



# VSP® Provider Reference Manual

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## **WELCOME TO VSP**

Welcome to VSP® Vision Care. VSP has provided access to high quality eye care from a network doctor since 1955. Partnering with a network of 40,000 doctors and 84 million members worldwide, our focus is creating value for patients and opportunities for VSP network doctors.

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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 and Email

Service	Number	Notes
Provider Services	800.615.1883	<p>Representatives are available to answer questions from:</p> <p>Monday - Friday 5:00 a.m. to 8:00 p.m. PST            Saturday - 7:00 a.m. to 8:00 p.m. PST            Sunday - 7:00 a.m. – 7 p.m. PST</p> <p>You may also refer VSP members to <a href="http://vsp.com">vsp.com</a>. 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:</p> <p>Press 1: Eligibility and authorization information            Press 2: All other inquiries</p>
Provider Relations	<a href="mailto:providernetworkdevelopment@vsp.com">providernetworkdevelopment@vsp.com</a>	<p>Provider Relations will answer the following questions:</p> <p>Becoming a VSP Provider, revenue generating opportunities and training opportunities for doctors and staff.</p> <p>Credentialing/recredentialing and updating practice information.</p>
Member Services (Patients)	800.877.7195	<p>Representatives are available to answer questions from patients:</p> <p>Monday - Friday 5:00 a.m. to 8:00 p.m. PST            Saturday - 7:00 a.m. to 8:00 p.m. PST            Sunday - 7:00 a.m. – 7 p.m. PST</p> <p>You may also refer VSP members to <a href="http://vsp.com">vsp.com</a>.</p>

### Contacting VSP by Mail

Correspondence	In-Network Claims	Out-of-Network Claims
VSP PO Box 997100 Sacramento, CA 95899-7100	VSP PO Box 385020 Birmingham, AL 35238-5020	VSP PO Box 358018 Birmingham, AL 35238-5018

## **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**.



## GLOSSARY

<b>Acute EyeCare</b>	A VSP product covering patients who need urgent care.
<b>Administrative Simplification</b>	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.
<b>Algorithm</b>	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.
<b>Allowance</b>	The maximum amount, in dollars, we will pay toward a certain service.
<b>Authorization</b>	The process of making sure a patient's eyecare may be covered by VSP. Authorization doesn't guarantee payment for a service.
<b>Benefit</b>	In this context, the type and amount of coverage for a service.
<b>Birthday Rule</b>	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.
<b>Claim</b>	A healthcare provider's request to a health plan for payment and the necessary accompanying information.
<b>CMS-1500</b>	Formerly HCFA-1500. A federally approved claim form used to record the patient's condition and bill for services rendered.
<b>Coordination of Benefits</b>	Also called COB. The process of coordinating multiple plans for a single patient visit.
<b>Contract Lab</b>	An optical lab that has signed a contract with us to make lenses for our patients.
<b>Copay</b>	Payment collected from a patient before services are given. Copays vary between plans, clients and levels of coverage.
<b>Coverage</b>	A term showing that the cost of a certain service provided to a patient will be reimbursed by us in part or in full.
<b>CPT Code</b>	"Current Procedural Technology Code." An identifying code and descriptive term used to report services and procedures.
<b>Credentialing</b>	The process of ensuring our doctors meet standards including current licensing and board certification, as applicable.
<b>Diabetic Eyecare Program</b>	A VSP product that provides medical eyecare services for patients with Type 1 diabetes.
<b>Dispensing</b>	The process of providing materials, such as lenses, frames and contact lenses to patients.
<b>Eligibility</b>	Whether a patient can get VSP benefits.
<b>Encounter Data</b>	Detailed patient demographic, health and health insurance information collected from a CMS-1500 claim form.

<b>Fee-For-Service Plan (FFS)</b>	Health coverage in which doctors and other providers receive 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.
<b>First-Time Redo</b>	The one-time remaking of a lens that falls within our first-time redo policy.
<b>Frame Overage</b>	The dollar amount patients must pay when they choose a frame whose cost exceeds both the patient's wholesale and retail frame allowance.
<b>Gender Rule</b>	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.
<b>Half-Pair Lens enhancement</b>	Typically refers to a patient lens enhancement when the doctor or patient requests the enhancement on only one lens, rather than a pair of prescription lenses.
<b>HCPCS</b>	HCFA's Common Procedure-Coding System. A list of descriptive terms and identifying codes for reporting medical services given by healthcare providers.
<b>Health Maintenance Organization (HMO)</b>	A type of health plan that provides care through a network of doctors in particular geographic or service areas. HMOs coordinate the healthcare services patients receive.
<b>HEDIS</b>	Healthcare Effectiveness Data and Information Set. A set of standardized measures designed to assess health plan performance.
<b>HIPAA</b>	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.
<b>Independent Lab</b>	An optical lab not under contract with us.
<b>Interim Benefit</b>	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.
<b>IVR</b>	Interactive Voice Response. This is our automated system allowing doctors to access patient eligibility and coverage by phone.
<b>Laser VisionCare</b>	A VSP eyecare plan offering coverage for laser procedures.
<b>Lens Enhancements</b>	Cosmetic lens features or enhancements. Patients pay the Patient Copay unless their plans cover that enhancement. Examples of lens enhancements include tints, polycarbonate and anti-reflective coatings.
<b>Medical Record Review</b>	Patient medical records are submitted to VSP and reviewed by OD/MD auditors who verify the exam and treatment for each patient follows established criteria and is properly documented.
<b>Member</b>	A person enrolled in a VSP plan who is the primary insured.
<b>NCQA</b>	National Committee for Quality Assurance. This is an independent, not-for-profit organization setting health plan accreditation standards.

<b>Order of Benefits</b>	The sequence in which benefits are exhausted, beginning with primary plans, secondary plans and then numerically succeeding plans.
<b>Overage</b>	Amount the patient pays the doctor (in addition to the copay) for services and products not covered by any plan.
<b>Medical Record Review</b>	Patient medical records are submitted to VSP and reviewed by OD/MD auditors who verify the exam and treatment for each patient follows established criteria and is properly documented.
<b>PCP</b>	Primary Care Physician. The doctor the patient usually visits.
<b>Preferred Provider Organization (PPO)</b>	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.
<b>Primary Coverage</b>	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.
<b>Primary EyeCare</b>	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.
<b>Primary Plan</b>	The plan held by the person whose benefits are exhausted first, following the order of benefits.
<b>Referral</b>	The process doctors use to direct patients to consult with another doctor.
<b>Reimbursement</b>	Money paid to doctors for covered services.
<b>Explanation of Payment (EOP)</b>	A statement explaining service payments and adjustments included in VSP doctor reimbursements. Also called an Explanation of Benefits (EOB) or Remittance Advice (RA).
<b>Schedule of Allowances</b>	A list of services patients are covered for, and the amounts to which patients are covered, according to their plans.
<b>Secondary Allowance</b>	The amount available for each benefit when VSP is the secondary plan.
<b>Secondary Coverage</b>	In coordination of benefits, secondary coverage is held by the person whose benefits are used after benefits from the primary plan have been exhausted.
<b>Secondary Plan</b>	The plan held by the person whose benefits are used after primary plan benefits have been used.
<b>Service for Service</b>	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.
<b>Service Verification</b>	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.
<b>U&amp;C; U&amp;C Fees</b>	Usual and Customary Fees. These are a doctor's standard, unmodified charges for given services.
<b>VDT</b>	Video Display Terminal. This term is used mainly when talking about our <a href="#">VDT VisionCare plan</a> .

<b>VSP Network Doctor</b>	An optometrist or ophthalmologist who's signed a contract to take part in our doctor network.
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# ELIGIBILITY AND AUTHORIZATION

## DETERMINING A PATIENT'S ELIGIBILITY

### Authorizing Coverage and Benefits

Before providing services, make sure your patient is eligible for benefits by retrieving an authorization. At that time, you'll get information about 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. Review any comments or notations at the bottom of the Patient Record Report to confirm patient eligibility. Confirmation is required to show that the services and materials provided meet our plan requirements before issuing payment.

### Obtaining an Authorization Number

There are two ways to get it:

1.

eClaim: Log onto [eyefinity.com](http://eyefinity.com), go to the eInsurance tab or select Get

Authorizations & Check Eligibility.

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

- Full Member ID only.
- 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.

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**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.

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2. **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 Lens Enhancements Charges Report for an explanation of your patient's coverage.

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

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## Member Vision Card

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

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

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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](http://eyefinity.com). To view what information is available on the card, please refer to the [Member Vision Card Quick Reference Guide](#).

## 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](http://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.

When a claim is found to be inappropriately billed, VSP may deny payment for the entire claim. In some cases, only the materials portion will be denied. There is no entitlement to partial payment of a claim, or payment for what you would have received had the claim been billed appropriately.

### 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.

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

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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.

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**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.

---

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

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. You can order free sticky notes to help you track and report patient conditions through the **Supply Request Form** on **VSPOnline** at **eyefinity.com**



- 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.

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## 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.

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

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 refractive error reason(s), then any additional diagnosis codes for any other medical conditions.
- Select the appropriate patient condition checkbox(es).
- Complete the Diagnosis & Services page by entering your 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.
- Indicate the contact lens manufacturer
- Specify the contact lens brand
- Enter the number of boxes
- Specify the Modality
- Click on Calculate HCPCS
- Enter refractive error reason(s), then enter any additional diagnosis codes for other medical conditions.
- Select the appropriate patient condition checkbox(es).
- Complete the Diagnosis & Services page by entering your 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
- Lens enhancements
- 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
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Frame coverage (VSP prescription glasses)	\$50
<b>Box 29: Total VSP Patient out-of-pocket expenses</b>	<b>\$70</b>
85% of contact lens exam services (fitting and evaluation) -- private pay	\$100
Contacts (private pay)	\$150
Contact lens solution (private pay)	\$20
<b>Total non-VSP out-of-pocket expenses</b>	<b>\$270</b>
<b>+ Total VSP out-of-pocket expenses (calculated above)</b>	<b>\$70</b>
<b>TOTAL eligible FSA (reported in FSA box)</b>	<b>\$340</b>

### 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. **We will only accept original, red copy CMS-1500 forms. Photocopies or faxed forms will be rejected.**

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. Always code to the highest degree of specificity when indicating diagnosis.
- Enter additional diagnosis codes for any other medical conditions your patient may have.
- Enter the correct place of service in Box 24B.
- Include a letter 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 the practice’s physical address, not a PO Box.

Mail completed claim forms to:

In-Network Claims	Out-of-Network Claims
VSP	VSP
PO Box 385020	PO Box 385018
Birmingham, AL 35238-5020	Birmingham, AL 35238-5018

## 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:

1. Complete both forms.
2. Attach the two completed forms.
3. 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.

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**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.

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## MATERIALS CODES ON CMS-1500 FORM

It's important that you list any materials sold (lenses, frames, and lens enhancements), 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

## Submitting a Claim for Substitute or Fill In Providers

If you're away for a period of time and use a substitute or fill in provider, you can submit a claim using eClaim or paper.

- Submit the claim under your NPI and Tax ID number
- Include the substitute or fill in provider's NPI or SSN in box 19 "Reserved for Local Use" and a modifier for each line – use modifier Q5

## CLAIM APPEALS

To check the status of a claim, call VSP at **800.615.1883** or access **eyefinity.com**.

For claim corrections, such as a diagnosis code, billed amount or service code, call VSP at **800.615.1883** or complete the claim correction form on **eyefinity.com**.

To dispute or appeal a claim based on a claim denial or dissatisfaction with a claim payment, you may challenge the claim denial or adjudication by filing a claim dispute or appeal.

For other disputes, including disputes related to Network Doctor Adverse Actions, please see [VSP's Dispute Resolution Policy](#) under the **Policies** section of this manual.

### 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. 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](#).

For most states and plans, appeals must be submitted to us within 180 calendar days from the date of the Explanation of Payment. See state and plan exceptions for specific timeframes and rules.

- **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 for most states and plans. Should the initial denial be upheld, you have the right to pursue a second-level appeal. Second-level appeals must be received 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.

## ARIZONA

Arizona Medicaid has unique requirements. For more information, see [Submitting Claims/Billing, Reimbursement, & Appeals](#) section in the **Arizona Medicaid Manual**.

## CALIFORNIA

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

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Appeals for health plan members may be submitted to us within 365 calendar days from the date of the denial. We'll review your appeal and send a written response within 45 calendar days.

## NEW JERSEY

Appeals submitted from providers in New Jersey must be received within 90 calendar days of original receipt of claim denial. We'll review your appeal and send a written response within 10 business days from the date of receipt of all information needed to process the appeal.

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 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, 212.484.4181**

Web site: [adr.org](http://adr.org)

NJ E-mail: [casefiling@adr.org](mailto:casefiling@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](#).



## COORDINATION OF BENEFITS

Some patients have vision coverage from more than one benefits plan, either multiple VSP plans or a VSP plan and a medical plan. In these situations, coordinating benefits will help your patients maximize their coverage and lower costs. This section includes guidelines for coordinating benefits for your VSP patients. Every practice and patient is unique, and these guidelines are intended to provide best practices to help realize the full value of your patient's coverage. You can also find guidelines for supplemental plans under that plan's information in **Plans and Coverages section**.

Please discuss billing options, including coordination of benefits (COB), with your VSP patient to identify ways to maximize value for them and create additional revenue opportunities for your practice.

If your patient requests COB, the following guidelines apply 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 AND APPLYING BENEFITS

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.
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.

### Applying Benefits

#### VSP PRIMARY TO ANOTHER CARRIER

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

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

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#### MULTIPLE VSP PLANS FOR ROUTINE SERVICES:

1. Determine the primary and secondary plans.

2. Review [Coordination of Benefits between Multiple VSP Plans](#) to verify VSP plans can coordinate.
3. Verify eligibility and if any services are exhausted under either plan.
4. Determine the patient's out-of-pocket expenses from the primary plan.
5. 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.

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**Quick Tip:** Be sure to review COB rules on primary and secondary authorizations prior to calculating COB secondary allowance.

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6. Deduct total COB secondary allowance from patient's total primary out-of-pocket expense. Patient pays remaining balance.

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**Quick Tip:** You can also access the COB Calculator on VSPOnline to help determine the amounts a person can coordinate when VSP is secondary.

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7. Bill VSP using the primary plan authorization number and reference the secondary plan's authorization. See Submitting COB Claims for detailed instructions.

#### **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. (**Note:** A covered-in-full contact lens exam does not have a COB dollar value).
5. Deduct total COB secondary allowance from patient's total primary out-of-pocket expense. Patient pays remaining balance.

Members may have coverage under both VSP and a health plan or Medicare.

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.\*

- 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.

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**Quick Tip:** Be sure to obtain two separate authorizations – one to electronically submit your exam to coordinate benefits and one to submit the materials to VSP as primary.

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- Medical plans generally 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.

\*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.

## Common Scenarios: Routine vs. Medical Services

Description	Coverage	Billing
Patient comes in for routine exam and is also seen for a medical eye issue. Provider determines chief complaint is medical. Refraction is performed with medical and routine diagnosis. Member has both VSP and coverage through a health plan or Medicare.	Medical and Routine	Bill the health plan or Medicare as primary. <ul style="list-style-type: none"> <li>Use WellVision as the secondary VSP benefit to coordinate benefits if routine dx code is billed, including refraction.</li> <li>Exam only claims can be submitted electronically on eClaim. See Submitting COB Claims instructions.</li> </ul>
Patient comes in for routine exam and is also seen for a medical eye issue. Provider determines chief complaint is medical. Refraction is performed with medical diagnosis, no routine diagnosis. Member has both VSP (PEC/DEP Plus) and coverage through a health plan or Medicare.	Medical only	Bill the health plan or Medicare as primary. <ul style="list-style-type: none"> <li>Use PEC/DEP as secondary benefit for medical only exam, refraction will be denied.</li> <li>Claim must be submitted on paper. See Submitting COB Claims instructions.</li> </ul>
Patient comes in for routine exam and a medical condition is identified. Provider performs medical exam. Refraction is performed with medical diagnosis, no routine diagnosis. Member has two VSP plans with routine and medical eyecare plan (PEC/DEP Plus).	Medical only	Determine primary VSP plan. <ul style="list-style-type: none"> <li>Bill VSP under the primary plan's PEC/DEP Plus claim electronically with the secondary authorization to coordinate benefits.</li> <li>Use PEC/DEP Plus as the secondary VSP benefit for medical only exam, refraction will be denied.</li> </ul>

## Coordination of Benefits between Multiple VSP Plans

**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.

Interim benefits are **not** available for coordination under any plan benefit type whether considered primary or secondary.

If the primary plan is	Then COB is allowed with the following plans as secondary.															
	Not allowed	Access Indemnity	Advantage	Covered Contacts	Diabetic EyeCare Plus	Exam Only	Exam Plus, Choice Exam Plus, and Advantage Exam Plus	Exam Plus w/ Allowances, Choice Exam Plus w/ Allowance, and Advantage Exam Plus w/ Allowances	Medicaid	Primary EyeCare	Second Pair	Signature	Choice	LVC Preferred	Low Vision	Vision Therapy
Access	•															
Access Indemnity		•	•	•		•	•	•	•		•	•				
Advantage		•	•	•		•	•	•	•		•	•				
Covered Contacts		•	•	•				•	•		•	•				
Elements		•	•			•	•	•	•			•	•			
Exam Plus, Choice Exam Plus, and Advantage Exam Plus		•	•			•	•	•	•			•	•			
Exam Plus w/ Allowances, Choice Exam Plus w/ Allowances, and Advantage Exam Plus w/ Allowances		•	•	•		•	•	•	•		•	•				
Diabetic EyeCare Plus					•				•							
LVC Preferred														•		
Low Vision															•	•
Medicaid	•															
Primary EyeCare					•				•							
Repair and Replace	•															
Safety EyeCare/ProTecSafety	•															
Signature		•	•	•	•	•	•	•	•	•	•	•	•			
Choice		•	•	•	•	•	•	•	•	•	•	•	•			
CVC	•															
Vision Savings Pass	•															
Vision Therapy															•	•

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

## COB ROUTINE SECONDARY ALLOWANCES

### Signature, Choice and Advantage Secondary Allowances

Service	VSP Signature and VSP Choice	Advantage
Eye exam	\$66 less secondary plan copays	\$50 less secondary plan copays
Lenses	\$51 less secondary plan copays	\$36 less secondary plan copays
Frame	\$76 less secondary plan copays	\$58 less secondary plan copays
Maximum for Exam, Lens and Frame	\$193 less secondary plan copays	\$144 less secondary plan copays

Secondary allowances are less secondary plan copays and are cumulative. For patients with an Elective Contact Lens Benefit, refer to the Patient Record Report for the contact lens allowance. For patients with allowance plans, refer to the Patient Record Report for the material allowance. For patients with retinal screening coverage available under a secondary benefit, you can coordinate the secondary exam allowance with the exam, refraction and/or retinal screening out-of-pocket expense from the primary plan.

### MEDICAID NETWORK COORDINATION OF BENEFITS SECONDARY ALLOWANCES

Refer to your Medicaid Manual for state-specific Medicaid COB guidelines.

### Applying Allowance Examples

#### VSP to VSP for Exam, Lens and Frame

<b>Here's a VSP Signature Plan example:</b>		
Calculate the patient's out-of-pocket expenses under their primary plan		
Exam copay	\$10	
Lens copay + lens enhancements	+ \$133	
Frame overage:	+ \$122	=\$265
VSP will COB the patient's out-of-pocket expenses up to secondary allowance:		
Maximum for Exam, Lens and Frame secondary allowance:	\$193	
Lens secondary plan copay	- \$20	-\$173
Patient pays remaining balance		= \$92

#### Health Plan or Medicare, VSP secondary for Exam and Refraction

<b>Here's a VSP Choice Plan example:</b>	Exam	Refraction
Bill the health plan or Medicare your U&C fee	\$100	\$35
Subtract the amount paid by the primary insurance carrier:	- \$75	\$0
VSP will COB the patient's out-of-pocket expenses up to this amount:	= \$25	= \$35
Total submits secondary claim to VSP		\$60
VSP pays up to the secondary allowance \$66, less secondary plan copays		- \$60

Patient pays remaining balance	= \$0
<b>Note:</b> Provider is paid <b>\$135 for exam and refraction</b> (\$75 from health plan/Medicare + \$60 VSP). If the primary plan's allowed amount is lower than U&C, subtract the primary plan's paid amount from allowed amount to determine the patient's responsibility.	

### Coordination of Benefits by Network Participation

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 and VSP Choice Plan. If you're not participating in the Advantage Network and the member wants to use their secondary plan to coordinate benefits, we'll reimburse the patient based on their non-VSP provider reimbursement schedule (if out-of-network coverage is available).

Patient's primary plan	Patient's secondary plan	Your network participation is	Then
VSP Advantage Plan or VSP Essentials Plan	VSP Signature Plan or VSP Choice Plan	Advantage Network	You'll be reimbursed based on the VSP Signature and Choice COB allowances. (See <a href="#">COB Client Exception Rules</a> for exceptions).
VSP Advantage Plan or VSP Essentials Plan	VSP Signature Plan or VSP Choice Plan	Non-Advantage Network	We'll reimburse the patient based on their non-VSP provider reimbursement schedule if out-of-network coverage is available.
VSP Signature Plan or VSP Choice Plan	VSP Advantage Plan or VSP Essentials Plan	Advantage Network	You'll be reimbursed according to the <a href="#">Advantage Secondary Allowances</a> .
VSP Signature Plan or VSP Choice Plan	VSP Advantage Plan or VSP Essentials Plan	Non-Advantage Network	We'll reimburse the patient based on their non-VSP provider reimbursement schedule if out-of-network coverage is available.

## COB CLIENT EXCEPTION RULES

There may be a client exception to how you would handle your patient's COB. 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. However, other COB rules may still apply. COB reimbursement is calculated by subtracting what the primary carrier paid from what VSP would have paid as primary.

<b>Here's an example:</b>	
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:	= \$25

- **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.



## SUBMITTING COB CLAIMS

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

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**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

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### 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.

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**IMPORTANT:** Enter the secondary authorization number in the “VSP COB Secondary Authorization Number” field.

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- 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:

In-Network Claims	Out-of-Network Claims
VSP	VSP
PO Box 385020	PO Box 385018
Birmingham, AL 35238-5020	Birmingham, AL 35238-5018

### VSP is Secondary to Another Vision Plan

If we're the secondary payor, bill us for your patient's out-of-pocket expenses. Examples are copays, coinsurance or charges for non-covered services 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.

