive F – Glass/High-index Glass (Clear)	\$59	\$51	\$110
JA	Progressive J – Plastic	\$46	\$49	\$95
JA + JB	Progressive J – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$95 + 80% of U&C ³
JA + JH	Progressive J – High-index Plastic 1.66/1.67	\$48	\$30	\$95 + 80% of U&C ³
JA + JJ	Progressive J – High-index Plastic 1.70 & Above	\$77	\$48	\$95 + 80% of U&C ³
JA + JD	Progressive J – Polycarbonate	\$15	\$20	\$95 + \$35
JA + JP	Progressive J – Polarized	\$51	\$31	\$95 + 80% of U&C ³
JE	Progressive J – Glass/High-index Glass (Clear)	\$56	\$49	\$105
KA	Progressive K – Plastic	\$28	\$27	\$55
KA + KB	Progressive K – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$55 + 80% of U&C ³
KA + KH	Progressive K – High-index Plastic 1.66/1.67	\$48	\$30	\$55 + 80% of U&C ³
KA + KJ	Progressive K – High-index Plastic 1.70 & Above	\$77	\$48	\$55 + 80% of U&C ³
KA + KD	Progressive K – Polycarbonate	\$15	\$20	\$55 + \$35
KA + KP	Progressive K – Polarized	\$51	\$31	\$55 + 80% of U&C ³
KE	Progressive K – Glass/High-index Glass (Clear)	\$53	\$27	\$80

2. The Service Fee for progressives is paid in addition to your VSP Choice Plan bifocal lens dispensing fee.

Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.

3. To determine the lens enhancement price, subtract your U&C price of the standard lens enhancement, (i.e., KA progressive), from your U&C price of the premium material lens enhancement, (i.e., KP polarized).

Progressive Categories ⁴ as of 11/1/2015		
Custom	N	Autograph III*, Hoyalux iD LifeStyle/2*, UNITY® PLxpression*, Varilux Physio Enhanced Fit/W3+ Fit*, Varilux S Fit*, Zeiss Individual 2*
	O	Array, Autograph II*, Hoyalux Summit ecp/cd iQ, Kodak Unique, Shamir Intouch, SOLA HDV, UNITY PLxtra/Mobile*, UNITY PLxtreme*, Varilux Comfort W2+ Fit*, Varilux Physio Enhanced/W3+*, Varilux S, Zeiss Precision
Premium	F	AO Easy HD, Definity, Element, Hoyalux Summit ecp, Shamir Spectrum, UNITY PLx/Mobile, Universal, Varilux Comfort 2 DRx/Enhanced/W2+, Varilux Physio/DRx, Zeiss Choice
	J	AO Easy, Hoyalux GP Wide, Kodak Precise/PB, Piccolo, Varilux Comfort 2, Varilux Ellipse
Standard	K	Accolade, Adaptar/Digital, Amplitude/Mini/BKS, AO Compact, Ethos Classic, Image, Instinctive/Performance, Kodak Concise, Natural/Digital, Navigator, Ovation/Digital, SmallFit/Digital, SOLAMAX, VIP

4. If 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 **VSPManual** for additional eligible lenses.



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