VSP will coordinate the non-covered portion of the services (exam, refraction, materials) with a patient's routine benefits, if the claim includes a routine diagnosis in addition to a medical code. We'll only coordinate Primary EyeCare and Diabetic EyeCare Plus benefits with services provided for medical eyecare.

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**QUICK TIP:** Claims for COB between health plans or Medicare and VSP for routine exams (including refraction) can be submitted electronically through eClaim on [eyefinity.com](http://eyefinity.com). See Submitting the Claim – Medical and Routine Services section for details.

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**Submitting the Claim on paper**

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. Don't send a summary.
- A copy of the original CMS-1500 claim form

**VSP is Secondary to Health Plan or Medicare**

Some patients may have coverage through their health plan or Medicare. In these situations, coordinating benefits will help your patients maximize their coverage. VSP will coordinate the non-covered portion (includes copay, coinsurance, deductibles on High Deductible Health Plans, and non-covered refractions).

If your patient requests COB, the following guidelines apply when your patient's coverage is with two VSP plans or when a non-VSP plan is primary and a VSP plan is secondary.

**SUBMITTING THE CLAIM – MEDICAL AND ROUTINE SERVICES**

- 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 under a WellVision exam benefit, 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 (presence of intraocular lens - diagnosis code Z96.1) 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, less any copay, 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 – Exam (including refraction) only 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.

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**NEW:** If you are able to verify the health plan or Medicare's eligible services and non-covered patient responsibility amount at the time of billing, you can now submit the Secondary Plan exam only claim electronically on the same day. You'll still need to keep a copy of the original claim and Explanation of Payment

or Explanation of Benefits in the patient's file.

If you are unable to verify the patient responsibility, wait until you receive payment from the health plan or Medicare before submitting the Secondary claim to avoid unnecessary claim corrections, as you are responsible for reconciling payments. For Medicare or Medicaid patients, overpayments must be corrected within 60 days.

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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 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" (Indicate the dollar amount of the patient's responsibility in place of the XX.XX)

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

## **SUBMITTING THE CLAIM – MEDICAL ONLY SERVICES**

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.

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**IMPORTANT:** We'll only coordinate Primary EyeCare and Diabetic EyeCare Plus benefits with services provided for medical eyecare.

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## COB RESOURCES

The following are resources to help you when coordination of benefits for you patients.

### **For Electronic Claims – Exam (including refraction) only claims**

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

### **Why Medicaid Cares Are Needed**

[Download and print](#) in your office today

### **Coordination of Benefit (COB) Calculator**

The COB Calculator is available to providers in the **Calculators** section on **VSPOnline**.

Available for Signature, Choice, Advantage and MESSA plans.

Be sure to verify who is primary versus secondary before using the calculator.

Since some clients have restrictions, check for COB rules that would over-ride the COB Calculator.

For Exam-only claims, you can select either the Glasses or the Contacts tab.

- Be sure to check for eligible services:
- Verify whether the patient has already used or is using all applicable services under the primary plan to maximize their coverage.
- Verify service availability on the Secondary Plan that the patient will use toward the Primary Plan's out-of-pocket expenses.

### **STEPS TO USING THE CALCULATOR**

1. On the appropriate Tab (Glasses or Contacts), uncheck any services the patient does not want to use or is not eligible.
2. Calculate the patient's out-of-pocket expenses from the primary plan and enter them into the calculator.
3. Select the Secondary Plans Benefit type, enter secondary copays, and select calculate to determine the COB amount.
  - For contact lenses, providers can refer to the patient record report and enter the secondary contact lens allowance, except for MESSA.
  - Uncheck the Exam for Total Plans. This will block the value for the exam, which is only available for Exam And plan.

The screenshot shows a web-based calculator interface for VSP. It has two tabs: 'Glasses' and 'Contacts'. Under 'Service to Coordinate', there are checkboxes for 'Exam' (checked) and 'Contact Lens' (checked). Below this are two columns: 'Primary Plan' and 'Secondary Plan'. The 'Primary Plan' section has input fields for Exam/Total Copay, Contact Lens Copay, Contact Lens Overage, and Contact Lens Exam Copay. The 'Secondary Plan' section has a 'Benefit Type' dropdown, and input fields for Exam/Total Copay, Contact Lens Copay, and Contact Lens Allowance. A red box highlights the 'Contact Lens Allowance' field with the note: '\* Enter the Contact Lens Allowance except if MESSA is Secondary'. At the bottom are 'Clear Form', 'Print', and 'Calculate' buttons. Below the calculator is a results table with three columns: 'Primary Out of Pocket (OOP) Amounts', 'Eligible Secondary COB Allowances', and 'Amount Payable By Service'. The results table shows values for Exam OOP, Lens OOP, Lens options OOP, Frame OOP, Total OOP, Exam / Total Allowance, Lens Allowance, Frame Allowance, Total Secondary Allowance, Exam, Lens, Frame, and Patient Pays.

4. The results section will summarize the Primary Plan's out of pocket, the eligible Secondary Allowances (based on the services checked to coordinate) and Payable amounts.

- System will apply secondary allowances to similar services first. If any allowance remains, the system will apply the amount to any other eligible services.

## FAQs

- How do I determine primary versus secondary?
  - Please refer to the Coordination of Benefits section of the Provider Reference Manual.
- Which services can coordinate?
  - The secondary plan may COB using only those services that were provided under the primary plan, as long as the patient is eligible for those services under the secondary plan. For example, if the patient receives exam and lenses, the secondary plan can only COB the exam and lens services, if eligible.
  - Secondary allowances are cumulative. The value of the secondary plan's eligible services can be applied to all applicable services received on the primary plan.
- How does the calculator know what the secondary allowances are?
  - The calculator has been designed with the secondary allowances for each service checked under "Service to Coordinate" section based on the VSP Secondary plan type.
  - The calculator is not available for Allowance, Medicaid or secondary plans with another carrier.
- How does the calculator know the patient's contact lens allowance for the Secondary plan?
  - Since it varies by each group's plan, enter the Secondary Contact Lens Allowance for all plans, except if MESSA is the Secondary Plan.

- Enter the contact lens copay for the Secondary plan, if the client has one. This is not common. Do not include the Secondary plan's copay for a covered contact lens exam.

# 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.

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**Note:** You may not waive copays.

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### 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 benefits 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 Lens Enhancements section](#) for specific details on occupational lenses.
- Prism and slab off.
- Base curves (regardless of curve).

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**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  $\pm 0.50$  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  $\pm 0.50$  diopters or greater
- 

If the patient chooses a lens enhancement not covered by the plan, charge the patient either the fee shown on the [VSP Signature Plan Lens Enhancements Chart](#) or your U&C fee, whichever is lower. (See [Patient Lens Enhancements Fees Instructions](#) for information on determining your U&C fee for lens enhancements.)

## FRAMES

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**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. Exclusions are noted in the Patient Record Report.

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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 Enhancements 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 Z01.00, Z01.01 or Z13.5 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.
- 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 enhancements.
  - Indicate "frame only" in the box.
  - Document your patient's LVC history in their medical file.

## Value-Added Benefits

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

### EXAM SERVICES

Deduct 20% on additional eye exams, including if only a refraction is performed.

### MATERIALS

Under the VSP Signature Plan, patients are eligible for additional materials at 70% U&C when they purchase a complete pair of glasses, including plano sunglasses, on the same day as their eye exam from your office. If a patient purchases a complete pair of glasses, including plano sunglasses, within 12 months of the exam, charge 80% U&C.

For all other plans, charge 80% U&C for additional materials when a complete pair of glasses, including plano sunglasses, is dispensed within 12 months of the exam.

Benefits 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 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,

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

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**Note:** If eligible for lens only or frame only and a complete pair of glasses is purchased, charge 80% of U&C for the non-covered material.

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### CONTACT LENS SERVICE BENEFIT

Charge 85% of U&C on all elective, and replacement contact lens services. The benefit:

- 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.

### 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 VISIONCARE<sup>SM</sup> 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 microkeratome, Custom PRK, or Bladeless LASIK.
- 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 PLUS PROGRAM<sup>SM</sup>

- The Diabetic Eyecare Plus Program provides medical eye care 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.
- Please see the [Diabetic Eyecare Plus Program<sup>SM</sup>](#) section for more information

\*VSP does not require providers to provide discounts on non-covered services in states where it's prohibited by law to require it. However, unless you've opted out, you should continue to

provide all Value Added Benefits to all VSP members. For more information, including details regarding how to opt out, call VSP at **800.615.1883**.

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

## 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 (initial 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 (initial fitting and evaluation, or F&E) and 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), and materials.
- **Visually Necessary Contact Lenses:** With an approved diagnosis, your patient is covered for the routine eye exam plus initial contact lens fitting and evaluation and 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 (initial fitting and evaluation, or F&E) and an annual supply of contact lenses.
- **Frequency:** If the plan is 12 months frequency, they cannot exceed an annual year supply. If the frequency is 24 months, they cannot exceed a two-year supply.

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**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 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.

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Contact lens exam services are also known as the contact lens fitting and evaluation (or F&E). 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.

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**Note:** The "initial" contact lens fitting period for all contact lens benefits is 90 days. Additional services outside of the initial fitting period (whether finalizing the fitting, or additional services throughout the year for ongoing management of a patient's condition) should be handled privately between you and the patient.

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## 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 (initial 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 are not covered under Necessary Contacts, the Covered Contact Lens benefit and the Elements Plan. Under the Elective Contact Lens benefit, the contact lens materials allowance can be used toward the cost of corneal refractive therapy or orthokeratology materials; 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
- Plano (non-prescription) 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 Plan<sup>SM</sup>](#) 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:** Visually necessary contact lenses aren't typically covered for patients who have received any elective cosmetic eye surgery (e.g., LASIK, PRK, or RK). However, procedures resulting with concerns such as ectasia, scarring or irregular corneas causing vision problems that require contact lenses to provide functional vision, are covered under the NCL benefit, so long as patients meet the NCL criteria.

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

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**Note:** The Contact Lens Exam Services (CLEX) benefit cannot be used for fitting and evaluation under either the NCL or Covered Contact Lens benefits.

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## Benefit Coverage Criteria for Base Lenses

- Nystagmus
  - H55.00 through H55.09, H81.10 through H81.23, or H81.41 through H81.49
- Anisometropia greater than or equal to 3.00 diopters difference based on the spectacle prescription.
- High ametropia greater than or equal to  $\pm 10.00$  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.

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**Note:** Irregular astigmatism 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.

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**Colored contact lenses are a covered benefit for patients with the following conditions:**

- Achromatopsia
  - H53.51
- Albinism
  - E70.30
- Aniridia
  - Q13.1
- Polycoria; anisocoria (congenital)

- Q13.0
- Pupillary abnormalities
  - H21.561 through H21.569

**To submit necessary contact lens claims through eClaim for any of the conditions above, do the following:**

Select Necessary Contact Lens as the Contact Lens Reason. Indicate the appropriate 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.

**SCLERAL LENSES (FOR COVERED CONTACTS AND VISUALLY NECESSARY CONTACTS)**

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 (FOR COVERED CONTACTS AND VISUALLY NECESSARY CONTACTS)**

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
  - H27.01 - H27.03 or Q12.3
- High ametropia—10.00 diopters or greater
- Presbyopia
  - H52.4
- Pseudophakia
  - Z96.1
- 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. Please allow 5 business days for a response. Put your case number in Box 23. The following situations also require the submittal of a [Materials Verification Form](#):

- ECL claims with DOS **over** 6 months
- Physical condition of ears or nose which prohibits the use of eyeglasses
- Physical symptoms associated with paraplegia or quadriplegia (be specific)

Fax the [Materials Verification Form](#) to us at **916.851.4733**. Or mail them to VSP, PO Box 385020, Birmingham, AL 35238-5020. You can find the form on VSPOnline on [eyefinity.com](https://www.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 initial fitting and evaluation plus U&C fee for contact lens materials)

Do not balance bill your patient the difference between VSP's allowed amounts and your U&C fees for materials. Exam and material (spectacle lenses and frame) copays apply unless otherwise specified. Any fitting fees incurred after the initial 90 day period are considered a private matter between you and the patient.

---

**Note:** Fees billed to VSP for all contact lens plan benefits must be consistent with your U&C charges, regardless of the patient's coverage or allowances.

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<b>Covered Contacts and Base Visually Necessary Contact Lens Maximums</b>			
<b>HCPCS</b>	<b>Annual Replacement<sup>1</sup></b>	<b>Planned Replacement<sup>1</sup></b>	<b>Daily Replacement<sup>1</sup></b>
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	—

<sup>1</sup>Annual 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. Refer to billing instructions for scleral lenses above.

\*\*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. Refer to billing instructions for hybrid and proprietary lenses above.

Visually Necessary Specialty Contact Lenses	
If billing with CPT code 92072*, 92311*, 92312* or 92313* – or one of these diagnosis codes:	
*Codes may not be billed together on the same claim.	
Description	ICD-10 Codes:
Absence of iris (Aniridia)	Q13.1
Achromatopsia	H53.51
Adherent leukoma	H17.00 through H17.03
Albinism	E70.30
Aphakia	H27.00 through H27.03
Band keratopathy	H18.421 through H18.429
Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts	T85.318A through T85.318S
Bullous keratopathy	H18.10 through H18.13
Central corneal opacity	H17.10 through H17.13
Coloboma of iris	Q13.0
Congenital aphakia	Q12.3
Congenital corneal opacity	Q13.3
Corneal ectasia	H18.711 through H18.719
Corneal scars and opacities	H17.00 through H17.9, A18.59
Corneal staphyloma	H18.721 through H18.729
Corneal transplant failure	T86.841
Corneal transplant rejection	T86.840
Corneal transplant status	Z94.7
Corrosion of cornea and conjunctival sac	T26.60XA through T26.62XS
Deep vascularization of cornea	H16.441 through H16.449
Displacement of other ocular prosthetic devices, implants and grafts	T85.328A through T85.328S
Endothelial corneal dystrophy	H18.51
Enophthalmos due to atrophy of orbital tissue	H05.419
Epithelial (juvenile) corneal dystrophy	H18.52

Folds and rupture in Bowman's membrane	H18.311 through H18.319
Graft-versus-host disease	D89.813
Granular corneal dystrophy	H18.53
Keratitis	H16.001 through H16.079
Keratoconus, stable	H18.611 through H18.619
Keratoconus, unspecified	H18.601 through H18.629
Keratoconus, unstable	H18.621 through H18.629
Keratoconjunctivitis sicca, in Sjogren's syndrome	M35.01
Keratomalacia	H18.441 through H18.449
Lattice corneal dystrophy	H18.54
Localized vascularization of cornea	H16.431 - H16.439
Macular corneal dystrophy	H18.55
Minor opacity of cornea	H17.811 through H17.819
Nodular corneal degeneration	H18.451 through H18.459
Ocular laceration and rupture with prolapse or loss of intraocular tissue	S05.20XA through S05.22XS
Ocular laceration without prolapse or loss of intraocular tissue	S05.30XA through S05.32XS
Other calcareous corneal degeneration	H18.43
Other congenital corneal malformations	Q13.4
Other corneal degeneration	H18.49
Other corneal scars and opacities	H17.89
Other hereditary corneal dystrophies	H18.59
Other injuries of eye and orbit	S05.8X1A through S05.8X9S
Other keratitis	H16.8
Other mechanical complication of other ocular prosthetic devices, implants and grafts	T85.398A through T85.398S
Other tuberculosis of eye	A18.59
Penetrating wound with foreign body	S05.50XA through S05.52XS
Peripheral corneal degeneration	H18.461 through H18.469
Peripheral opacity of cornea	H17.821 through H17.829

Pupillary abnormality	H21.561 through H21.569
Recurrent erosion of cornea	H18.831 through H18.839
Unspecified corneal deformity	H18.70
Unspecified corneal degeneration	H18.40
Unspecified corneal membrane change	H18.30
Unspecified corneal scar and opacity	H17.9
Unspecified hereditary corneal dystrophies	H18.50 through H18.59
Unspecified injury of unspecified eye and orbit	S05.90XA through S05.92XS
Vitamin A deficiency with xerophthalmic scars of cornea	E50.6

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**Note:** To substantiate billing for Keratoconus, be sure your records include: patient history; K readings; BCVA with refraction; slit lamp examination of the cornea; corneal topography or anterior OCT of the cornea.

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Visually Necessary Contact Lens Specialty Maximums			
HCPCS	Annual Replacement <sup>1</sup>	Planned Replacement <sup>1</sup>	Daily Replacement <sup>1</sup>
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	—

<sup>1</sup>Annual 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.

## Submitting Claims/Billing & Reimbursement

### SUBMITTING THE CLAIM

**Important!** Global fees are not appropriate. Fees must be itemized and include separate charges for contact lens fitting and materials. You must bill for both the contact lens fitting and materials, to be reimbursed.

	Contact Lens Exam Copay with Materials Allowance	Exam And (Combined Contact Lens Allowance)	Total Allowance	Covered Contacts or Visually Necessary Contact Lenses
<b>Eye Exam (WellVision Exam)</b>	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.
<b>Contact Lens Exam Services (Fitting and Evaluation)</b>	Bill the appropriate CPT code and your U&C fee for the contact lens exam services (initial fitting and evaluation) provided.		Bill the appropriate CPT code and your U&C fee for the contact lens exam services (initial fitting and evaluation) provided. Must be billed with materials.	
<b>Contact Lens Materials</b>	<ul style="list-style-type: none"> <li>Bill the appropriate HCPCS code(s) for the materials provided.</li> <li>Submit your U&amp;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.</li> <li>Each contact lens is considered one unit. Bill the total number of units provided based on the type of lenses dispensed:</li> </ul> <p><b>Unit Count, Type of contacts</b> 1–2 units, Conventional (non-disposable) contacts</p>			

	<p>3–52 units, Planned replacement (month/quarter) or 14-day disposables</p> <p>53–106 units, 7-day disposables</p> <p>107–361+ units, 1-day disposables</p> <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>
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**REIMBURSEMENT**

**Important!** Determine your U&C fees for contact lens exam services (initial 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)
<b>VSP Payment</b>	<p>You'll receive your assigned fee for the eye exam.</p> <p>In addition, we'll pay you 85% of your U&amp;C fees, less the patient copay, for contact lens exam services (initial fitting and evaluation).</p> <p>We will also pay your U&amp;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 (initial fitting and evaluation) U&amp;C fees and your U&amp;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> <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.</p>
<b>Balance Billing</b>	<p>Your patient is responsible for the contact lens exam services copay or 85% of your U&amp;C fees, whichever is less, and the difference between their contact lens materials allowance and U&amp;C fee for materials.</p>	<p>Your patient is responsible for the difference between their allowance and 85% of U&amp;C fee for contact lens exam services (initial fitting and evaluation) fee and 100% of your U&amp;C fee for materials.</p> <p>Contact lens exam services (initial fitting and evaluation) only (no materials): Your patient is responsible for your U&amp;C fees for contact lens exam services (initial fitting and evaluation) at 85% of U&amp;C, less the \$60 paid by VSP.</p>
	<b>Total Allowance</b>	<b>Visually Necessary Contact Lenses</b>
		<b>Covered Contact Lenses</b>

<b>VSP Payment</b>	We'll pay your exam and contact lens exam services (initial fitting and evaluation) fees at 85% of U&C 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 (initial fitting and evaluation) fees at 85% of U&C 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 (initial fitting and evaluation) fees at 85% of U&C and your U&C fees for materials up to the maximum allowed for the type of contact lenses provided.
<b>Balance Billing</b>	Your patient is responsible for the difference between their allowance and your discounted fees for the eye exam and contact lens exam services (initial 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.

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**Note:** Failure to record your contact lens evaluations, fittings and follow-ups may result in the denial of payment for services.

Ensure that your medical records accurately support the diagnosis submitted on the claim when billing for Visually Necessary Contact Lenses. By doing so your payment will not be denied if the diagnosis billed is substantiated by the clinical findings documented in the patient's record.

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## VSP ACCESS PLAN® & VSP ACCESS INDEMNITY PLAN<sup>SM</sup>

VSP's Access Plan is a vision savings program on an eye exam and eyewear through a VSP network provider. 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](http://eyefinity.com) or by calling VSP at **800.615.1883**.

#### EXAM SERVICES

- Patients are eligible for eye exams, including if only a refraction is performed at 80% of U&C.
- Coverage only applies to services and procedures included in a WellVision® Exam. It doesn't apply to additional diagnoses and treatment.

#### MATERIALS

Charge patients 80% of U&C for frames, lenses, and lens enhancements when a complete pair of prescription glasses or non-prescription sunglasses is dispensed. The benefit:

- 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 80% of U&C.
- Doesn't apply to cleaning products or repairs of prescription lenses or frames.

#### CONTACT LENS SERVICES

Charge patients 85% of U&C for contact lens exam services (F&E) and follow-up services. The benefit:

- Applies to services for prescription lenses only.
- Is unlimited for 12 months on or following an exam from a VSP Network Doctor.
- Use professional judgment when evaluating prescriptions from another doctor.
- Doesn't apply to contact lens materials, solutions, cleaning products or service agreements.

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

### VSP LASER VISIONCARE<sup>SM</sup> 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, Custom PRK, or Bladeless LASIK.
- 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 Plan<sup>SM</sup>

### ELIGIBILITY & AUTHORIZATION

Eligibility can be obtained on [eyefinity.com](http://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 an eye exam and additional eye exams, including if only a refraction is performed at 80% of U&C. However, the allowance schedule applies only once.
- Coverage only applies to services and procedures included in an eye exam. It doesn't apply to additional diagnoses and treatment.
- Deduct 20% from the exam first, then apply the allowance.

### MATERIALS COVERAGE

Patients are eligible for prescription lens, lens enhancements **and/or** frame (complete pair not required) at 80% of U&C, plus a group-specific schedule of allowances. The benefit:

- Is unlimited for 12 months on or following the date of the last covered eye exam, however the allowance schedule applies only once.
- Use professional judgment when evaluating prescriptions from another doctor.
- You can request additional routine exams at 80% U&C.
- Doesn't apply to cleaning products or repairs of prescription lenses or frames.
- Deduct 20% from the materials first, then apply the allowance.

### CONTACT LENSES

Patients are eligible for contact lens exam services (evaluation/fitting services and follow-up services) at 85% U&C. You may charge your U&C fees for contact lens materials. Elective or visually necessary contact lenses are chosen 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. The benefit:

- Is based on your total U&C fee.
- Applies to services for prescription contact lenses only.
- Is unlimited for 12 months on or following the date of the last covered eye exam, however the allowance schedule applies only once.
- Use professional judgment when evaluating prescriptions from another doctor.
- Doesn't apply to contact lens materials, solutions, cleaning products or service agreements.

- Deduct 15% from contact lens exam services (F&E) charge, then add your U&C fees for contact lens materials and apply the allowance.

## LAB

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

## VALUE-ADDED BENEFITS

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

- Patients are eligible for additional complete sets of prescription glasses or non-prescription sunglasses from any VSP doctor within 12 months of the last eye exam at 80% of U&C. 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.
  - Use professional judgment when evaluating prescriptions from another doctor.
  - You can request an additional routine exam at 80% of U&C.
  - Doesn't apply to cleaning products or repairs of prescription lenses or frames.
- Patients are eligible for contact lens exam services (evaluation/fitting services and follow-up services) at 85% of U&C. The benefit:
  - Is based on your total U&C fee.
  - Applies to services for prescription contact lenses only.
  - 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.
  - Doesn't apply to solutions, cleaning products or service agreements.

## VSP LASER VISIONCARE<sup>SM</sup> 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, Custom PRK, or Bladeless LASIK.
- 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 vision savings, as follows: exam at 80% of U&C; glasses at 80% of U&C; contact lens exam at 85% of U&C. Handle the visit as a private pay transaction. Don't submit a claim to VSP. Collect the appropriate fees from the patient.

### VSP ACCESS INDEMNITY PLAN<sup>SM</sup>

- Apply the VSP Access Indemnity Plan benefit to your U&C professional fees.
- Subtract your patient's indemnity allowance (found in the comment codes of the **Patient Record Report**) from adjusted U&C fees.
- Bill your patient for the difference between your adjusted U&C fees and the indemnity allowance.
- Bill VSP for services.
- Your patients may use their benefits for a complete pair of prescription glasses or contact lens fitting/materials.
- 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 U&C fees next to the appropriate CPT/HCPCS code.

Contact Lenses: Bill using **eClaim**.

- Choose the type of contacts dispensed.
- Click on the "Calculate HCPCS and Continue" button.
- Complete the Diagnosis and Services page by entering your full 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
<b>Patient pays:</b>	<b>\$22</b>	<b>\$6</b>	<b>\$16</b>	<b>\$40</b>

## VSP INTEGRATED PRIMARY EYECARE PROGRAM<sup>SM</sup>

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 **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 **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 PLAN<sup>SM</sup>

68801	Dilation of lacrimal punctum, with or without irrigation Provide location modifier RT or LT.
68810	Probing of nasolacrimal duct, with or without irrigation Provide location modifier RT or LT.
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent Provide location modifier RT or LT.

### PATHOLOGY AND LABORATORY

Code	Description
83516	<p>Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p>Allowable diagnosis codes include, but are not limited to, the following:            H00.021 - H00.029 Hordeolum internum            H01.011 - H01.019 Ulcerative blepharitis            H02.031 - H02.039 Senile entropion            H02.101 - H02.109 Unspecified ectropion            H04.121 - H04.129 Dry eye syndrome            H04.211 - H04.229 Epiphora            H04.421 - H04.429 Chronic lacrimal canaliculitis            H04.521 - H04.529 Eversion            H04.561 - H04.569 Stenosis            H10.521 - H10.539 Blepharoconjunctivitis            H16.121 - H16.123 Filamentary keratitis            H16.221 - H16.223 Keratoconjunctivitis sicca, not specified as Sjogren's            H18.831 - H18.833 Recurrent erosion of cornea            H40.10X0 - H40.1194 Primary open-angle glaucoma            M35.00 - M35.03 Sicca syndrome</p> <p>Provide location modifier RT or LT. Provide modifier QW.</p>
83861	<p>Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p>Allowable diagnosis codes include, but are not limited to, the following:            H00.021 - H00.029 Hordeolum internum            H01.011 - H01.019 Ulcerative blepharitis</p>

	<p>H02.031 - H02.039 Senile entropion  H02.101 - H02.109 Unspecified ectropion  H04.121 - H04.129 Dry eye syndrome  H04.211 - H04.229 Epiphora  H04.421 - H04.429 Chronic lacrimal canaliculitis  H04.521 - H04.529 Eversion  H04.561 - H04.569 Stenosis  H10.521 - H10.539 Blepharoconjunctivitis  H16.121 - H16.123 Filamentary keratitis  H16.221 - H16.223 Keratoconjunctivitis sicca, not specified as Sjogren's  H18.831 - H18.833 Recurrent erosion of cornea  H40.10X0 - H40.1194 Primary open-angle glaucoma  M35.00 - M35.03 Sicca syndrome</p> <p>Provide location modifier RT or LT.  Provide modifier QW.</p>
87809	<p>Infectious agent antigen detection by immunoassay with direct optical observation;  Adenovirus</p> <p>Allowable diagnosis codes:</p> <p>H10.011 - H10.029 Mucopurulent conjunctivitis  H10.11 - H10.13 Acute atopic conjunctivitis  H10.221 - H10.223 Pseudomembranous conjunctivitis  H10.231 - H10.233 Serous conjunctivitis  H10.31 - H10.33 Unspecified acute conjunctivitis  H10.401 - H10.403 Unspecified chronic conjunctivitis  H10.411 - H10.413 Chronic giant papillary conjunctivitis  H10.421 - H10.423 Simple chronic conjunctivitis  H10.431 - H10.433 Chronic follicular conjunctivitis  H10.44 Vernal conjunctivitis  H10.45 Other chronic allergic conjunctivitis  H10.89 Other conjunctivitis  H16.261 - H16.263 Vernal keratoconjunctivitis</p> <p>Provide modifier QW.</p>

**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
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services 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 an exam except when <b>all</b> of the following conditions are met: patient's presenting symptoms and/or diagnosis of retinal or vitreoretinal problems support the need for extended ophthalmoscopy.</p> <p>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"> <li>1. intraocular pressures are clearly documented in the patient's medical record and are at or above 21 mm Hg; or</li> </ol>

	<p>2. intraocular pressures are between 15 and 20 mm Hg and there is clear funduscopic 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> <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:  H18.11 - H18.13 Bullous keratopathy  H18.51 Endothelial corneal dystrophy</p>
95930 Visually evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	<p>Visual evoked potentials (VEPs) are appropriate for 1) detecting optic neuritis at an early, subclinical stage, and 2) evaluating the following diseases of the optic nerve:</p> <ul style="list-style-type: none"> <li>• Ischemic optic neuropathy</li> <li>• Pseudotumor cerebri</li> <li>• Toxic amblyopias</li> <li>• Nutritional amblyopias</li> <li>• Neoplasms compressing the anterior visual pathways</li> <li>• Optic nerve injury or atrophy</li> <li>• Hysterical blindness (to rule out)</li> </ul> <p>The patient's medical record must contain documentation that fully supports the visual necessity for VEPs, including, but not limited to, relevant medical history, physical examination and results of pertinent diagnostic tests or procedures.</p> <p>If your technician is certified, a VEP test may be performed under <b>general supervision</b> (the doctor is not immediately available). If your technician is not certified, a VEP test must be performed with <b>direct supervision</b> (doctor is immediately available).</p>

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

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## Submitting Claims/Billing & Reimbursement

Indicate each procedure code and related diagnosis codes 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.

Billing must include all appropriate medical diagnosis codes that support the diagnoses and services rendered.

Always code to the highest degree of specificity when indicating diagnosis

If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.

Provide location modifier when required

## **REIMBURSEMENT**

Reimbursement for non-Medicaid eye exams will meet your current Signature Plan payable fees. For eligible retinal screening claims, you'll be reimbursed \$39 or your U&C fees (whichever is lower). Approved additional services (except Pathology/Laboratory and Urgent/Emergency services) are reimbursed at 80% of your U&C fee, up to the VSP Primary EyeCare maximum allowables. Reimbursement for approved Medicaid procedures will be the lesser of 80% of your U&C fee or your state's VSP Medicaid fee schedule.

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

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## VSP DIABETIC EYECARE PROGRAM<sup>SM</sup>

The Diabetic Eyecare Program provides medical eyecare services for members with type 1 diabetes. This program is available nationally to eligible members with a VSP Signature Plan® that don't already have VSP Primary EyeCare services.

### Eligibility & Authorization

Patients don't need a primary care physician's referral before their first visit, unless the 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](#). It's available under Forms in the Administration section of VSPOnline on eyefinity.com.

### COPAYS

A copay is required for exams only.

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

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### 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, which may also include out-of-network reimbursement, as well as billing and collecting from the other carrier(s).

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

### Diabetic Eyecare Covered Services

Type 1 diabetic members with coverage under the Diabetic Eyecare 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.

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

Code	CPT Code Description and Diagnosis/Service Frequency Limitations
92133 (1x per 12-month period)	<p>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve</p> <p><b>Service Allowance:</b> Allowable once per 12-month period for patients with type 1 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below which include <u>both</u> diabetes and diabetic retinopathy. If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p>E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p>

	<p>E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.</p>
<p>92133 (2x per 12-month period)</p>	<p>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve</p> <p><b>Service Allowance:</b> Allowable twice per 12-month period for patients with type 1 diabetes and diabetic retinopathy. Use the diagnosis codes below which include both diabetes and diabetic retinopathy. If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema</p> <p>E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy</p> <p>E10.3591 - E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p>Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.</p>
<p>92134 (1x per 12-month period)</p>	<p>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina</p> <p><b>Service Allowance:</b> Allowable once per 12-month period for patients with type 1 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below which include <u>both</u> diabetes and</p>

	<p>diabetic retinopathy. If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p>E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema  E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema  E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema  E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema  E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.</p>
<p>92134 (2x per 12-month period)</p>	<p>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina</p> <p><b>Service Allowance:</b>  Allowable twice per 12-month period for patients with type 1 diabetes and diabetic retinopathy. Use the diagnosis codes below which include both diabetes and diabetic retinopathy. If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema  E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema  E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema  E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema  E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula  E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula  E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment  E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy  E10.3591 - E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p>Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.</p>

92250	<p>Fundus Photography</p> <p><b>Service Allowance:</b> Allowable once per 6-month period for patients with type 1 diabetes and diabetic retinopathy. Use the diagnosis codes below which include both diabetes and diabetic retinopathy. If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy E10.3591 - E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p>Not covered if extended ophthalmoscopy is provided within six months.</p>
92225 92226	<p>Extended Ophthalmoscopy (initial and subsequent)</p> <p><b>Service Allowance:</b> Allowable once per 6-month period for patients with type 1 diabetes and diabetic retinopathy. Use the diagnosis codes below which include both diabetes and diabetic retinopathy. If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p>

	<p>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema  E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema  E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema  E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema  E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema  E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema  E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema  E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema  E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema  E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula  E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula  E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment  E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy  E10.3591 - E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p>Provide location modifier RT or LT.  Not covered if fundus photography is provided within six months.</p>
92020	<p>Gonioscopy</p> <p><b>Service Allowance:</b>  Allowable once per 12-month period for patients with type 1 diabetes and rubeosis. Use the diagnosis codes below. Include both rubeosis and diabetes diagnosis codes.</p> <p>Rubeosis iridis  H21.1X1 Other vascular disorders of iris and ciliary body, right eye (rubeosis iridis)  H21.1X2 Other vascular disorders of iris and ciliary body, left eye (rubeosis iridis)  H21.1X3 Other vascular disorders of iris and ciliary body, bilateral (rubeosis iridis)</p> <p>Type 1 diabetes mellitus  E10.10 Type 1 diabetes mellitus with ketoacidosis without coma*  E10.21 Type 1 diabetes mellitus with diabetic nephropathy*</p>

	<p>E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease*</p> <p>E10.29 Type 1 diabetes mellitus with other diabetic kidney complication*</p> <p>E10.36 Type 1 diabetes mellitus with diabetic cataract*</p> <p>E10.39 Type 1 diabetes mellitus with other diabetic ophthalmic complication*</p> <p>E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified*</p> <p>E10.41 Type 1 diabetes mellitus with diabetic mononeuropathy*</p> <p>E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy*</p> <p>E10.43 Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy*</p> <p>E10.44 Type 1 diabetes mellitus with diabetic amyotrophy*</p> <p>E10.49 Type 1 diabetes mellitus with other diabetic neurological complication*</p> <p>E10.51 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene*</p> <p>E10.59 Type 1 diabetes mellitus with other circulatory complications*</p> <p>E10.610 Type 1 diabetes mellitus with diabetic neuropathic arthropathy*</p> <p>E10.618 Type 1 diabetes mellitus with other diabetic arthropathy*</p> <p>E10.620 Type 1 diabetes mellitus with diabetic dermatitis*</p> <p>E10.621 Type 1 diabetes mellitus with foot ulcer*</p> <p>E10.622 Type 1 diabetes mellitus with other skin ulcer*</p> <p>E10.628 Type 1 diabetes mellitus with other skin complications*</p> <p>E10.630 Type 1 diabetes mellitus with periodontal disease*</p> <p>E10.638 Type 1 diabetes mellitus with other oral complications*</p> <p>E10.649 Type 1 diabetes mellitus with hypoglycemia without coma*</p> <p>E10.65 Type 1 diabetes mellitus with hyperglycemia*</p> <p>E10.69 Type 1 diabetes mellitus with other specified complication*</p> <p>E10.8 Type 1 diabetes mellitus with unspecified complications*</p> <p> </p> <p>*Not billable in primary position</p>
<p>92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215</p>	<p>Medical follow-up exam</p> <p><b>Service Allowance:</b> Allowable once per 12-month period for patients with type 1 diabetes and diabetic retinopathy or rubeosis. Use the type 1 diabetes and diabetic retinopathy diagnosis codes below which include both. For rubeosis, include <u>both</u> rubeosis and diabetes diagnosis codes. If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p>Type 1 diabetes mellitus with diabetic retinopathy</p> <p>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p>

<p>E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema</p> <p>E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy</p> <p>E10.3591 - E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p>Rubeosis iridis</p> <p>H21.1X1 Other vascular disorders of iris and ciliary body, right eye (rubeosis iridis)</p> <p>H21.1X2 Other vascular disorders of iris and ciliary body, left eye (rubeosis iridis)</p> <p>H21.1X3 Other vascular disorders of iris and ciliary body, bilateral (rubeosis iridis)</p> <p>Type 1 diabetes mellitus</p> <p>E10.10 Type 1 diabetes mellitus with ketoacidosis without coma*</p> <p>E10.21 Type 1 diabetes mellitus with diabetic nephropathy*</p> <p>E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease*</p> <p>E10.29 Type 1 diabetes mellitus with other diabetic kidney complication*</p> <p>E10.36 Type 1 diabetes mellitus with diabetic cataract*</p> <p>E10.39 Type 1 diabetes mellitus with other diabetic ophthalmic complication*</p> <p>E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified*</p> <p>E10.41 Type 1 diabetes mellitus with diabetic mononeuropathy*</p> <p>E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy*</p> <p>E10.43 Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy*</p> <p>E10.44 Type 1 diabetes mellitus with diabetic amyotrophy*</p> <p>E10.49 Type 1 diabetes mellitus with other diabetic neurological complication*</p> <p>E10.51 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene*</p> <p>E10.59 Type 1 diabetes mellitus with other circulatory complications*</p> <p>E10.610 Type 1 diabetes mellitus with diabetic neuropathic arthropathy*</p> <p>E10.618 Type 1 diabetes mellitus with other diabetic arthropathy*</p> <p>E10.620 Type 1 diabetes mellitus with diabetic dermatitis*</p> <p>E10.621 Type 1 diabetes mellitus with foot ulcer*</p> <p>E10.622 Type 1 diabetes mellitus with other skin ulcer*</p> <p>E10.628 Type 1 diabetes mellitus with other skin complications*</p> <p>E10.630 Type 1 diabetes mellitus with periodontal disease*</p>
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	<p>E10.638 Type 1 diabetes mellitus with other oral complications*</p> <p>E10.649 Type 1 diabetes mellitus with hypoglycemia without coma*</p> <p>E10.65 Type 1 diabetes mellitus with hyperglycemia*</p> <p>E10.69 Type 1 diabetes mellitus with other specified complication*</p> <p>E10.8 Type 1 diabetes mellitus with unspecified complications*</p> <p>*Not billable in primary position</p>
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**Note:** For more information about the Interpretation and Report requirement for medical procedures, refer to [Requirements for the Interpretation and Report of Diagnostic Procedures](#).

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### Submitting Claims/Billing & Reimbursement

Include each procedure code and related diagnosis codes 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
- If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.
- Provide location modifier when required

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 VSP Primary EyeCare maximum allowables.

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

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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

<b>Service Allowance:</b> 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)

92250	Fundus photography
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### VSP AMD Approved Diagnosis Codes

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

If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.

Provide location modifier when required.

AMD services must be billed with one of the following diagnosis codes.	
H35.30	Unspecified macular degeneration
H35.3110	Nonexudative age-related macular degeneration, right eye, stage unspecified
H35.3111	Nonexudative age-related macular degeneration, right eye, early dry stage
H35.3112	Nonexudative age-related macular degeneration, right eye, intermediate dry stage
H35.3113	Nonexudative age-related macular degeneration, right eye, advanced atrophic without subfoveal involvement
H35.3114	Nonexudative age-related macular degeneration, right eye, advanced atrophic with subfoveal involvement
H35.3120	Nonexudative age-related macular degeneration, left eye, stage unspecified
H35.3121	Nonexudative age-related macular degeneration, left eye, early dry stage
H35.3122	Nonexudative age-related macular degeneration, left eye, intermediate dry stage
H35.3123	Nonexudative age-related macular degeneration, left eye, advanced atrophic without subfoveal involvement
H35.3124	Nonexudative age-related macular degeneration, left eye, advanced atrophic with subfoveal involvement
H35.3130	Nonexudative age-related macular degeneration, bilateral, stage unspecified
H35.3131	Nonexudative age-related macular degeneration, bilateral, early dry stage
H35.3132	Nonexudative age-related macular degeneration, bilateral, intermediate dry stage
H35.3133	Nonexudative age-related macular degeneration, bilateral, advanced atrophic without subfoveal involvement
H35.3134	Nonexudative age-related macular degeneration, bilateral, advanced atrophic with subfoveal involvement
H35.3190	Nonexudative age-related macular degeneration, unspecified eye, stage unspecified
H35.3191	Nonexudative age-related macular degeneration, unspecified eye, early dry stage
H35.3192	Nonexudative age-related macular degeneration, unspecified eye, intermediate dry stage
H35.3193	Nonexudative age-related macular degeneration, unspecified eye, advanced atrophic without subfoveal involvement
H35.3194	Nonexudative age-related macular degeneration, unspecified eye, advanced atrophic with subfoveal involvement
H35.3210	Exudative age-related macular degeneration, right eye, stage unspecified
H35.3211	Exudative age-related macular degeneration, right eye, with active choroidal neovascularization
H35.3212	Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization

H35.3213	Exudative age-related macular degeneration, right eye, with inactive scar
H35.3220	Exudative age-related macular degeneration, left eye, stage unspecified
H35.3221	Exudative age-related macular degeneration, left eye, with active choroidal neovascularization
H35.3222	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
H35.3223	Exudative age-related macular degeneration, left eye, with inactive scar
H35.3230	Exudative age-related macular degeneration, bilateral, stage unspecified
H35.3231	Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
H35.3232	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
H35.3233	Exudative age-related macular degeneration, bilateral, with inactive scar
H35.3290	Exudative age-related macular degeneration, unspecified eye, stage unspecified
H35.3291	Exudative age-related macular degeneration, unspecified eye, with active choroidal neovascularization
H35.3292	Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization
H35.3293	Exudative age-related macular degeneration, unspecified eye, with inactive scar
H35.341	Macular cyst, hole, or pseudohole, right eye
H35.342	Macular cyst, hole, or pseudohole, left eye
H35.343	Macular cyst, hole, or pseudohole, bilateral
H35.351	Cystoid macular degeneration, right eye
H35.352	Cystoid macular degeneration, left eye
H35.353	Cystoid macular degeneration, bilateral
H35.361	Drusen (degenerative) of macula, right eye
H35.362	Drusen (degenerative) of macula, left eye
H35.363	Drusen (degenerative) of macula, bilateral
H35.371	Puckering of macula, right eye
H35.372	Puckering of macula, left eye
H35.373	Puckering of macula, bilateral
H35.381	Toxic maculopathy, right eye
H35.382	Toxic maculopathy, left eye
H35.383	Toxic maculopathy, bilateral

## 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

<b>Service Allowance:</b> 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)
92225-92226	Extended ophthalmoscopy
92250	Fundus photography

### VSP Glaucoma Approved Diagnosis Codes

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

If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.

Provide location modifier when required.

Glaucoma services must be billed with one of the following diagnosis codes	
H40.001	Preglaucoma, unspecified, right eye
H40.002	Preglaucoma, unspecified, left eye
H40.003	Preglaucoma, unspecified, bilateral
H40.011	Open angle with borderline findings, low risk, right eye
H40.012	Open angle with borderline findings, low risk, left eye
H40.013	Open angle with borderline findings, low risk, bilateral
H40.021	Open angle with borderline findings, high risk, right eye
H40.022	Open angle with borderline findings, high risk, left eye
H40.023	Open angle with borderline findings, high risk, bilateral
H40.031	Anatomical narrow angle, right eye
H40.032	Anatomical narrow angle, left eye
H40.033	Anatomical narrow angle, bilateral
H40.041	Steroid responder, right eye
H40.042	Steroid responder, left eye
H40.043	Steroid responder, bilateral
H40.051	Ocular hypertension, right eye
H40.052	Ocular hypertension, left eye
H40.053	Ocular hypertension, bilateral
H40.061	Primary angle closure without glaucoma damage, right eye
H40.062	Primary angle closure without glaucoma damage, left eye
H40.063	Primary angle closure without glaucoma damage, bilateral
H40.10X0	Unspecified open-angle glaucoma, stage unspecified
H40.10X1	Unspecified open-angle glaucoma, mild stage

H40.10X2	Unspecified open-angle glaucoma, moderate stage
H40.10X3	Unspecified open-angle glaucoma, severe stage
H40.10X4	Unspecified open-angle glaucoma, indeterminate stage
H40.1110	Primary open-angle glaucoma, right eye, stage unspecified
H40.1111	Primary open-angle glaucoma, right eye, mild stage
H40.1112	Primary open-angle glaucoma, right eye, moderate stage
H40.1113	Primary open-angle glaucoma, right eye, severe stage
H40.1114	Primary open-angle glaucoma, right eye, indeterminate stage
H40.1120	Primary open-angle glaucoma, left eye, stage unspecified
H40.1121	Primary open-angle glaucoma, left eye, mild stage
H40.1122	Primary open-angle glaucoma, left eye, moderate stage
H40.1123	Primary open-angle glaucoma, left eye, severe stage
H40.1124	Primary open-angle glaucoma, left eye, indeterminate stage
H40.1130	Primary open-angle glaucoma, bilateral, stage unspecified
H40.1131	Primary open-angle glaucoma, bilateral, mild stage
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage
H40.1133	Primary open-angle glaucoma, bilateral, severe stage
H40.1134	Primary open-angle glaucoma, bilateral, indeterminate stage
H40.1190	Primary open-angle glaucoma, unspecified eye, stage unspecified
H40.1191	Primary open-angle glaucoma, unspecified eye, mild stage
H40.1192	Primary open-angle glaucoma, unspecified eye, moderate stage
H40.1193	Primary open-angle glaucoma, unspecified eye, severe stage
H40.1194	Primary open-angle glaucoma, unspecified eye, indeterminate stage
H40.1210	Low-tension glaucoma, right eye, stage unspecified
H40.1211	Low-tension glaucoma, right eye, mild stage
H40.1212	Low-tension glaucoma, right eye, moderate stage
H40.1213	Low-tension glaucoma, right eye, severe stage
H40.1214	Low-tension glaucoma, right eye, indeterminate stage
H40.1220	Low-tension glaucoma, left eye, stage unspecified
H40.1221	Low-tension glaucoma, left eye, mild stage
H40.1222	Low-tension glaucoma, left eye, moderate stage
H40.1223	Low-tension glaucoma, left eye, severe stage
H40.1224	Low-tension glaucoma, left eye, indeterminate stage
H40.1230	Low-tension glaucoma, bilateral, stage unspecified
H40.1231	Low-tension glaucoma, bilateral, mild stage
H40.1232	Low-tension glaucoma, bilateral, moderate stage
H40.1233	Low-tension glaucoma, bilateral, severe stage
H40.1234	Low-tension glaucoma, bilateral, indeterminate stage
H40.1310	Pigmentary glaucoma, right eye, stage unspecified
H40.1311	Pigmentary glaucoma, right eye, mild stage
H40.1312	Pigmentary glaucoma, right eye, moderate stage

H40.1313	Pigmentary glaucoma, right eye, severe stage
H40.1314	Pigmentary glaucoma, right eye, indeterminate stage
H40.1320	Pigmentary glaucoma, left eye, stage unspecified
H40.1321	Pigmentary glaucoma, left eye, mild stage
H40.1322	Pigmentary glaucoma, left eye, moderate stage
H40.1323	Pigmentary glaucoma, left eye, severe stage
H40.1324	Pigmentary glaucoma, left eye, indeterminate stage
H40.1330	Pigmentary glaucoma, bilateral, stage unspecified
H40.1331	Pigmentary glaucoma, bilateral, mild stage
H40.1332	Pigmentary glaucoma, bilateral, moderate stage
H40.1333	Pigmentary glaucoma, bilateral, severe stage
H40.1334	Pigmentary glaucoma, bilateral, indeterminate stage
H40.1410	Capsular glaucoma with pseudoexfoliation of lens, right eye, stage unspecified
H40.1411	Capsular glaucoma with pseudoexfoliation of lens, right eye, mild stage
H40.1412	Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage
H40.1413	Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage
H40.1414	Capsular glaucoma with pseudoexfoliation of lens, right eye, indeterminate stage
H40.1420	Capsular glaucoma with pseudoexfoliation of lens, left eye, stage unspecified
H40.1421	Capsular glaucoma with pseudoexfoliation of lens, left eye, mild stage
H40.1422	Capsular glaucoma with pseudoexfoliation of lens, left eye, moderate stage
H40.1423	Capsular glaucoma with pseudoexfoliation of lens, left eye, severe stage
H40.1424	Capsular glaucoma with pseudoexfoliation of lens, left eye, indeterminate stage
H40.1430	Capsular glaucoma with pseudoexfoliation of lens, bilateral, stage unspecified
H40.1431	Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage
H40.1432	Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage
H40.1433	Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage
H40.1434	Capsular glaucoma with pseudoexfoliation of lens, bilateral, indeterminate stage
H40.151	Residual stage of open-angle glaucoma, right eye
H40.152	Residual stage of open-angle glaucoma, left eye
H40.153	Residual stage of open-angle glaucoma, bilateral
H40.20X0	Unspecified primary angle-closure glaucoma, stage unspecified
H40.20X1	Unspecified primary angle-closure glaucoma, mild stage
H40.20X2	Unspecified primary angle-closure glaucoma, moderate stage
H40.20X3	Unspecified primary angle-closure glaucoma, severe stage
H40.20X4	Unspecified primary angle-closure glaucoma, indeterminate stage
H40.211	Acute angle-closure glaucoma, right eye
H40.212	Acute angle-closure glaucoma, left eye
H40.213	Acute angle-closure glaucoma, bilateral
H40.2210	Chronic angle-closure glaucoma, right eye, stage unspecified
H40.2211	Chronic angle-closure glaucoma, right eye, mild stage
H40.2212	Chronic angle-closure glaucoma, right eye, moderate stage

H40.2213	Chronic angle-closure glaucoma, right eye, severe stage
H40.2214	Chronic angle-closure glaucoma, right eye, indeterminate stage
H40.2220	Chronic angle-closure glaucoma, left eye, stage unspecified
H40.2221	Chronic angle-closure glaucoma, left eye, mild stage
H40.2222	Chronic angle-closure glaucoma, left eye, moderate stage
H40.2223	Chronic angle-closure glaucoma, left eye, severe stage
H40.2224	Chronic angle-closure glaucoma, left eye, indeterminate stage
H40.2230	Chronic angle-closure glaucoma, bilateral, stage unspecified
H40.2231	Chronic angle-closure glaucoma, bilateral, mild stage
H40.2232	Chronic angle-closure glaucoma, bilateral, moderate stage
H40.2233	Chronic angle-closure glaucoma, bilateral, severe stage
H40.2234	Chronic angle-closure glaucoma, bilateral, indeterminate stage
H40.231	Intermittent angle-closure glaucoma, right eye
H40.232	Intermittent angle-closure glaucoma, left eye
H40.233	Intermittent angle-closure glaucoma, bilateral
H40.241	Residual stage of angle-closure glaucoma, right eye
H40.242	Residual stage of angle-closure glaucoma, left eye
H40.243	Residual stage of angle-closure glaucoma, bilateral
H40.31X0	Glaucoma secondary to eye trauma, right eye, stage unspecified
H40.31X1	Glaucoma secondary to eye trauma, right eye, mild stage
H40.31X2	Glaucoma secondary to eye trauma, right eye, moderate stage
H40.31X3	Glaucoma secondary to eye trauma, right eye, severe stage
H40.31X4	Glaucoma secondary to eye trauma, right eye, indeterminate stage
H40.32X0	Glaucoma secondary to eye trauma, left eye, stage unspecified
H40.32X1	Glaucoma secondary to eye trauma, left eye, mild stage
H40.32X2	Glaucoma secondary to eye trauma, left eye, moderate stage
H40.32X3	Glaucoma secondary to eye trauma, left eye, severe stage
H40.32X4	Glaucoma secondary to eye trauma, left eye, indeterminate stage
H40.33X0	Glaucoma secondary to eye trauma, bilateral, stage unspecified
H40.33X1	Glaucoma secondary to eye trauma, bilateral, mild stage
H40.33X2	Glaucoma secondary to eye trauma, bilateral, moderate stage
H40.33X3	Glaucoma secondary to eye trauma, bilateral, severe stage
H40.33X4	Glaucoma secondary to eye trauma, bilateral, indeterminate stage
H40.41X0	Glaucoma secondary to eye inflammation, right eye, stage unspecified
H40.41X1	Glaucoma secondary to eye inflammation, right eye, mild stage
H40.41X2	Glaucoma secondary to eye inflammation, right eye, moderate stage
H40.41X3	Glaucoma secondary to eye inflammation, right eye, severe stage
H40.41X4	Glaucoma secondary to eye inflammation, right eye, indeterminate stage
H40.42X0	Glaucoma secondary to eye inflammation, left eye, stage unspecified
H40.42X1	Glaucoma secondary to eye inflammation, left eye, mild stage
H40.42X2	Glaucoma secondary to eye inflammation, left eye, moderate stage

H40.42X3	Glaucoma secondary to eye inflammation, left eye, severe stage
H40.42X4	Glaucoma secondary to eye inflammation, left eye, indeterminate stage
H40.43X0	Glaucoma secondary to eye inflammation, bilateral, stage unspecified
H40.43X1	Glaucoma secondary to eye inflammation, bilateral, mild stage
H40.43X2	Glaucoma secondary to eye inflammation, bilateral, moderate stage
H40.43X3	Glaucoma secondary to eye inflammation, bilateral, severe stage
H40.43X4	Glaucoma secondary to eye inflammation, bilateral, indeterminate stage
H40.51X0	Glaucoma secondary to other eye disorders, right eye, stage unspecified
H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage
H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage
H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage
H40.51X4	Glaucoma secondary to other eye disorders, right eye, indeterminate stage
H40.52X0	Glaucoma secondary to other eye disorders, left eye, stage unspecified
H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage
H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage
H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage
H40.52X4	Glaucoma secondary to other eye disorders, left eye, indeterminate stage
H40.53X0	Glaucoma secondary to other eye disorders, bilateral, stage unspecified
H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage
H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage
H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage
H40.53X4	Glaucoma secondary to other eye disorders, bilateral, indeterminate stage
H40.61X0	Glaucoma secondary to drugs, right eye, stage unspecified
H40.61X1	Glaucoma secondary to drugs, right eye, mild stage
H40.61X2	Glaucoma secondary to drugs, right eye, moderate stage
H40.61X3	Glaucoma secondary to drugs, right eye, severe stage
H40.61X4	Glaucoma secondary to drugs, right eye, indeterminate stage
H40.62X0	Glaucoma secondary to drugs, left eye, stage unspecified
H40.62X1	Glaucoma secondary to drugs, left eye, mild stage
H40.62X2	Glaucoma secondary to drugs, left eye, moderate stage
H40.62X3	Glaucoma secondary to drugs, left eye, severe stage
H40.62X4	Glaucoma secondary to drugs, left eye, indeterminate stage
H40.63X0	Glaucoma secondary to drugs, bilateral, stage unspecified
H40.63X1	Glaucoma secondary to drugs, bilateral, mild stage
H40.63X2	Glaucoma secondary to drugs, bilateral, moderate stage
H40.63X3	Glaucoma secondary to drugs, bilateral, severe stage
H40.63X4	Glaucoma secondary to drugs, bilateral, indeterminate stage
H40.811	Glaucoma with increased episcleral venous pressure, right eye
H40.812	Glaucoma with increased episcleral venous pressure, left eye
H40.813	Glaucoma with increased episcleral venous pressure, bilateral
H40.821	Hypersecretion glaucoma, right eye



H40.822	Hypersecretion glaucoma, left eye
H40.823	Hypersecretion glaucoma, bilateral
H40.831	Aqueous misdirection, right eye
H40.832	Aqueous misdirection, left eye
H40.833	Aqueous misdirection, bilateral
H40.89	Other specified glaucoma
H40.9	Unspecified glaucoma
H42	Glaucoma in diseases classified elsewhere
Q15.0	Congenital glaucoma

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

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## Submitting Claims/Billing & Reimbursement

Include each procedure code and related diagnosis codes 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.

If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.

Provide location modifier when required.

Reimbursement for eye exams will meet your current VSP Signature Plan payable fees. For eligible retinal screening claims, you'll be reimbursed \$39 on your U&C fees (whichever is lower). Approved additional services are reimbursed at 80% of your U&C fee, up to the VSP Primary EyeCare maximum allowables.

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**Note:** If any Evaluation and Management Services are performed remotely for the patient, bill the CPT code with a GQ, GT or 95 modifier, as appropriate.

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

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**Note:** When billing eye exams or other services for patients with diabetes, remember to include code 3072F to indicate no evidence of retinopathy in the prior year, when applicable. Always bill 3072F with a \$0.00 charge amount.

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## VSP DIABETIC EYECARE PLUS PROGRAM<sup>SM</sup>

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 available only to eligible Signature and Choice 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.

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

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### 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, which may also include out-of-network reimbursement, 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:

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

If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.

Provide location modifier when required.

<p>92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215</p>	<p>Medical follow-up exam</p> <p><b>Service Allowance:</b></p> <p>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 which include both diabetes and diabetic retinopathy. For rubeosis, include a rubeosis and a 1 or type 2 diabetes diagnosis code.</p> <p>If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p><b>Type 1 diabetes mellitus with diabetic retinopathy</b></p> <p>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema</p> <p>E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy</p> <p>E10.3591 - E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p><b>Type 2 diabetes mellitus with diabetic retinopathy</b></p> <p>E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E11.3211 - E11.3219 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3291 - E11.3299 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p>
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	<p>E11.3311 - E11.3319 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3391 - E11.3399 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3411 - E11.3419 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3491 - E11.3499 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3511 - E11.3519 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye</p> <p>E11.3521 - E11.3529 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E11.3531 - E11.3539 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E11.3541 - E11.3549 Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E11.3551 - E11.3559 Type 2 diabetes mellitus with stable proliferative diabetic retinopathy</p> <p>E11.3591 - E11.3599 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p>
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	<p>Rubeosis iridis</p> <p>H21.1X1 Other vascular disorders of iris and ciliary body, right eye (rubeosis iridis)</p> <p>H21.1X2 Other vascular disorders of iris and ciliary body, left eye (rubeosis iridis)</p> <p>H21.1X3 Other vascular disorders of iris and ciliary body, bilateral (rubeosis iridis)</p> <p><b>Type 1 diabetes mellitus</b></p> <p>E10.10 Type 1 diabetes mellitus with ketoacidosis without coma*</p> <p>E10.21 Type 1 diabetes mellitus with diabetic nephropathy*</p> <p>E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease*</p> <p>E10.29 Type 1 diabetes mellitus with other diabetic kidney complication*</p> <p>E10.36 Type 1 diabetes mellitus with diabetic cataract*</p> <p>E10.39 Type 1 diabetes mellitus with other diabetic ophthalmic complication*</p> <p>E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified*</p> <p>E10.41 Type 1 diabetes mellitus with diabetic mononeuropathy*</p> <p>E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy*</p> <p>E10.43 Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy*</p> <p>E10.44 Type 1 diabetes mellitus with diabetic amyotrophy*</p> <p>E10.49 Type 1 diabetes mellitus with other diabetic neurological complication*</p> <p>E10.51 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene*</p> <p>E10.59 Type 1 diabetes mellitus with other circulatory complications*</p> <p>E10.610 Type 1 diabetes mellitus with diabetic neuropathic arthropathy*</p> <p>E10.618 Type 1 diabetes mellitus with other diabetic arthropathy*</p> <p>E10.620 Type 1 diabetes mellitus with diabetic dermatitis*</p> <p>E10.621 Type 1 diabetes mellitus with foot ulcer*</p> <p>E10.622 Type 1 diabetes mellitus with other skin ulcer*</p> <p>E10.628 Type 1 diabetes mellitus with other skin complications*</p> <p>E10.630 Type 1 diabetes mellitus with periodontal disease*</p> <p>E10.638 Type 1 diabetes mellitus with other oral complications*</p> <p>E10.649 Type 1 diabetes mellitus with hypoglycemia without coma*</p> <p>E10.65 Type 1 diabetes mellitus with hyperglycemia*</p> <p>E10.69 Type 1 diabetes mellitus with other specified complication*</p> <p>E10.8 Type 1 diabetes mellitus with unspecified complications*</p>
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**Type 2 diabetes mellitus**

E11.00 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma\*

E11.10 Type 2 diabetes mellitus with ketoacidosis without coma\*

E11.21 Type 2 diabetes mellitus with diabetic nephropathy\*

E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease\*

E11.29 Type 2 diabetes mellitus with other diabetic kidney complication\*

E11.36 Type 2 diabetes mellitus with diabetic cataract\*

E11.39 Type 2 diabetes mellitus with other diabetic ophthalmic complication\*

E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified\*

E11.41 Type 2 diabetes mellitus with diabetic mononeuropathy\*

E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy\*

E11.43 Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy\*

E11.44 Type 2 diabetes mellitus with diabetic amyotrophy\*

E11.49 Type 2 diabetes mellitus with other diabetic neurological complication\*

E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene\*

E11.59 Type 2 diabetes mellitus with other circulatory complications\*

E11.610 Type 2 diabetes mellitus with diabetic neuropathic arthropathy\*

E11.618 Type 2 diabetes mellitus with other diabetic arthropathy\*

E11.620 Type 2 diabetes mellitus with diabetic dermatitis\*

E11.621 Type 2 diabetes mellitus with foot ulcer\*

E11.622 Type 2 diabetes mellitus with other skin ulcer\*

E11.628 Type 2 diabetes mellitus with other skin complications\*

E11.630 Type 2 diabetes mellitus with periodontal disease\*

E11.638 Type 2 diabetes mellitus with other oral complications\*

E11.649 Type 2 diabetes mellitus with hypoglycemia without coma\*

E11.65 Type 2 diabetes mellitus with hyperglycemia\*

E11.69 Type 2 diabetes mellitus with other specified complication\*

E11.8 Type 2 diabetes mellitus with unspecified complications\*

\*Not billable in primary position

92020	<p><b>Gonioscopy</b></p> <p><b>Service Allowance:</b> Allowable once per 12-month period for patients with type 1 or type 2 diabetes and rubeosis. Use the diagnosis codes below. Include <u>both</u> rubeosis and diabetes diagnosis codes.</p> <p><b>Rubeosis iridis</b></p> <p>H21.1X1 Other vascular disorders of iris and ciliary body, right eye (rubeosis iridis)</p> <p>H21.1X2 Other vascular disorders of iris and ciliary body, left eye (rubeosis iridis)</p> <p>H21.1X3 Other vascular disorders of iris and ciliary body, bilateral (rubeosis iridis)</p> <p><b>Type 1 diabetes mellitus</b></p> <p>E10.10 Type 1 diabetes mellitus with ketoacidosis without coma*</p> <p>E10.21 Type 1 diabetes mellitus with diabetic nephropathy*</p> <p>E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease*</p> <p>E10.29 Type 1 diabetes mellitus with other diabetic kidney complication*</p> <p>E10.36 Type 1 diabetes mellitus with diabetic cataract*</p> <p>E10.39 Type 1 diabetes mellitus with other diabetic ophthalmic complication*</p> <p>E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified*</p> <p>E10.41 Type 1 diabetes mellitus with diabetic mononeuropathy*</p> <p>E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy*</p> <p>E10.43 Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy*</p> <p>E10.44 Type 1 diabetes mellitus with diabetic amyotrophy*</p> <p>E10.49 Type 1 diabetes mellitus with other diabetic neurological complication*</p> <p>E10.51 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene*</p> <p>E10.59 Type 1 diabetes mellitus with other circulatory complications*</p> <p>E10.610 Type 1 diabetes mellitus with diabetic neuropathic arthropathy*</p> <p>E10.618 Type 1 diabetes mellitus with other diabetic arthropathy*</p> <p>E10.620 Type 1 diabetes mellitus with diabetic dermatitis*</p> <p>E10.621 Type 1 diabetes mellitus with foot ulcer*</p> <p>E10.622 Type 1 diabetes mellitus with other skin ulcer*</p> <p>E10.628 Type 1 diabetes mellitus with other skin complications*</p> <p>E10.630 Type 1 diabetes mellitus with periodontal disease*</p> <p>E10.638 Type 1 diabetes mellitus with other oral complications*</p> <p>E10.649 Type 1 diabetes mellitus with hypoglycemia without coma*</p> <p>E10.65 Type 1 diabetes mellitus with hyperglycemia*</p> <p>E10.69 Type 1 diabetes mellitus with other specified complication*</p> <p>E10.8 Type 1 diabetes mellitus with unspecified complications*</p>
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**Type 2 diabetes mellitus**

E11.00 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma \*

E11.10 Type 2 diabetes mellitus with ketoacidosis without coma\*

E11.21 Type 2 diabetes mellitus with diabetic nephropathy\*

E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease\*

E11.29 Type 2 diabetes mellitus with other diabetic kidney complication\*

E11.36 Type 2 diabetes mellitus with diabetic cataract\*

E11.39 Type 2 diabetes mellitus with other diabetic ophthalmic complication\*

E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified\*

E11.41 Type 2 diabetes mellitus with diabetic mononeuropathy\*

E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy\*

E11.43 Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy\*

E11.44 Type 2 diabetes mellitus with diabetic amyotrophy\*

E11.49 Type 2 diabetes mellitus with other diabetic neurological complication\*

E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene\*

E11.59 Type 2 diabetes mellitus with other circulatory complications\*

E11.610 Type 2 diabetes mellitus with diabetic neuropathic arthropathy\*

E11.618 Type 2 diabetes mellitus with other diabetic arthropathy\*

E11.620 Type 2 diabetes mellitus with diabetic dermatitis\*

E11.621 Type 2 diabetes mellitus with foot ulcer\*

E11.622 Type 2 diabetes mellitus with other skin ulcer\*

E11.628 Type 2 diabetes mellitus with other skin complications\*

E11.630 Type 2 diabetes mellitus with periodontal disease\*

E11.638 Type 2 diabetes mellitus with other oral complications\*

E11.649 Type 2 diabetes mellitus with hypoglycemia without coma\*

E11.65 Type 2 diabetes mellitus with hyperglycemia\*

E11.69 Type 2 diabetes mellitus with other specified complication\*

E11.8 Type 2 diabetes mellitus with unspecified complications\*

\*Not billable in primary position



<p>92133 (1x per 12-month period)</p>	<p>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve</p> <p><b>Service Allowance:</b></p> <p>Allowable once per 12-month period for patients with type 1 or type 2 diabetes and diabetic retinopathy. Use the diagnosis codes below which include diabetes and diabetic retinopathy.</p> <p>If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p><b>Type 1 diabetes mellitus with diabetic retinopathy</b></p> <p>E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p><b>Type 2 diabetes mellitus with diabetic retinopathy</b></p> <p>E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E11.3211 - E11.3219 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3291 - E11.3299 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3311 - E11.3319 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3391 - E11.3399 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.</p>
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92133 (2x per 12-month period)	<p>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve</p> <p><b>Service Allowance:</b></p> <p>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 which include diabetes and diabetic retinopathy.</p> <p>If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p><b>Type 1 diabetes mellitus with diabetic retinopathy</b></p> <p>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema</p> <p>E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy</p> <p>E10.3591 - E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p><b>Type 2 diabetes mellitus with diabetic retinopathy</b></p> <p>E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E11.3411 - E11.3419 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3491 - E11.3499 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3511 - E11.3519 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye</p> <p>E11.3521 - E11.3529 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E11.3531 - E11.3539 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E11.3541 - E11.3549 Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E11.3551 - E11.3559 Type 2 diabetes mellitus with stable proliferative diabetic retinopathy</p>
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	<p>E11.3591 - E11.3599 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p>Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.</p>
<p>92134 (1x per 12-month period)</p>	<p>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina</p> <p><b>Service Allowance:</b></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 which include diabetes and diabetic retinopathy.</p> <p>If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p><b>Type 1 diabetes mellitus with diabetic retinopathy</b></p> <p>E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>Type 2 diabetes mellitus with diabetic retinopathy</p> <p>E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E11.3211 - E11.3219 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3291 - E11.3299 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3311 - E11.3319 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3391 - E11.3399 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.</p>

92134 (2x per 12-month period)	<p>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina</p> <p><b>Service Allowance:</b></p> <p>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 which include diabetes and diabetic retinopathy.</p> <p>If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p><b>Type 1 diabetes mellitus with diabetic retinopathy</b></p> <p>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema</p> <p>E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy</p> <p>E10.3591 - E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p>Type 2 diabetes mellitus with diabetic retinopathy</p> <p>E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E11.3411 - E11.3419 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3491 - E11.3499 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3511 - E11.3519 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye</p> <p>E11.3521 - E11.3529 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E11.3531 - E11.3539 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E11.3541 - E11.3549 Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E11.3551 - E11.3559 Type 2 diabetes mellitus with stable proliferative diabetic retinopathy</p>
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	<p>E11.3591 - E11.3599 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p>Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.</p>
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<p>92225 92226</p>	<p>Extended Ophthalmoscopy (initial and subsequent)</p> <p><b>Service Allowance:</b></p> <p>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 which include diabetes and diabetic retinopathy.</p> <p>If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p><b>Type 1 diabetes mellitus with diabetic retinopathy</b></p> <p>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema</p> <p>E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy</p> <p>E10.3591 - E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p><b>Type 2 diabetes mellitus with diabetic retinopathy</b></p> <p>E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E11.3211 - E11.3219 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p>
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	<p>E11.3291 - E11.3299 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3311 - E11.3319 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3391 - E11.3399 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3411 - E11.3419 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3491 - E11.3499 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3511 - E11.3519 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye</p> <p>E11.3521 - E11.3529 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E11.3531 - E11.3539 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E11.3541 - E11.3549 Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E11.3551 - E11.3559 Type 2 diabetes mellitus with stable proliferative diabetic retinopathy</p> <p>E11.3591 - E11.3599 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p>Provide location modifier RT or LT.</p> <p>Not covered if fundus photography is provided within six months.</p>
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92227	<p>Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral</p> <p>Allowable once per 12-month period.</p> <p>Bill diagnosis code Z13.5 in the primary position.</p> <p>Bill any of the following additional diagnosis codes as appropriate:</p> <p>E10.9 Type 1 diabetes mellitus without complications</p> <p>E11.9 Type 2 diabetes mellitus without complications</p> <p>E13.9 Other specified diabetes mellitus without complications</p> <p>Bill with Place of Service code “11.”</p> <p>Cannot be billed with remote imaging for monitoring and management of active retinal disease (CPT 92228) or fundus photography (CPT 92250).</p>
92228	<p>Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral</p> <p>If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p>Allowable once per 12-month period.</p> <p>Bill diagnosis code Z13.5 in the primary position.</p> <p>Bill any of the following additional diagnosis codes as appropriate, coding to the highest level of specificity:</p> <p>E10.311 – E10.3599 Type 1 diabetes mellitus with diabetic retinopathy</p> <p>E11.311 – E11.3599 Type 2 diabetes mellitus with diabetic retinopathy</p> <p>E13.311 – E13.3599 Other specified diabetes mellitus with diabetic retinopathy</p> <p>Bill with modifier 26.</p> <p>Bill with Place of Service Code “11.”</p> <p>Cannot be billed with remote imaging for detection of retinal disease (CPT 92227) or fundus photography (CPT 92250).</p>



92250	<p>Fundus Photography</p> <p><b>Service Allowance:</b></p> <p>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 which include diabetes and diabetic retinopathy.</p> <p>If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p><b>Type 1 diabetes mellitus with diabetic retinopathy</b></p> <p>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema</p> <p>E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy</p> <p>E10.3591 - E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p><b>Type 2 diabetes mellitus with diabetic retinopathy</b></p> <p>E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E11.3211 - E11.3219 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p>
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	<p>E11.3291 - E11.3299 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3311 - E11.3319 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3391 - E11.3399 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3411 - E11.3419 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3491 - E11.3499 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3511 - E11.3519 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye</p> <p>E11.3521 - E11.3529 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E11.3531 - E11.3539 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E11.3541 - E11.3549 Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E11.3551 - E11.3559 Type 2 diabetes mellitus with stable proliferative diabetic retinopathy</p> <p>E11.3591 - E11.3599 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p>Not covered if extended ophthalmoscopy is provided within six months.</p>
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92250	<p>Fundus Photography (Retinal Screening)</p> <p><b>Service Allowance:</b> 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 Z13.5 in the primary position and diagnosis code E10.9, E11.9 or E13.9 in the secondary position.</p> <p>Submit claims for retinal screening with modifier 52.</p>
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92499	<p>Exam with refraction for diabetic patients only who experience vision shifts of <math>\pm 1.00</math> diopters or greater in at least one eye due to diabetes medications (must be documented in the patient's file). Cannot be billed with another exam service on the same day. Refraction not reimbursed separately; payment is bundled with exam.</p> <p><b>Service Allowance:</b></p> <p>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 which include both diabetes and diabetic retinopathy. For rubeosis, include a rubeosis and a type 1 or type 2 diabetes diagnosis code.</p> <p>If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <p><b>Type 1 or type 2 diabetes with diabetic retinopathy</b></p> <p>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema</p> <p>E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy</p> <p>E10.3591 - E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p>E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E11.3211 - E11.3219 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p>
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	<p>E11.3291 - E11.3299 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3311 - E11.3319 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3391 - E11.3399 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3411 - E11.3419 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3491 - E11.3499 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3511 - E11.3519 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye</p> <p>E11.3521 - E11.3529 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E11.3531 - E11.3539 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E11.3541 - E11.3549 Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E11.3551 - E11.3559 Type 2 diabetes mellitus with stable proliferative diabetic retinopathy</p> <p>E11.3591 - E11.3599 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular</p>
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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

<b>Service Allowance:</b> 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)
92250	Fundus photography

\*Allowable twice per 12-month period when visual necessity is established.

### VSP AMD Approved Diagnosis Codes

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

If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.

Provide location modifier when required.

AMD services must be billed with one of the following diagnosis codes.	
H35.30	Unspecified macular degeneration
H35.3110	Nonexudative age-related macular degeneration, right eye, stage unspecified
H35.3111	Nonexudative age-related macular degeneration, right eye, early dry stage
H35.3112	Nonexudative age-related macular degeneration, right eye, intermediate dry stage
H35.3113	Nonexudative age-related macular degeneration, right eye, advanced atrophic without subfoveal involvement
H35.3114	Nonexudative age-related macular degeneration, right eye, advanced atrophic with subfoveal involvement
H35.3120	Nonexudative age-related macular degeneration, left eye, stage unspecified
H35.3121	Nonexudative age-related macular degeneration, left eye, early dry stage
H35.3122	Nonexudative age-related macular degeneration, left eye, intermediate dry stage
H35.3123	Nonexudative age-related macular degeneration, left eye, advanced atrophic without subfoveal involvement
H35.3124	Nonexudative age-related macular degeneration, left eye, advanced atrophic with subfoveal involvement
H35.3130	Nonexudative age-related macular degeneration, bilateral, stage unspecified
H35.3131	Nonexudative age-related macular degeneration, bilateral, early dry stage
H35.3132	Nonexudative age-related macular degeneration, bilateral, intermediate dry stage

H35.3133	Nonexudative age-related macular degeneration, bilateral, advanced atrophic without subfoveal involvement
H35.3134	Nonexudative age-related macular degeneration, bilateral, advanced atrophic with subfoveal involvement
H35.3190	Nonexudative age-related macular degeneration, unspecified eye, stage unspecified
H35.3191	Nonexudative age-related macular degeneration, unspecified eye, early dry stage
H35.3192	Nonexudative age-related macular degeneration, unspecified eye, intermediate dry stage
H35.3193	Nonexudative age-related macular degeneration, unspecified eye, advanced atrophic without subfoveal involvement
H35.3194	Nonexudative age-related macular degeneration, unspecified eye, advanced atrophic with subfoveal involvement
H35.3210	Exudative age-related macular degeneration, right eye, stage unspecified
H35.3211	Exudative age-related macular degeneration, right eye, with active choroidal neovascularization
H35.3212	Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization
H35.3213	Exudative age-related macular degeneration, right eye, with inactive scar
H35.3220	Exudative age-related macular degeneration, left eye, stage unspecified
H35.3221	Exudative age-related macular degeneration, left eye, with active choroidal neovascularization
H35.3222	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
H35.3223	Exudative age-related macular degeneration, left eye, with inactive scar
H35.3230	Exudative age-related macular degeneration, bilateral, stage unspecified
H35.3231	Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
H35.3232	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
H35.3233	Exudative age-related macular degeneration, bilateral, with inactive scar
H35.3290	Exudative age-related macular degeneration, unspecified eye, stage unspecified
H35.3291	Exudative age-related macular degeneration, unspecified eye, with active choroidal neovascularization
H35.3292	Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization
H35.3293	Exudative age-related macular degeneration, unspecified eye, with inactive scar
H35.341	Macular cyst, hole, or pseudohole, right eye
H35.342	Macular cyst, hole, or pseudohole, left eye
H35.343	Macular cyst, hole, or pseudohole, bilateral
H35.351	Cystoid macular degeneration, right eye
H35.352	Cystoid macular degeneration, left eye
H35.353	Cystoid macular degeneration, bilateral

H35.361	Drusen (degenerative) of macula, right eye
H35.362	Drusen (degenerative) of macula, left eye
H35.363	Drusen (degenerative) of macula, bilateral
H35.371	Puckering of macula, right eye
H35.372	Puckering of macula, left eye
H35.373	Puckering of macula, bilateral
H35.381	Toxic maculopathy, right eye
H35.382	Toxic maculopathy, left eye
H35.383	Toxic maculopathy, bilateral

## 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

<b>Service Allowance:</b> 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)
92225-92226	Extended ophthalmoscopy
92250	Fundus photography

\*Allowable twice per 12-month period when visual necessity is established.

### VSP Glaucoma Approved Diagnosis Codes

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

If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.

Provide location modifier when required.

Glaucoma services must be billed with one of the following diagnosis codes	
H40.001	Preglaucoma, unspecified, right eye
H40.002	Preglaucoma, unspecified, left eye
H40.003	Preglaucoma, unspecified, bilateral
H40.011	Open angle with borderline findings, low risk, right eye
H40.012	Open angle with borderline findings, low risk, left eye



H40.013	Open angle with borderline findings, low risk, bilateral
H40.021	Open angle with borderline findings, high risk, right eye
H40.022	Open angle with borderline findings, high risk, left eye
H40.023	Open angle with borderline findings, high risk, bilateral
H40.031	Anatomical narrow angle, right eye
H40.032	Anatomical narrow angle, left eye
H40.033	Anatomical narrow angle, bilateral
H40.041	Steroid responder, right eye
H40.042	Steroid responder, left eye
H40.043	Steroid responder, bilateral
H40.051	Ocular hypertension, right eye
H40.052	Ocular hypertension, left eye
H40.053	Ocular hypertension, bilateral
H40.061	Primary angle closure without glaucoma damage, right eye
H40.062	Primary angle closure without glaucoma damage, left eye
H40.063	Primary angle closure without glaucoma damage, bilateral
H40.10X0	Unspecified open-angle glaucoma, stage unspecified
H40.10X1	Unspecified open-angle glaucoma, mild stage
H40.10X2	Unspecified open-angle glaucoma, moderate stage
H40.10X3	Unspecified open-angle glaucoma, severe stage
H40.10X4	Unspecified open-angle glaucoma, indeterminate stage
H40.1110	Primary open-angle glaucoma, right eye, stage unspecified
H40.1111	Primary open-angle glaucoma, right eye, mild stage
H40.1112	Primary open-angle glaucoma, right eye, moderate stage
H40.1113	Primary open-angle glaucoma, right eye, severe stage
H40.1114	Primary open-angle glaucoma, right eye, indeterminate stage
H40.1120	Primary open-angle glaucoma, left eye, stage unspecified
H40.1121	Primary open-angle glaucoma, left eye, mild stage
H40.1122	Primary open-angle glaucoma, left eye, moderate stage
H40.1123	Primary open-angle glaucoma, left eye, severe stage
H40.1124	Primary open-angle glaucoma, left eye, indeterminate stage
H40.1130	Primary open-angle glaucoma, bilateral, stage unspecified
H40.1131	Primary open-angle glaucoma, bilateral, mild stage
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage
H40.1133	Primary open-angle glaucoma, bilateral, severe stage
H40.1134	Primary open-angle glaucoma, bilateral, indeterminate stage
H40.1190	Primary open-angle glaucoma, unspecified eye, stage unspecified
H40.1191	Primary open-angle glaucoma, unspecified eye, mild stage
H40.1192	Primary open-angle glaucoma, unspecified eye, moderate stage
H40.1193	Primary open-angle glaucoma, unspecified eye, severe stage
H40.1194	Primary open-angle glaucoma, unspecified eye, indeterminate stage

H40.1210	Low-tension glaucoma, right eye, stage unspecified
H40.1211	Low-tension glaucoma, right eye, mild stage
H40.1212	Low-tension glaucoma, right eye, moderate stage
H40.1213	Low-tension glaucoma, right eye, severe stage
H40.1214	Low-tension glaucoma, right eye, indeterminate stage
H40.1220	Low-tension glaucoma, left eye, stage unspecified
H40.1221	Low-tension glaucoma, left eye, mild stage
H40.1222	Low-tension glaucoma, left eye, moderate stage
H40.1223	Low-tension glaucoma, left eye, severe stage
H40.1224	Low-tension glaucoma, left eye, indeterminate stage
H40.1230	Low-tension glaucoma, bilateral, stage unspecified
H40.1231	Low-tension glaucoma, bilateral, mild stage
H40.1232	Low-tension glaucoma, bilateral, moderate stage
H40.1233	Low-tension glaucoma, bilateral, severe stage
H40.1234	Low-tension glaucoma, bilateral, indeterminate stage
H40.1310	Pigmentary glaucoma, right eye, stage unspecified
H40.1311	Pigmentary glaucoma, right eye, mild stage
H40.1312	Pigmentary glaucoma, right eye, moderate stage
H40.1313	Pigmentary glaucoma, right eye, severe stage
H40.1314	Pigmentary glaucoma, right eye, indeterminate stage
H40.1320	Pigmentary glaucoma, left eye, stage unspecified
H40.1321	Pigmentary glaucoma, left eye, mild stage
H40.1322	Pigmentary glaucoma, left eye, moderate stage
H40.1323	Pigmentary glaucoma, left eye, severe stage
H40.1324	Pigmentary glaucoma, left eye, indeterminate stage
H40.1330	Pigmentary glaucoma, bilateral, stage unspecified
H40.1331	Pigmentary glaucoma, bilateral, mild stage
H40.1332	Pigmentary glaucoma, bilateral, moderate stage
H40.1333	Pigmentary glaucoma, bilateral, severe stage
H40.1334	Pigmentary glaucoma, bilateral, indeterminate stage
H40.1410	Capsular glaucoma with pseudoexfoliation of lens, right eye, stage unspecified
H40.1411	Capsular glaucoma with pseudoexfoliation of lens, right eye, mild stage
H40.1412	Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage
H40.1413	Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage
H40.1414	Capsular glaucoma with pseudoexfoliation of lens, right eye, indeterminate stage
H40.1420	Capsular glaucoma with pseudoexfoliation of lens, left eye, stage unspecified
H40.1421	Capsular glaucoma with pseudoexfoliation of lens, left eye, mild stage
H40.1422	Capsular glaucoma with pseudoexfoliation of lens, left eye, moderate stage
H40.1423	Capsular glaucoma with pseudoexfoliation of lens, left eye, severe stage
H40.1424	Capsular glaucoma with pseudoexfoliation of lens, left eye, indeterminate stage

H40.1430	Capsular glaucoma with pseudoexfoliation of lens, bilateral, stage unspecified
H40.1431	Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage
H40.1432	Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage
H40.1433	Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage
H40.1434	Capsular glaucoma with pseudoexfoliation of lens, bilateral, indeterminate stage
H40.151	Residual stage of open-angle glaucoma, right eye
H40.152	Residual stage of open-angle glaucoma, left eye
H40.153	Residual stage of open-angle glaucoma, bilateral
H40.20X0	Unspecified primary angle-closure glaucoma, stage unspecified
H40.20X1	Unspecified primary angle-closure glaucoma, mild stage
H40.20X2	Unspecified primary angle-closure glaucoma, moderate stage
H40.20X3	Unspecified primary angle-closure glaucoma, severe stage
H40.20X4	Unspecified primary angle-closure glaucoma, indeterminate stage
H40.211	Acute angle-closure glaucoma, right eye
H40.212	Acute angle-closure glaucoma, left eye
H40.213	Acute angle-closure glaucoma, bilateral
H40.2210	Chronic angle-closure glaucoma, right eye, stage unspecified
H40.2211	Chronic angle-closure glaucoma, right eye, mild stage
H40.2212	Chronic angle-closure glaucoma, right eye, moderate stage
H40.2213	Chronic angle-closure glaucoma, right eye, severe stage
H40.2214	Chronic angle-closure glaucoma, right eye, indeterminate stage
H40.2220	Chronic angle-closure glaucoma, left eye, stage unspecified
H40.2221	Chronic angle-closure glaucoma, left eye, mild stage
H40.2222	Chronic angle-closure glaucoma, left eye, moderate stage
H40.2223	Chronic angle-closure glaucoma, left eye, severe stage
H40.2224	Chronic angle-closure glaucoma, left eye, indeterminate stage
H40.2230	Chronic angle-closure glaucoma, bilateral, stage unspecified
H40.2231	Chronic angle-closure glaucoma, bilateral, mild stage
H40.2232	Chronic angle-closure glaucoma, bilateral, moderate stage
H40.2233	Chronic angle-closure glaucoma, bilateral, severe stage
H40.2234	Chronic angle-closure glaucoma, bilateral, indeterminate stage
H40.231	Intermittent angle-closure glaucoma, right eye
H40.232	Intermittent angle-closure glaucoma, left eye
H40.233	Intermittent angle-closure glaucoma, bilateral
H40.241	Residual stage of angle-closure glaucoma, right eye
H40.242	Residual stage of angle-closure glaucoma, left eye
H40.243	Residual stage of angle-closure glaucoma, bilateral
H40.31X0	Glaucoma secondary to eye trauma, right eye, stage unspecified
H40.31X1	Glaucoma secondary to eye trauma, right eye, mild stage
H40.31X2	Glaucoma secondary to eye trauma, right eye, moderate stage

H40.31X3	Glaucoma secondary to eye trauma, right eye, severe stage
H40.31X4	Glaucoma secondary to eye trauma, right eye, indeterminate stage
H40.32X0	Glaucoma secondary to eye trauma, left eye, stage unspecified
H40.32X1	Glaucoma secondary to eye trauma, left eye, mild stage
H40.32X2	Glaucoma secondary to eye trauma, left eye, moderate stage
H40.32X3	Glaucoma secondary to eye trauma, left eye, severe stage
H40.32X4	Glaucoma secondary to eye trauma, left eye, indeterminate stage
H40.33X0	Glaucoma secondary to eye trauma, bilateral, stage unspecified
H40.33X1	Glaucoma secondary to eye trauma, bilateral, mild stage
H40.33X2	Glaucoma secondary to eye trauma, bilateral, moderate stage
H40.33X3	Glaucoma secondary to eye trauma, bilateral, severe stage
H40.33X4	Glaucoma secondary to eye trauma, bilateral, indeterminate stage
H40.41X0	Glaucoma secondary to eye inflammation, right eye, stage unspecified
H40.41X1	Glaucoma secondary to eye inflammation, right eye, mild stage
H40.41X2	Glaucoma secondary to eye inflammation, right eye, moderate stage
H40.41X3	Glaucoma secondary to eye inflammation, right eye, severe stage
H40.41X4	Glaucoma secondary to eye inflammation, right eye, indeterminate stage
H40.42X0	Glaucoma secondary to eye inflammation, left eye, stage unspecified
H40.42X1	Glaucoma secondary to eye inflammation, left eye, mild stage
H40.42X2	Glaucoma secondary to eye inflammation, left eye, moderate stage
H40.42X3	Glaucoma secondary to eye inflammation, left eye, severe stage
H40.42X4	Glaucoma secondary to eye inflammation, left eye, indeterminate stage
H40.43X0	Glaucoma secondary to eye inflammation, bilateral, stage unspecified
H40.43X1	Glaucoma secondary to eye inflammation, bilateral, mild stage
H40.43X2	Glaucoma secondary to eye inflammation, bilateral, moderate stage
H40.43X3	Glaucoma secondary to eye inflammation, bilateral, severe stage
H40.43X4	Glaucoma secondary to eye inflammation, bilateral, indeterminate stage
H40.51X0	Glaucoma secondary to other eye disorders, right eye, stage unspecified
H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage
H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage
H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage
H40.51X4	Glaucoma secondary to other eye disorders, right eye, indeterminate stage
H40.52X0	Glaucoma secondary to other eye disorders, left eye, stage unspecified
H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage
H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage
H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage
H40.52X4	Glaucoma secondary to other eye disorders, left eye, indeterminate stage
H40.53X0	Glaucoma secondary to other eye disorders, bilateral, stage unspecified
H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage
H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage
H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage

H40.53X4	Glaucoma secondary to other eye disorders, bilateral, indeterminate stage
H40.61X0	Glaucoma secondary to drugs, right eye, stage unspecified
H40.61X1	Glaucoma secondary to drugs, right eye, mild stage
H40.61X2	Glaucoma secondary to drugs, right eye, moderate stage
H40.61X3	Glaucoma secondary to drugs, right eye, severe stage
H40.61X4	Glaucoma secondary to drugs, right eye, indeterminate stage
H40.62X0	Glaucoma secondary to drugs, left eye, stage unspecified
H40.62X1	Glaucoma secondary to drugs, left eye, mild stage
H40.62X2	Glaucoma secondary to drugs, left eye, moderate stage
H40.62X3	Glaucoma secondary to drugs, left eye, severe stage
H40.62X4	Glaucoma secondary to drugs, left eye, indeterminate stage
H40.63X0	Glaucoma secondary to drugs, bilateral, stage unspecified
H40.63X1	Glaucoma secondary to drugs, bilateral, mild stage
H40.63X2	Glaucoma secondary to drugs, bilateral, moderate stage
H40.63X3	Glaucoma secondary to drugs, bilateral, severe stage
H40.63X4	Glaucoma secondary to drugs, bilateral, indeterminate stage
H40.811	Glaucoma with increased episcleral venous pressure, right eye
H40.812	Glaucoma with increased episcleral venous pressure, left eye
H40.813	Glaucoma with increased episcleral venous pressure, bilateral
H40.821	Hypersecretion glaucoma, right eye
H40.822	Hypersecretion glaucoma, left eye
H40.823	Hypersecretion glaucoma, bilateral
H40.831	Aqueous misdirection, right eye
H40.832	Aqueous misdirection, left eye
H40.833	Aqueous misdirection, bilateral
H40.89	Other specified glaucoma
H40.9	Unspecified glaucoma
H42	Glaucoma in diseases classified elsewhere
Q15.0	Congenital glaucoma

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

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## Submitting Claims/Billing & Reimbursement

Include each procedure code and related diagnosis codes 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.

If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.

Provide location modifier when required.

Reimbursement for eye exams will meet your current VSP Signature Plan payable fees. For eligible retinal screening claims, you'll be reimbursed \$39 on your U&C fees (whichever is lower). Approved additional services are reimbursed at 80% of your U&C fee, up to the VSP Primary EyeCare maximum allowables.

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**Note:** If any Evaluation and Management Services are performed remotely for the patient, bill the CPT code with a GQ, GT or 95 modifier, as appropriate.

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

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**Note:** When billing eye exams or other services for patients with diabetes, remember to include code 3072F to indicate no evidence of retinopathy in the prior year, when applicable. Always bill 3072F with a \$0.00 charge amount.

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## VSP EASYOPTIONS

VSP EasyOptions is an enhancement to the VSP Signature and Choice plans that enables doctors and patients to customize VSP materials coverage to meet the patient's lifestyle and visual needs.

### Eligibility & Authorization

Obtain eligibility on [eyefinity.com](http://eyefinity.com) or by calling VSP at **800.615.1883**.

When retrieving an authorization, an alert box will appear on [eyefinity.com](http://eyefinity.com) and the VSP Patient Record Report will show VSP EasyOptions under Plan Details.

### Exam Coverage

The VSP EasyOptions enhancement does not affect exam coverage. Refer to the VSP Patient Record Report for exam coverage information.

### Materials Coverage

Potential materials coverage upgrades with VSP EasyOptions vary by client, and are shown on the VSP Patient Record Report. Example upgrades include but are not limited to:

- Fully covered progressive lenses, or
- Fully covered photochromic lenses, or
- Fully covered anti-reflective coating, or
- Increased frame allowance, or
- Increased contact lens allowance

Assist the patient with frame and lens selection as normal, and then determine which upgrade provides the best value for the patient. Charge the patient for the other choices/upgrades as normal for their plan.

### Reimbursement

You'll be reimbursed for exam and materials according to the patient's Signature or Choice Plan coverage as normal. The best value for the patient will be calculated upon claim submission, and this selection will show on your VSP Explanation of Payment as "EasyOptions—[name] Upgrade." Other upgrades will show as "EasyOptions—No Upgrade."

### Client Exception

Boston Children's Hospital patients have an an additional \$50 frame allowance upgrade for Marchon/Altair frames. You will see this upgrade on the VSP Patient Record Report under Plan Details.

## VSP ELEMENTS PROGRAM®

VSP Elements is a covered-in-full program that supports the pediatric vision essential health benefit under the Affordable Care Act (ACA). Featuring Otis & Piper™ Eyewear, VSP Elements offers a covered-in-full annual eye exam and quality eyewear from a collection of frames designed specifically for children.

### Enrollment/Doctor Participation

VSP Elements can be offered to patients with a Signature, Choice, or Advantage Plan. Only participating Choice Network doctors can provide services to VSP Elements patients with the Choice Plan. Only participating Advantage Network doctors can provide services to VSP Elements patients with the Advantage Plan.

### Plan Type

Refer to the Patient Record Report to determine which Plan type the patient has. For Cigna Vision Patients, refer to the [Cigna Quick Reference Chart](#) on VSPOnline at eyefinity.com.

### Eligibility & Authorization

#### COPAYS

Copay information is provided on the Patient Record Report when you obtain an authorization.

#### EXAM COVERAGE

Covered comprehensive eye exams are generally available to patients once every 12 months on a calendar year basis. Other exam frequencies can also be accommodated. Refer to the Patient Record Report for specific coverage details.

#### MATERIALS COVERAGE

VSP Elements coverage is for children typically age 0 to 19 and includes covered prescription lenses and a frame. Covered-in-full frames are available from the Otis & Piper Eyewear Collection. Patients can select a non-Otis & Piper frame, but it will not be covered. Contact lenses in lieu of eyeglasses are also covered with a minimum three-month's supply for varying modalities (see below for details). Please review your patient's coverage before providing materials.

Patients are also eligible for savings on additional services and materials (see [Value-Added Benefits](#) below).

#### LENSES

Single vision, bifocal, trifocal, or lenticular lenses in polycarbonate, plastic or glass are covered, as well as UV protection and scratch-resistant coatings. You receive a combined \$25 lens and frame dispensing fee for covered lenses.

VSP only covers lenses that meet the minimum prescription criteria. The minimum prescription criteria are:

The combined power in any meridian must be  $\pm 0.50$  diopter or greater in at least one eye. If not, you can apply one of the following exceptions:

- Necessary prism is 0.50 diopter or greater in at least one eye.
- Anisometropia is 0.50 diopter or greater.



- Cylinder power is  $\pm 0.50$  diopter or greater.

## LENS ENHANCEMENTS

Some clients, who offer VSP Elements, provide the following coverage. Patients must be eligible for materials on the date of service.

- Photochromic lenses
- Solid and gradient tints

Covered with Copay

For lens enhancements that are covered with a copay, charge the patient according to the appropriate Lens Enhancements Charts ([Signature](#), [Choice](#), or [Advantage](#)) depending on the network selected as indicated on the Patient Record Report.

## COVERED FRAMES

Frames from the [Otis & Piper Eyewear Collection](#) are covered for patients and will be lab supplied through VSPOne™ Columbus. You receive a combined \$25 lens and frame dispensing fee.

To ensure correct claims processing, enter \$0.00 for both wholesale and retail amounts.

You can also use Otis & Piper frames to satisfy the needs of non-Elements patients. Order frames through Altair just as you do today. You may choose any lab or in-office finishing to fill patient prescriptions.

To request an Otis & Piper frame kit, contact Altair® at **800.505.5557**.

Frame Warranty

An unlimited warranty is included with the frame.

## OUT-OF-KIT FRAMES

### Elective Frame

A patient has the option of providing their own frame or purchasing a non-Otis & Piper frame from you at 80% of U&C. If the patient purchases a non-Otis & Piper frame, it would be a private transaction and the frame will not be covered by VSP. You'll still receive a combined \$25 dispensing fee for the lens and frame, regardless of the frame brand selected. Regardless of the frame brand that's purchased, the benefit for lenses and a frame will be exhausted for the patient's eligibility period.

### Lenses

Lenses in out-of-kit frames remain covered for the patient under VSP Elements. Your fee for polycarbonate, scratch-coating, and UV protection is included in the reimbursement for the base lens.

All orders for VSP Elements patients must be fulfilled at VSPOne Columbus.

Medically Necessary Frame:

Out-of-kit frames are allowed and covered if medically necessary due to frame material allergies and/or the appropriate eye size is unavailable within the kit selection. For Signature and Choice plans, you receive reimbursement of combined \$25 dispensing for lenses and frame, plus the wholesale cost. Advantage frames are reimbursed up to 55% of your billed amount.

Use a KX modifier to indicate medical necessity, and be sure to complete the frame section and provide your wholesale frame cost.

Lenses, as outlined in the lens section, will still be covered under VSP Elements.

## CONTACT LENSES

### Elective Contact Lenses

VSP Elements provides coverage for contact lens services and materials in lieu of prescription glasses with a minimum three-month's supply (limited to two boxes of lenses) for the following modalities:

- Standard (one pair annually)
- Monthly (six-month supply)
- Bi-weekly (three-month supply)
- Dailies (three-month supply)

To qualify, patients must first be eligible for contact lenses. Refer to the Patient Record Report for the patient's specific type of coverage. The contact lens exam (fitting and evaluation) is covered in full. Providers will be reimbursed 85% of their U&C fees for the contact lens exam, and 100% for materials up to the quantity allowed.

When submitting a paper claim, please indicate the contact lens modality and number of boxes in Box 19 on the [CMS-1500 claim form](#).

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**Note:** Contact lens exam services are also known as the contact lens fitting and evaluation, or F&E. 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.

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### Visually Necessary Contact Lenses

We'll cover contacts in full for patients meeting the established necessary contact lens benefit criteria if those patients are eligible for materials on the date of service. Refer to the [Visually Necessary Contact Lenses](#) section in the VSP Manual for more information.

Don't balance bill your patient. Apply material (spectacle lenses and frame) copays for 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.

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**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.

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## Lab

In-Office Finishing equipment may not be used for VSP Elements patients. All orders must be submitted to VSP**One** Columbus.

## Low Vision

Some VSP Elements clients provide this coverage. Low vision evaluations and aids are covered for eligible enrollees. 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).

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**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.

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### LOW VISION EVALUATION AND AIDS COVERAGE

We'll cover an annual 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. The request and claim should contain the correct low vision diagnosis code(s).

Don't use the low vision coverage to provide conventional glasses or additional contact lenses. Lenses 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 services, 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.

### LOW VISION EXAM COVERAGE

Coverage includes an annual low vision evaluation. There's no copay.

### LOW VISION MATERIALS COVERAGE

Coverage includes all appropriate low vision aids, including prescription services and optical/non-optical aids.

### 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.

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Bill with the appropriate diagnosis codes and modifier KX. Visual necessity must be documented in the patient's file.

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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 non-spectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens systems, including distance vision, telescopic

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**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.

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## Value-Added Benefits

The following are considered a private transaction between you and your patient. Your patient is fully responsible for the payment.

### 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 your U&C fee.
- Applies to prescription and non-prescription lenses.
- Doesn't apply to cleaning products or repairs of prescription lenses or frames.
- Doesn't apply to lenses, solutions, cleaning products, and service agreements.

### VSP LASER VISIONCARE<sup>SM</sup> 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 microkeratome, Custom PRK 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 see the **Laser VisionCare** program page on **VSPOnline** for information on how to participate or for a list of participating facilities.

## Sales Tax

Charge sales tax to your patients, as you normally would, based on your state's sales tax laws and regulations. Refer to Sales Tax under Dispensing and Patient Options on VSPOnline for more information.

## Coordination of Benefits (COB)

Coordination of Benefits is not allowed for VSP Elements patients.

## Authorization Effective Dates

For some VSP Elements patients, authorizations will expire on the last day of the month in which they are issued. 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.

## Practice Management Software

VSP Elements claims for exam, lenses and frames may be submitted through a Practice Management Software System. Claims for contact lens materials may NOT be submitted through a Practice Management Software system, at this time, even if integrated with Eyefinity because they will not pay your practice correctly. To ensure proper payment, submit contact lens claims directly through Eyefinity or on paper. Contact Eyefinity for questions at **800.942.5353**.

## Redos

Orders should be returned to VSP**One** Columbus. Contact the lab at **800.251.5150** for additional information.

If you need to return a defective Otis & Piper frame, contact the lab for return instructions. If a patient wants to change a frame, the lab will do a one-time redo at no charge.

### REDOS DUE TO LAB ERROR

Within 60 days, redos will be expedited and redone at no cost. Call VSP**One** Columbus at **800.251.5150** with any questions.

### REDOS DUE TO DOCTOR OR STAFF ERROR

You'll be charged \$10 for redos due to doctor or staff error within 60 days. Do not charge the patient for the redo. Call VSP**One** Columbus for complete details.

### REDOS DUE TO PRESCRIPTION CHANGES

Lens redos due to prescription changes within 60 days are a private transaction between your practice, the patient, and the lab. VSP**One** Columbus will complete a redo for \$10 or you may use another lab of your choice on a private basis.

Do not send the order back to the lab. Lab will redo lenses and send them to you so you can replace old lenses.

## VSP EXAM PLUS PLAN<sup>SM</sup> AND VSP EXAM PLUS WITH ALLOWANCES PLAN<sup>SM</sup>

### VSP Exam Plus Plan<sup>SM</sup>

#### EXAM COVERAGE

Exam Plus patients are covered for a comprehensive eye exam.

#### MATERIALS

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

- Patients are eligible for complete sets of prescription glasses or plano (non-prescription) sunglasses from a VSP doctor within 12 months of the last eye exam at 80% of U&C. The benefit:
  - 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 80% of U&C.
  - Deduct 20% on additional eye exams, including if only a refraction is performed.
  - Doesn't apply to cleaning products or repairs of prescription lenses or frames.
- Patients are eligible for contact lens exam services (F&E) and follow-up services at 85% U&C. The benefit:
  - Applies to services for prescription lenses only.
  - 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 80% of U&C.
  - Doesn't apply to contact lens materials, solutions, cleaning products, or service agreements.

### VSP Exam Plus With Allowances Plan<sup>SM</sup>

#### EXAM COVERAGE

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

#### MATERIALS COVERAGE

##### Lenses and Frames

Patients are eligible for prescription lens, lens enhancements **and/or** frame (complete pair not required), 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 enhancements 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.

The benefit is available for 12 months on or following the date of the last covered eye exam, however the allowance schedule applies only once. Deduct 20% from the materials first, then apply the allowance.

**Contact Lenses**

Charge patients with Elective Contact Lens (ECL) or Visually Necessary Contact Lens (NCL) coverage 85% U&C for contact lens exam services (evaluation/fitting services and follow-up services). You may charge your U&C fees for contact lens materials. Elective or visually necessary contact lenses are chosen 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 BENEFITS**

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

- Patients are eligible for complete sets of prescription glasses or plano (non-prescription) sunglasses from a VSP doctor within 12 months of the last eye exam at 80% of U&C. The benefit:
  - 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 80% of U&C.
  - Deduct 20% on additional eye exams, including if only a refraction is performed.
  - Doesn't apply to cleaning products or repairs of prescription lenses or frames.
- Patients are eligible for contact lens exam services (F&E) and follow-up services at 85% of U&C. The benefit:
  - Applies to services for prescription lenses only.
  - Is unlimited for 12 months on or following the date of the last eye exam.
  - Use professional judgment when evaluating prescriptions from another doctor.
  - Doesn't apply to contact lens materials, solutions, cleaning products, or service agreements.

**SUBMITTING CLAIMS/BILLING & REIMBURSEMENT****VSP Exam Plus With Allowances**

- Your patient pays the amount above their allowance. 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 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 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 U&C fees next to the right CPT/HCPCS code.
- Complete the **CMS-1500 Claim Form** by entering your full 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 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 VISIONCARE<sup>SM</sup> 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 microkeratome, Custom PRK, or Bladeless LASIK.
- 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](http://eyefinity.com) for information on how to participate or for a list of participating facilities.



## LASER VISIONCARE<sup>SM</sup> 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"> <li>• Members receive a complimentary screening as well as preoperative and postoperative services through participating VSP Primary EyeCare Providers.</li> <li>• 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 microkeratome, Custom PRK, or Bladeless LASIK.</li> <li>• 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.</li> </ul>	<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"> <li>• 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.</li> <li>• 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.</li> </ul>

**Note:** Information about the Laser VisionCare Program is available to members and consumers at [vsp.com](http://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 inquiry about receiving services under the program, refer the patient to [vsp.com](http://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, Custom PRK with wavefront technology using microkeratome, or Bladeless LASIK:
  - Allowance amount \$XXX (per eye or both eyes)

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

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## 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.

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**Note:** For frame-only claim submissions, bill with diagnosis code Z46.0 (Encounter for fitting and adjustment of spectacles and contact lenses) to ensure correct claims processing.

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## 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).

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**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.

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### 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. The request and claim should contain the correct low vision diagnosis code(s).

Low Vision Diagnosis Codes			
ICD-10	Description	ICD-10	Description
H53.461	Homonymous bilateral field defects, right side (homonymous altitudinal hemianopia)	H54.2X12	Low vision right eye category 1, low vision left eye category 2
H53.462	Homonymous bilateral field defects, left side (homonymous altitudinal hemianopia)	H54.2X21	Low vision right eye category 2, low vision left eye category 1
H53.469	Homonymous bilateral field defects, unspecified side (homonymous altitudinal hemianopia)	H54.2X22	Low vision right eye category 2, low vision left eye category 2
H53.47	Heteronymous bilateral field defects (hemianopsia)	H54.3	Unqualified visual loss, both eyes
H54.10	Blindness, one eye, low vision other eye, unspecified eyes	H54.40	Blindness, one eye, unspecified eye
H54.1131	Blindness right eye category 3, low vision left eye category 1	H54.413A	Blindness right eye category 3, normal vision left eye
H54.1132	Blindness right eye category 3, low vision left eye category 2	H54.414A	Blindness right eye category 4, normal vision left eye

H54.1141	Blindness right eye category 4, low vision left eye category 1	H54.415A	Blindness right eye category 5, normal vision left eye
H54.1142	Blindness right eye category 4, low vision left eye category 2	H54.42A3	Blindness left eye category 3, normal vision right eye
H54.1151	Blindness right eye category 5, low vision left eye category 1	H54.42A4	Blindness left eye category 4, normal vision right eye
H54.1152	Blindness right eye category 5, low vision left eye category 2	H54.42A5	Blindness left eye category 5, normal vision right eye
H54.1213	Low vision right eye category 1, blindness left eye category 3	H54.50	Low vision, one eye, unspecified eye
H54.1214	Low vision right eye category 1, blindness left eye category 4	H54.511A	Low vision right eye category 1, normal vision left eye
H54.1215	Low vision right eye category 1, blindness left eye category 5	H54.512A	Low vision right eye category 2, normal vision left eye
H54.1223	Low vision right eye category 2, blindness left eye category 3	H54.52A1	Low vision left eye category 1, normal vision right eye
H54.1224	Low vision right eye category 2, blindness left eye category 4	H54.52A2	Low vision left eye category 2, normal vision right eye
H54.1225	Low vision right eye category 2, blindness left eye category 5	H54.8	Legal blindness, as defined in USA
H54.2X11	Low vision right eye category 1, low vision left eye category 1		

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](#).

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**NOTE:** Patients with a diagnosis of **photophobia** (visual discomfort) are eligible for sun filters. Lenses do not have to meet VSP's minimum prescription requirements.

H53.141 Visual discomfort, right eye; H53.142 Visual discomfort, left eye;  
H53.143 Visual discomfort, bilateral

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## 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.

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

\*VSP covers additional exams if benefit dollars are available.

## 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 aids. Your patient must pay any overages.

Non-covered low vision aids include, but are not limited to, the following items:

- Plano lenses (excepting lenses for patients with photophobia, as noted above)
- Fitovers/cocoons/clip-ons
- Electronic books
- Computers with voice-enhanced software
- Watches with large dials
- Lamps

**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.

**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.

<b>Low Vision Evaluation</b>	
92499	Unlisted ophthalmological service or procedure
<b>Fitting of Low Vision Aids (not reimbursed separately; payment is bundled with aids)</b>	
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
<b>Low Vision Aids</b>	
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

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**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.

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## 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 benefits 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"> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Prescription spectacles must be tested as a complete device.</li> <li>• Frames that meet the Impact Rated Protector requirement must bear the mark Z87-2 (a + will be required once</li> </ul>

<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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..."</li> </ul>	<p>manufacturers can change their markings and existing inventory is depleted) and may be used for both General Purpose Protector and Impact Rated Protector applications.</p> <ul style="list-style-type: none"> <li>• Detachable side shields are marked with Z87+. If side shields are permanent they don't need to be marked.</li> </ul>
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## OTHER LENS ENHANCEMENTS

If your patient selects a lens enhancement that is covered with copay, charge your patients the amount listed on the VSP Signature Plan Lens Enhancements Chart or your U&C, whichever is lower. Check the Patient Record Report. Examples of lens enhancements 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.

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**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.

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## 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

151 Blue Ravine Rd., Folsom, CA 95630

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:

<b>Time Since WellVision® Routine Exam</b>	<b>Reimbursement Percentage</b>
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 benefit 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, deduct 20% from 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"> <li>• 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.</li> <li>• 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.</li> <li>• Impact Rated Protector: Minimum of 2.0 mm thickness. Lens must be marked with the manufacturer's logo</li> </ul>	<ul style="list-style-type: none"> <li>• Prescription spectacles must be tested as a complete device.</li> <li>• 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.</li> <li>• Note: Detachable side shields are marked with Z87+. If side shields are</li> </ul>

<p>and with a plus sign (+), indicating that it meets Impact Rated Protector test requirements.</p> <ul style="list-style-type: none"> <li>• 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...”</li> </ul>	<p>permanent they don't need to be marked.</p>
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## LENSES

### Covered Lens Enhancements

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

### Other Enhancements

If your patient selects a lens enhancement that is covered with copay, charge the patient your usual and customary fee (U&C) for the lens enhancement or their lens enhancement copay. (refer to the VSP Signature Plan Lens Enhancement Chart), whichever is lower. Refer to the Patient Record Report for lens enhancement coverage.

Here are several examples of lens enhancements 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 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  $\pm 0.50$  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, deduct 20% from the retail overage. Determine the patient's cost (if any) as you do today and collect any overages from patient.

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

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You'll need to scroll to box 19 and select "yes" for #23. If you have a pre-certification or prior authorization number, a pop-up number will appear which must be provided to VSP. If you do not have an authorization number, please call VSP Customer Service.

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## ADDITIONAL MATERIALS

When a complete pair of glasses, including plano sunglasses, is dispensed within 12 months from the date of the last eye exam, charge the patient 80% of U&C for non-covered materials. Refer to the **Value-Added Benefits** in the [VSP Signature Plan®](#) section for details.

## Lab

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

VSP**One** Columbus

**800.251.5150**

2065 Rohr Road, Lockbourne, OH 43137

VSP**One** Sacramento

**800.952.5518**

151 Blue Ravine Rd., Folsom, CA 95630

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.

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**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.

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## 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 lens enhancements 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.

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**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.

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## COMPUTER VISIONCARE<sup>SM</sup> 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	H52.4
Hyperopia	H52.01, H52.02, H52.03
Disorder of Accommodation	H52.511, H52.512, H52.513 H52.521, H52.522, H52.523 H52.531, H52.532, H52.533
Heterophoria	H50.50, H50.51, H50.52, H50.53, H50.54, H50.55
Astigmatism	H52.201, H52.202, H52.203 H52.211, H52.212, H52.213 H52.221, H52.222, H52.223
Disorder of Convergence	H51.0, H51.11, H51.12, H51.21, H51.22, H51.23, H51.8

## LENSES

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

Spectacle lens coverage includes:

- Minimum prescription of  $\pm 0.50$  diopters required for lenses.
- Single vision, bifocal, and trifocal specifically designed for working at a computer glass/plastic.
- Near Variable Focus lenses (VSP lens enhancement code IA or IL) are covered

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**Note:** Although rare, some clients may choose to cover all progressives. Check the patient record report for coverage details.

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- Eye sizes up to and including 60 mm.
- The prescription for Computer VisionCare materials must differ by more than  $\pm 0.50$  diopters from the patient's everyday eyewear.
- Pink I, II or Rose tints, up to 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, deduct 20% from the retail overage



### **Other Lens Enhancements**

If your patient selects a lens enhancement that is covered with copay, charge your patient according to the VSP Signature Plan Lens Enhancements Chart or your U&C, whichever is lower. Examples of lens enhancements patients can choose:

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

### **Non-covered Materials**

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

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

### **Labs**

- Use VSP contract labs.
- Submit orders through eClaim at [eyefinity.com](http://eyefinity.com).
- For redos, please check the [First-Time Doctor Redos](#) policy in **Dispensing and Patient Lens Enhancements** section.
- You can use non-contract labs in emergency situations only.
- Doctor in-office lens enhancements are acceptable if they follow Computer VisionCare guidelines for tints. See [Doctor In-Office Lens Enhancements](#) 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
- The prescription for Computer VisionCare materials must differ by more than  $\pm 0.50$  diopters from your patient's everyday eyewear
- 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.

## 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— H51.11
- Accommodative insufficiency— H52.521, H52.522, H52.523
- Accommodative spasm— H52.531, H52.532, H52.533

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
- Accommodative insufficiency—367.50
- Accommodative 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 for dates of service.

Diagnosis	Code
Presbyopia	H52.4
Hyperopia	H52.01, H52.02, H52.03
Disorder of Accommodation	H52.511, H52.512, H52.513 H52.521, H52.522, H52.523 H52.531, H52.532, H52.533
Heterophoria	H50.50, H50.51, H50.52, H50.53, H50.54, H50.55
Astigmatism	H52.201, H52.202, H52.203

	H52.211, H52.212, H52.213 H52.221, H52.222, H52.223
Disorder of Convergence	H51.0, H51.11, H51.12, H51.21, H51.22, H51.23, H51.8

## LENSES

Under both VDT plans, patients qualify for covered lenses and have a wholesale/retail frame allowance. Value-added benefits 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  $\pm 0.50$  diopters from your patient's everyday eyewear

### Covered Lens Enhancements

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

### Other Lens Enhancements

If your patient selects a lens enhancement that is covered with copay, charge patients according to the Patient Lens Enhancement Chart or your U&C, whichever is lower.

Examples of lens enhancements 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 the Patient Record Report for coverage 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

## Labs

- Use VSP contract labs.
- Submit orders through eClaim.
- For redos, please check the [First-Time Doctor Redos](#) policy in **Dispensing and Patient Lens Enhancements** section.
- Use non-contract labs in emergency situations only.
- Doctor in-office lens enhancements are acceptable if they follow VDT VisionCare guidelines for tints. See [Doctor In-Office Lens Enhancements](#) 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.
- The prescription for VDT materials must differ by more than  $\pm 0.50$  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.**

### 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 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.

**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— H51.11
- Accommodative insufficiency— H52.521, H52.522, H52.523
- Accommodative spasm— H52.531, H52.532, H52.533

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 diagnosis codes indicated.

Sessions for a patient who meets the benefit criteria and is eligible for Vision Therapy are authorized when you 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

#### EVALUATIONS

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.

#### SESSIONS

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 amount 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.

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**NOTE:** VSP pays 100% of the allowable amount for vision therapy sessions provided to patients with a Sight for Students gift certificate.

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**Patients with Sight for Students Gift Certificates:** In addition to the sensorimotor exam, we'll pay 100% of the allowed amount for vision therapy sessions 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.
H50.06	Alternating esotropia with A pattern

H50.07	Alternating esotropia with V pattern
H50.111	Monocular exotropia, right eye
H50.112	Monocular exotropia, left eye
H50.141	Monocular exotropia with other noncomitancies, right eye
H50.142	Monocular exotropia with other noncomitancies, left eye
H50.15	Alternating exotropia
H50.18	Alternating exotropia with other noncomitancies
H50.30	Unspecified intermittent heterotropia
H50.311	Intermittent monocular esotropia, right eye
H50.312	Intermittent monocular esotropia, left eye
H50.32	Intermittent alternating esotropia
H50.331	Intermittent monocular exotropia, right eye
H50.332	Intermittent monocular exotropia, left eye
H50.34	Intermittent alternating exotropia
H50.51	Esophoria
H50.52	Exophoria
H51.11	Convergence insufficiency
H51.12	Convergence excess
H51.8	Other specified disorders of binocular movement
H53.32	Fusion with defective stereopsis
H55.81	Saccadic eye movements
H55.89	Other irregular eye movements

## VISION THERAPY SESSIONS

92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation.
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You can find a list of appropriate diagnosis codes for CPT 92065 on the [Vision Therapy Verification Form](#).

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**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.

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## 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 exams and the change in prescription meets the criteria outlined under " <b>Lenses.</b> "	New lenses are allowed if: <ul style="list-style-type: none"> <li>• your patient has interim benefits;</li> <li>• your patient meets the criteria for interim lens coverage;</li> <li>• you've received authorization for interim lenses.</li> </ul>	A new frame is allowed only if your patient has interim benefits for frames and interim lenses have been approved. 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 core plan wholesale/retail frame allowance.

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"> <li>• repair or replacement for single vision or multifocal lenses will be approved if the doctor determines the glasses can't be repaired;</li> <li>• the benefit is limited to the patient's core plan lens coverage.</li> </ul> <p><b>Note:</b> Contact lens repair or replacement isn't covered under this plan.</p>	<p>Replacement parts are covered if:</p> <ul style="list-style-type: none"> <li>• frame temples, front, and/or hinges are damaged beyond repair;</li> <li>• the benefit is limited to the patient's core plan wholesale frame allowance.</li> </ul> <p>Replacement of the complete frame is covered if:</p> <ul style="list-style-type: none"> <li>• frame is damaged beyond repair or the cost of repairing the parts exceeds the cost of replacement;</li> <li>• the benefit will be limited to the patient's core plan wholesale/retail frame allowance.</li> </ul>

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.

## 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.

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**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.

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#### 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.

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**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.

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#### 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.

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**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 VSP's Primary EyeCare Plan or Diabetic EyeCare Plus Program.

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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.

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

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## 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.

## 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**:

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**Note:** Members may receive non-prescription ready-made sunglasses instead of prescription glasses. This will exhaust both lens and frame benefits.

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### 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). Deduct 20% from 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 enhancements or coatings. Members wishing to change the prefabricated plano sunglass lenses by adding lens enhancements (such as polarized, anti-reflective, or mirror coatings) can purchase new lenses and lens enhancements on a private-pay basis, at 80% U&C.

### Submitting Claims

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

For frame-only claim submissions, bill with diagnosis code Z46.0 (Encounter for fitting and adjustment of spectacles and contact lenses) to ensure correct claims processing.

### 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).

# EYE EXAMS

## LEVELS OF SERVICE

All covered services must be rendered in a VSP qualified office location. VSP follows AMA guidelines for exam requirements, as outlined in CPT. 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.

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

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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\*

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**\*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.

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### 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.
- Determination of refractive state with best corrected visual acuities (recorded monocularly). Testing may be delegated to qualified staff under the supervision of a licensed VSP Network Doctor (as permitted by state regulation and may be done with or without DPA's ( diagnostic pharmaceutical agents)
- Accommodative function is based on the doctor's professional judgment and is not an exam requirement for all patients. Any near point accommodation testing should be performed when clinically indicated.

### DIAGNOSIS & TREATMENT PLAN

We require diagnosis codes and/or related descriptions, plus documentation of the diagnosis in the exam chart notes. Z01.00 and Z01.01 are not acceptable as the sole diagnosis **with a date of service on or after 10/1/15** and when there is another more appropriate refractive or medical diagnosis to use.

We require diagnosis codes and/or related descriptions, plus documentation of the diagnosis in the exam chart notes. V72.0 is not acceptable as the sole diagnosis with a **date of service on and before 9/30/15** and 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\*

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**\*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.

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## REFRACTIVE STATUS EVALUATION

- Determination of refractive state with best corrected visual acuities (recorded monocularly). Testing may be delegated to qualified staff under the supervision of a licensed VSP Network Doctor (as permitted by state regulation ) and may be done with or without DPA's (diagnostic pharmaceutical agents)

## DIAGNOSIS & TREATMENT PLAN

We require diagnosis codes and/or related descriptions, plus documentation of the diagnosis in the exam chart notes. Z01.00 and Z01.01 are not acceptable as the sole diagnosis **with a date of service on or after 10/1/15** and when there is another more appropriate refractive or medical diagnosis to use.

We require diagnosis codes and/or related descriptions, plus documentation of the diagnosis in the exam chart notes. V72.0 is not acceptable as the sole diagnosis with a **date of service on and before 9/30/15** and 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 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:

- 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.
- Provide your findings in writing and 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 usually allows patients to receive care from any medical provider without a PCP referral.
- Keep a copy of the referral letter in your patient's records



## Evaluation and Management Services

We will cover Evaluation and Management exams under the [VSP Primary EyeCare Plan<sup>SM</sup>](#). 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 month
- 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 [Diabetes](#), for further reference.

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**Note:** When billing eye exams for patients with diabetes, remember to include code 3072F to indicate no evidence of retinopathy in the prior year, when applicable. Always bill 3072F with a \$0.00 charge amount.

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**Note:** Retinal photography, such as optomap<sup>®</sup>, doesn't replace a dilated eye exam as the standard of care for a patient with diabetes.

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## 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.

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

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### 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"> <li>• Visual and ocular history</li> <li>• Prenatal, perinatal, and postnatal general health history</li> <li>• Current medications and medication allergies</li> <li>• Family eye and medical histories</li> <li>• Child's developmental history</li> <li>• Time spent outdoors, on near work and screen viewing</li> <li>• Names of, contact information for, patient's other health care providers</li> </ul>	<ul style="list-style-type: none"> <li>• External exam</li> <li>• Biomicroscopy (anterior segment photos are separate procedures. They're not acceptable in place of biomicroscopy without separate documentation of anterior segment findings)</li> <li>• 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*</li> <li>• Pupillary reflexes</li> <li>• Binocularity – ocular alignment (cover test, Hirschberg, Krimsky, Bruckner, Stereopsis, near point of convergence) Any of test is sufficient</li> <li>• Ocular motility/Versions (must be recorded separately from binocular function testing)</li> <li>• Tonometry (Tactile) – If child is cooperative</li> </ul> <p>*<b>Note:</b> Fundus photos and <b>optomap</b>® 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 Autorefraction
<p>Suggested measure of acuity assessment, not limited to the following (recorded monocularly):</p> <ul style="list-style-type: none"> <li>• Fixation preference tests</li> <li>• Bruckner's test</li> <li>• Preferential looking visual acuity test</li> </ul>	<ul style="list-style-type: none"> <li>• Cycloplegic retinoscopy</li> </ul>

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

### CASE HISTORY AND VISUAL SYSTEM HEALTH

<p><b>Case History</b></p> <ul style="list-style-type: none"> <li>• Identification and description of the chief complaint</li> <li>• Visual and ocular history</li> <li>• Prenatal, perinatal, and postnatal general health history and review of systems</li> <li>• Current medications and medication allergies</li> <li>• Family eye and medical histories</li> <li>• Child’s developmental history</li> <li>• Time spent outdoors, on sports activities, on near work and screen viewing</li> <li>• Names of, and contact information for, the patient’s other health care providers</li> </ul>	<p><b>Visual System Health Status Evaluation</b></p> <ul style="list-style-type: none"> <li>• External exam</li> <li>• Biomicroscopy (anterior segment photos are separate procedures. They’re not acceptable in place of biomicroscopy without separate documentation of anterior segment findings)</li> <li>• 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*</li> <li>• Pupillary reflexes</li> <li>• Ocular motility/Versions (must be recorded separately from binocular function testing)</li> <li>• Binocularity – ocular alignment at distance and near (cover test, Hirschberg, Krimsky, Stereopsis, near point of convergence, Positive and Negative Fusional Vergence, Accomodative convergence) Any one test is sufficient</li> <li>• Screening visual fields/confrontations at doctor’s discretion</li> <li>• Color Vision Testing – Once in lifetime</li> <li>• Tonometry – if child is cooperative</li> </ul> <p><b>*Note:</b> Fundus photos and <b>optomap®</b> are separate procedures. They’re not acceptable in place of performing direct or indirect ophthalmoscopy.</p>
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### REFRACTIVE STATUS EVALUATION

<p><b>Entering and Best Corrected Visual Acuity</b></p> <p>Suggested measure of quantitative acuity, not limited to the following (recorded monocularly):</p> <ul style="list-style-type: none"> <li>• Broken wheel acuity cards</li> <li>• Lighthouse cards with matching blocks</li> <li>• HOTV test</li> <li>• Tumbling E chart</li> </ul>	<p><b>Refraction or Autorefraction</b></p> <p>At least one, with corrected visual acuity as stated at left:</p> <ul style="list-style-type: none"> <li>• Static retinoscopy</li> <li>• Cycloplegic retinoscopy</li> </ul>	<p><b>Accommodative</b></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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| <ul style="list-style-type: none"> <li>• Snellen acuity chart</li> </ul> |  |  |
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## School-Age Children (6 years to 18 years and 11 months)

### CASE HISTORY AND VISUAL SYSTEM HEALTH

Case History	Visual System Health Status Evaluation
<ul style="list-style-type: none"> <li>• Identification and description of the chief complaint</li> <li>• Visual and ocular history</li> <li>• Prenatal, perinatal, and postnatal general health history</li> <li>• Current medications and medication allergies</li> <li>• Family eye and medical histories</li> <li>• Child's developmental history</li> <li>• School performance history</li> <li>• Time spent outdoors, on sports activities, on near work and screen viewing</li> <li>• Names of, and contact information for, the patient's other health care providers</li> </ul>	<ul style="list-style-type: none"> <li>• External exam</li> <li>• Biomicroscopy (anterior segment photos are separate procedures. They're not acceptable in place of biomicroscopy without separate documentation of anterior segment findings)</li> <li>• 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*</li> <li>• Pupillary reflexes</li> <li>• Ocular motility/Versions (must be recorded separately from binocular function testing)</li> <li>• Binocularity – ocular alignment at distance and near (cover test, Hirschberg, Krimsky, Stereopsis, near point of convergence, Positive and Negative Fusional Vergence, Accomodative convergence) Any one test is sufficient</li> <li>• Screening visual fields/confrontations at doctor's discretion</li> <li>• Color Vsion Testing – Once in lifetime</li> <li>• <b>Tonometry Guideline:</b> 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.</li> </ul> <p><b>*Note:</b> Fundus photos and <b>optomap</b>® retinal exams are separate procedures. They're not acceptable in place of performing direct or indirect ophthalmoscopy.</p>

**REFRACTIVE STATUS EVALUATION**

<b>Entering and Best Corrected Visual Acuity</b>	<b>Refraction</b>	<b>Accommodation</b>
<p>Suggested measure of acuity assessment, any one test is sufficient. (Must be recorded monocularly):</p> <ul style="list-style-type: none"> <li>• Bruckner's test</li> <li>• Snellen acuity chart</li> <li>• ETDRS Visual Acuity</li> </ul>	<ul style="list-style-type: none"> <li>• Static retinoscopy or Auto refractor results- acceptable in non-verbal patients</li> <li>• Determination of refractive state with best corrected visual acuities (recorded monocularly). Testing may be delegated to qualified staff under the supervision of a licensed VSP Network Doctor (as permitted by state regulation) and may be done with or without DPA's (diagnostic pharmaceutical agents)</li> <li>• Cycloplegic retinoscopy</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

## SUPPLEMENTAL TESTING

Supplemental testing isn't considered routine.

Your patient may need services beyond those included in the routine exam. Please follow the requirements 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).

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**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.

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## REQUIREMENTS 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 copays, eyewear overages, 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.

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**Note:** Reimbursement of a comprehensive service relies on the proper recording of all testing included in the comprehensive exam. Document the reason for any exam components that were attempted but could not be performed or the exam will be considered deficient.

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

<b>Ophthalmoscopy</b>	<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"> <li>• Vascular assessment, including A/V size ratio or grading of hypertensive or arteriosclerotic retinopathy changes;</li> <li>• Descriptive retinal findings, macula assessment and grading of foveal reflex brightness;</li> <li>• Observations of media.</li> </ul> <p><b>*Note:</b> We consider Fundus photos and Optomap retinal exams separate procedures. They're not acceptable in lieu of performing direct or indirect ophthalmoscopy.</p>
<b>Neurological Integrity (pupil reflexes)</b>	<p>Record descriptions of normal pupillary reflexes, such as “equal, round, reactive to light and accommodation (PERRLA),” WNL, pupils R&amp;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>
<b>Versions</b>	<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>
<b>External/Adnexa Exam</b>	<p>Record lids, lacrimal apparatus, sclera and conjunctiva as “clear,” describing any deviations from normal in the ocular adnexa.</p>
<b>Biomicroscopy (SLE)</b>	<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>
<b>Screening Visual Fields</b>	<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>
<b>Tonometry</b>	<p>Record a numerical pressure measurement for each eye, type of instrument, date and time performed. Tactile estimations of</p>



	<p>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>
<b>Visual Acuity (VA)</b>	<p>Record monocularly as:</p> <ul style="list-style-type: none"> <li>• Entering visual acuity (at 20 ft) with habitual Rx or unaided. Document monocular distance acuities for each eye for monovision contact lens patients.</li> <li>• Best corrected visual acuity at distance through the subjective refraction.</li> <li>• If your patient can't respond properly to testing (e.g., non-verbal or illiterate) please indicate in your documentation.</li> </ul>
<b>Subjective Refraction</b>	<p>Determination of refractive state with best corrected visual acuities (recorded monocularly). Testing may be delegated to qualified staff under the supervision of a licensed VSP Network Doctor (as permitted by state regulation) and may be done with or without DPA's (diagnostic pharmaceutical agents)</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"> <li>• Spectacle overrefractions are acceptable if your patient can't respond properly to subjective testing (e.g., non-verbal, illiterate patients) and are recorded quantitatively.</li> <li>• Contact lens overrefractions are acceptable only in cases of corneal irregularity where the manifest refraction is inconclusive (keratoconus, corneal transplants, dystrophies, etc.).</li> </ul> <p>For the above exceptions, indicate why you couldn't perform the subjective Rx.</p>
<b>Accommodative Function</b>	<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>
<b>Diagnosis</b>	<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 have an ICD-9-CM billable code.</p> <p>Always code to the highest degree of specificity when indicating diagnosis.</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><b>*Note:</b> Z01.00 and Z01.01 are not acceptable as the sole diagnosis with a date of service <b>on and after 10/1/15</b> if there is another more appropriate refractive or medical diagnosis to use.</p> <p>V72.0 is not acceptable as the sole diagnosis with a date of service <b>on and before 9/30/15</b> if there is another more appropriate refractive or medical diagnosis to use.</p>
<b>Treatment Plan</b>	<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.

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.

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**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.

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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).

Medical records should be complete and legible; and should include the legible identity of the provider and the date of service.

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;
- Superbills, eClaim billing printouts, or CMS-1500 Claim Forms; and
- For services provided in Long Term Care Facilities, include PCP orders.

**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 unless the test was attempted and there is documentation as to why results were not obtained. Examples include: the patient is non-verbal, non-responsive, illiterate, uncooperative, refused testing, etc.).
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. <b>*Note:</b> Z01.00 and Z01.01 are not acceptable as the sole diagnosis with a date of service <b>on and after 10/1/15</b> if there is another more appropriate refractive or medical diagnosis to use. V72.0 is not acceptable as the sole diagnosis with a date of service <b>on and before 9/30/15</b> 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.
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.

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**Note:** For California patients, include the following documentation. Refer to the [VSP Members Language Assistance Program](#) for more information.

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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.)
Appointment timing	If an appointment is delayed or extended, note in the relevant record that a longer waiting time would not have a detrimental effect on the health of the patient.

## 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 a contact lens refit for those patients who 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

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

	<p>demonstrate at this time the ability to handle, insert, and remove the contact lenses.</p> <ul style="list-style-type: none"> <li>• Maintain complete records of financial data relating to contact lens materials, fitting, and management.</li> </ul>
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### ROUTINE PROGRESS EVALUATION OR SUBSEQUENT VISITS

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

## 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
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

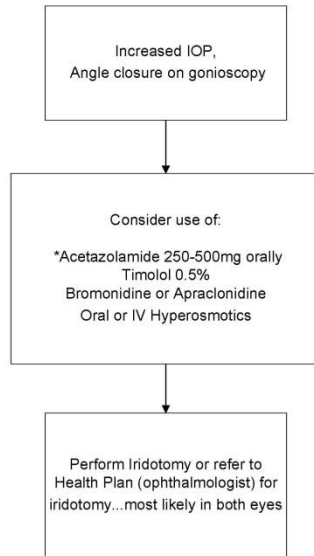
Nd: YAG	Neodymium yttrium-aluminum-garnet laser
NP	Non profusion
NSAID	Nonsteroidal anti-inflammatory drugs
PCP	Primary care physician
PDR	Proliferative diabetic retinopathy
PHVA	Previous history visual acuity
po	Postoperative
POTF	Production of tear film
prn	Pro re nata – As needed
PRP	Panretinal photocoagulation
q (e.g., q4h)	Every (e.g., every four hours)
qid	Quater in die – four times a day
R/O	Rule out



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

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**



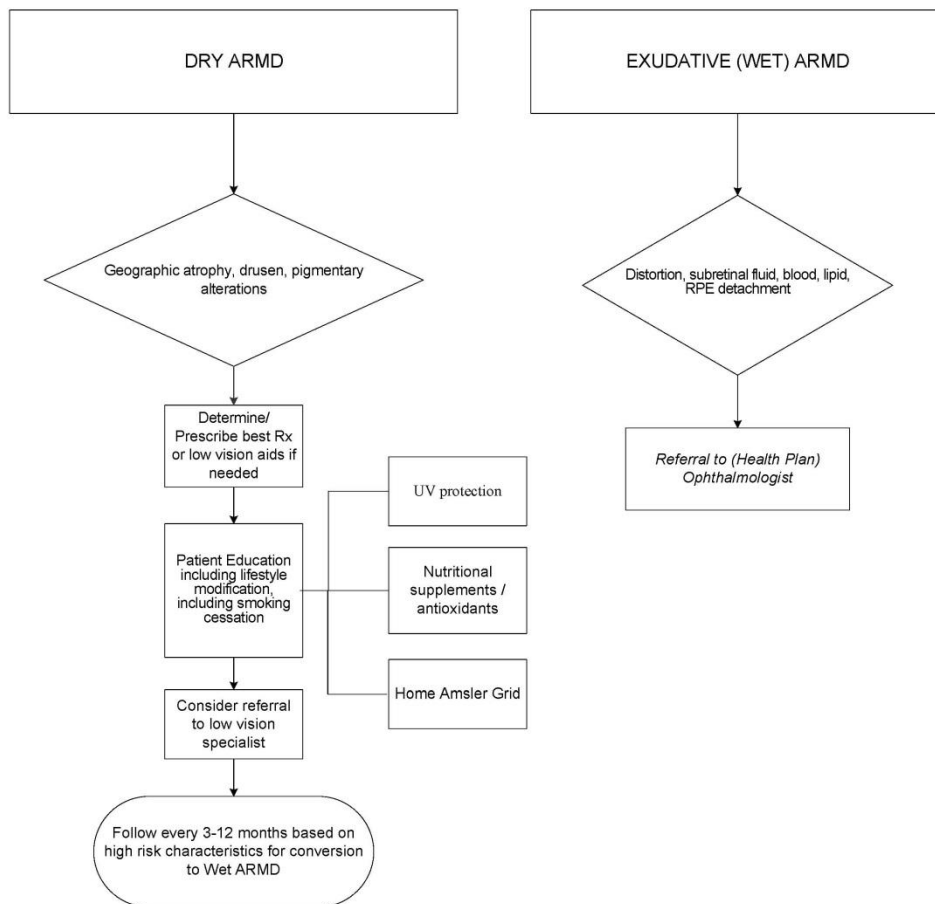
\*Depending on state guidelines



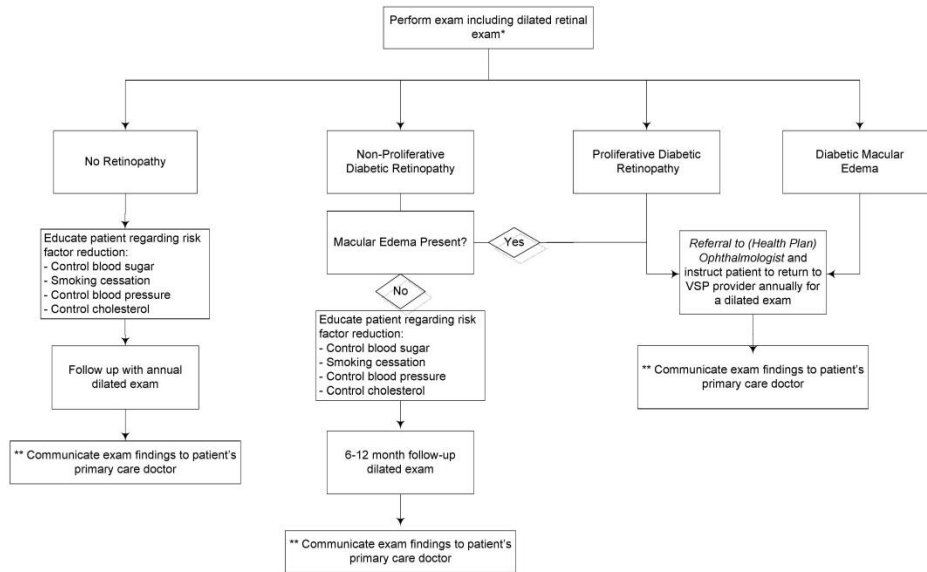
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**AGE RELATED MACULAR DEGENERATION (ARMD)**



DIABETES



\*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.

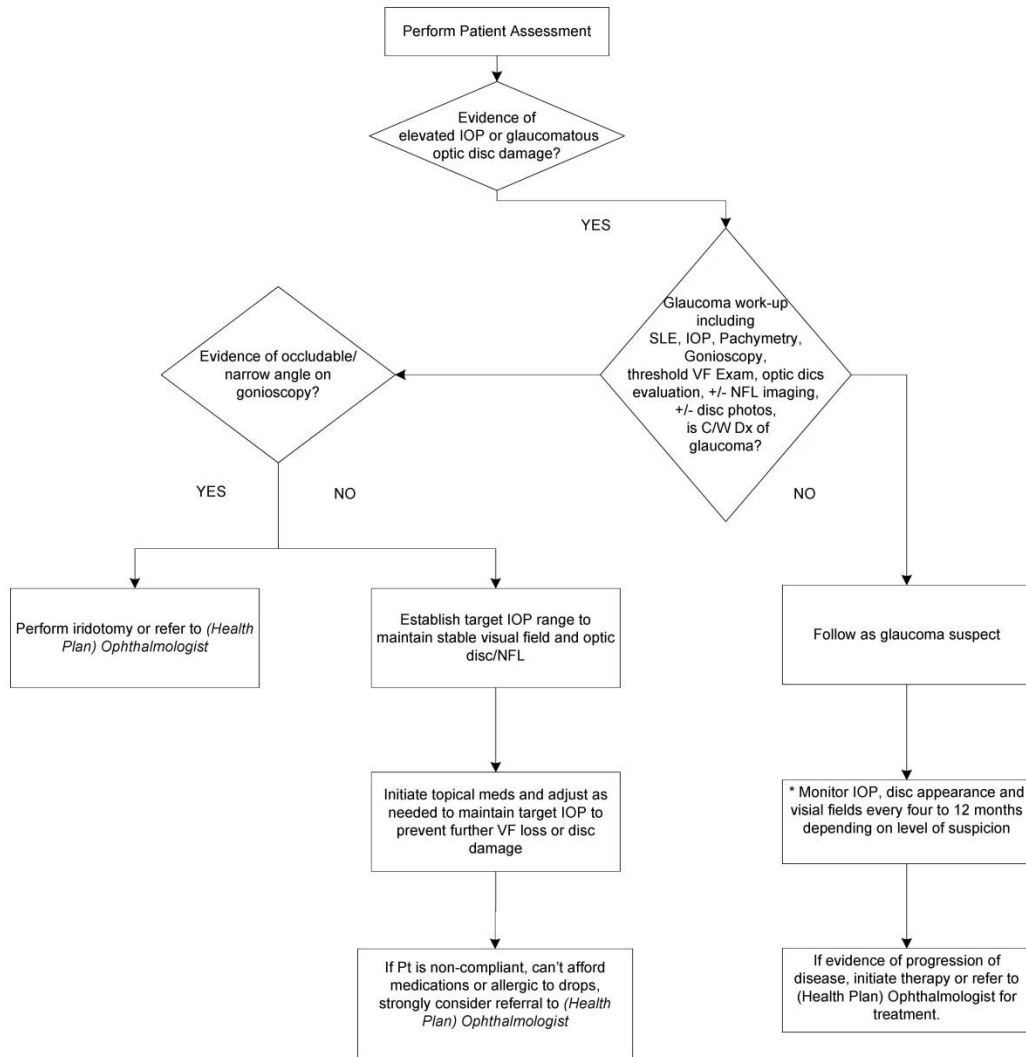
\*\*PCP communication not required if: Pt under care of Ophthalmologist; PCP is an institution; Letter sent within Last Twelve Months; Pt did not provide PCP; Pt declined; Part of integrated medical record; PCP orders requesting exam are included in pt medical record.



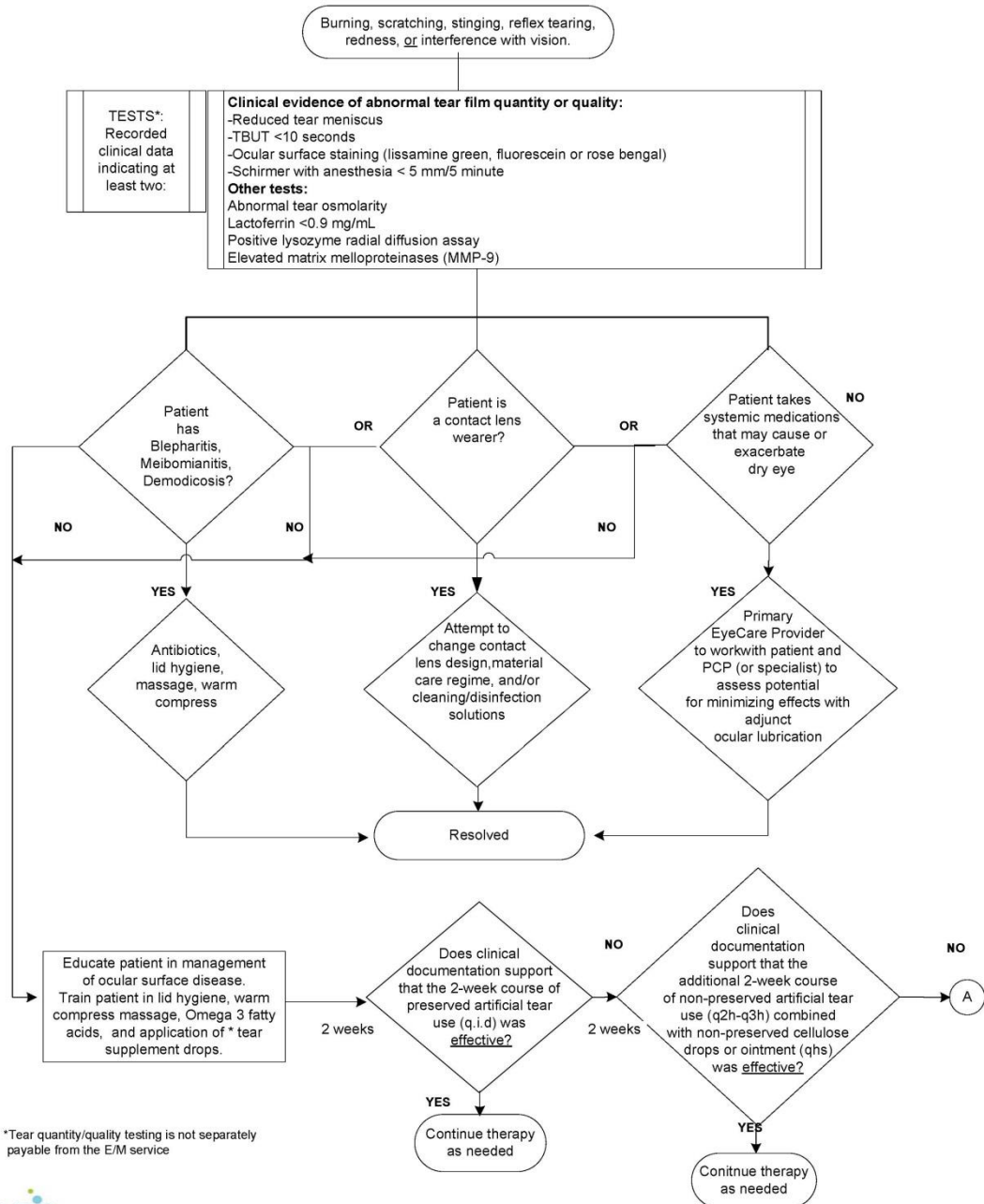
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No

**GLAUCOMA**



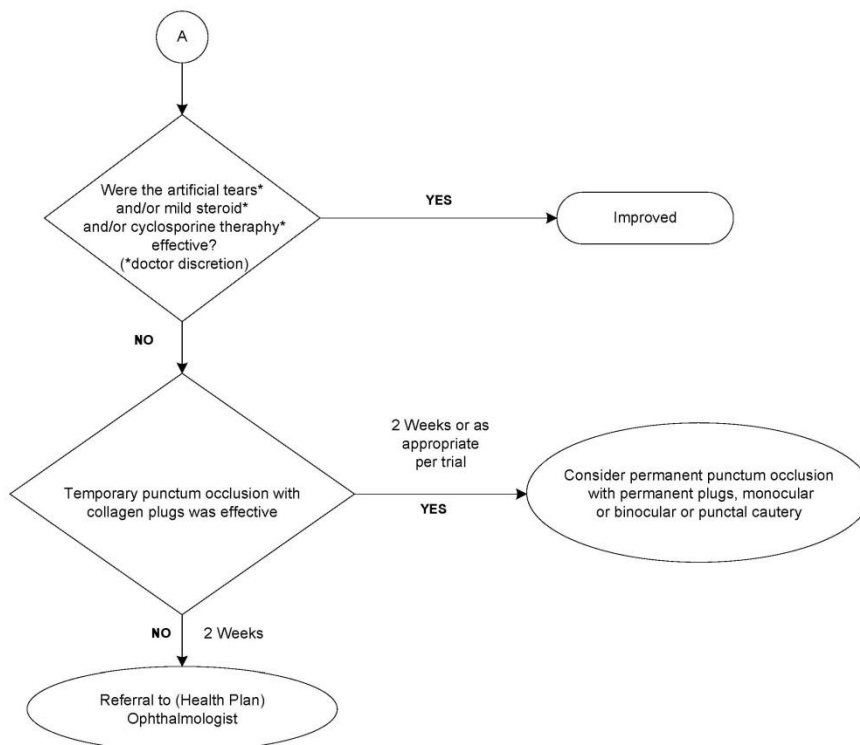
YES



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**OCULAR SURFACE DISORDER, Continued**

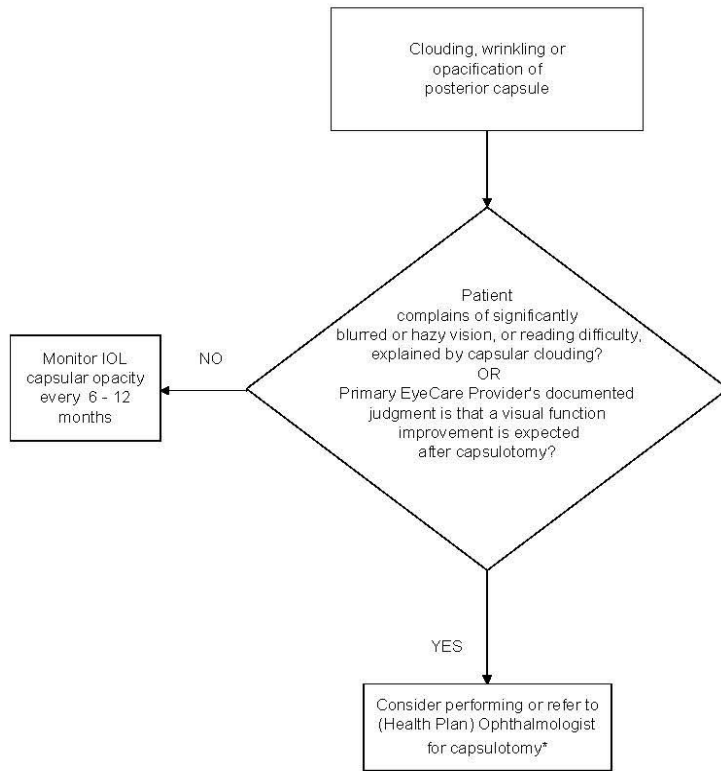


\*Tear quantity/quality testing is not separately payable from the E/M service



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**POSTERIOR CAPSULAR OPACIFICATION (PCO)**



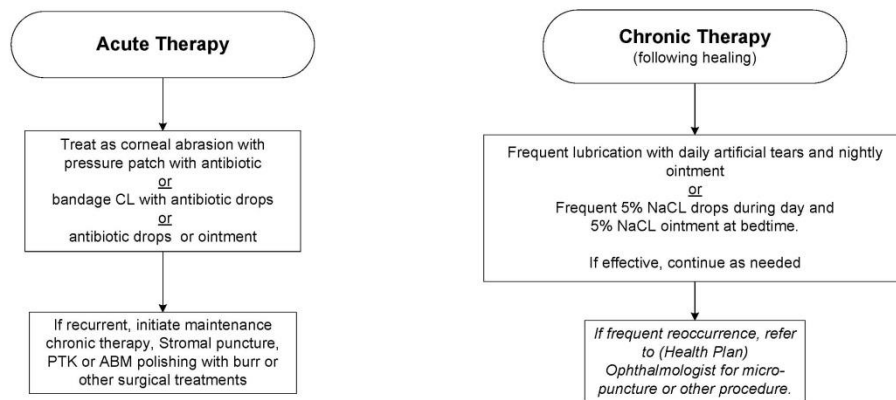
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\*Patients should return to the Primary EyeCare Provider for post-operative care as soon as the Surgeon and Primary Eye Care Provider, along with the patient, agree it is appropriate.



**RECURRENT CORNEAL EROSION**



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# DISPENSING & PATIENT LENS ENHANCEMENTS

## USING OUR 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.

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**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 lens enhancement or the lens qualifies for the VSP In-Office Finishing Program).

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For additional materials (such as a second 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

1. 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](#).
2. Charge your patients for lens enhancements unless their plans say otherwise. For these lens enhancements, chargebacks are deducted from your reimbursement to pay the lab (see [VSP Signature Lens Enhancements Chart](#) for more information).
3. 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. VSP monitors the use of non-contract labs and they may only be used in the situations below.

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

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**Important! Inappropriate use of Non-Contract Labs will result in the denial of services and materials.**

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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. When submitting an emergency claim, please specify the emergency reason.

All Lab invoices must be kept for a minimum of seven (7) years. Failure to keep Lab invoices may result in the denial of services and materials.

Lab invoices from an outside private lab must include the following:

- Patient name
- Date ordered/date completed
- Rx
- Lens enhancements
- Style and frame type, including make and model

You'll be responsible for the entire cost of the lab bill and should pay the lab on a private-transaction basis. Don't charge the patient for covered lens enhancements, you won't receive a service fee for covered lens enhancements. For all other lens enhancements, charge the patient according to their plan. You won't receive a chargeback for these lens enhancements. 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. Charge your patient according to the [VSP Signature Lens Enhancements Chart](#) or your adjusted U&C fee (whichever is lower). Don't balance-bill the patient.

All emergency orders are subject to review. When a claim is found to be incorrect, payments for material services will be reversed.

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**Important! Always verify orders upon receipt by checking all lab lens enhancement codes.**

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## 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 benefit (80% or 70% of U&C unless covered by your patient's plan—refer to the **Plans and Coverages** section for more information about 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.

A Lab order form and/or invoice are required for in-office jobs as well. These invoices must include the following:

- Patient name
- Date ordered/date completed
- Rx
- Lens enhancements
- Style and frame type, including make and model

Records must also include the date when the glasses were dispensed to the patient.

## USING OUR CONTRACT LAB SYSTEM (AL, AR, FL, GA, KS, ME, MO, NJ, OR, TX, VA, VT AND WV ONLY)

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 lens enhancement or the lens qualifies for the [VSP In-Office Finishing Program](#)).

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For additional materials (such as a second 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

4. 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](#).
5. Charge your patients for lens enhancements unless their plans say otherwise. For these lens enhancements, chargebacks are deducted from your reimbursement to pay the lab (see [VSP Signature Lens Enhancements Chart](#) for more information).
6. The lab will ship the completed order to you and forward your claim to VSP for payment.

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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

---

**Important!** Inappropriate use of Non-Contract Labs will result in the denial of services and materials.

---

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. When submitting an emergency claim, please specify the emergency reason.

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- Date ordered/date completed
- Rx
- Lens enhancements
- Style and frame type, including make and model

You'll be responsible for the entire cost of the lab bill and should pay the lab on a private-transaction basis. Don't charge the patient for covered lens enhancements, you won't receive a service fee for covered lens enhancements. For all other lens enhancements, charge the patient according to their plan. You won't receive a chargeback for these lens enhancements. 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. Charge your patient according to the [VSP Signature Lens Enhancements Chart](#) or your adjusted U&C fee (whichever is lower). Don't balance-bill the patient.

All emergency orders are subject to review. When a claim is found to be incorrect, payments for material services will be reversed.

---

**Important!** Always verify orders upon receipt by checking all lab lens enhancement 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 benefit (80% or 70% of U&C unless covered by your patient's plan—refer to **Section 2—Plans and Coverages** for more information about 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.

A Lab order form and/or invoice are required for in-office jobs as well. These invoices must include the following:

- Patient name

- Date ordered/date completed
- Rx
- Lens enhancements
- Style and frame type, including make and model

Records must also include the date when the glasses were dispensed to the patient.

### **VSP Contract Lab Network Opt-Out**

VSP is providing VSP doctors the option to opt-out of the VSP Contract Lab Network in certain approved states. For more information regarding the **VSP Contract Lab Network Opt-Out Policy and Process** click [here](#).

# VSP® IN-OFFICE FINISHING PROGRAM

## Program Guidelines

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

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In-office finishing is available for **single vision, stock lenses** purchased from the **Plexus Optix™ Single Vision Stock Lens Catalog** on **eBuy** for your VSP Signature Plan®, VSP Choice Plan®, VSP Advantage Plan<sup>SM</sup>, CVC and Additional Pair 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 Plexus Optix, Inc. through **eBuy** at **eyefinity.com**.
- 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 lens enhancement code QS: Scratch Resistant Coating B—other Approved Coatings).
- Products not specified in the Plexus Optix 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 **eBuy** at **eyefinity.com** or call Plexus at **844-753-9870** for VSP In-Office Finishing claims.

\*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. Select the appropriate Material.
4. Choose the appropriate lens from the menu.



5. Select VSP IOF Program from the Select Lab dropdown.
6. Choose either Doctor Supplied or Patient Supplied from the Frame Supplier menu.
7. 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, lens enhancements, 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 lens enhancements.

**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 a prescription change or errors made by office staff or in office labs.

**VSP IN-OFFICE FINISHING PROGRAM DOCTOR REDO REQUIREMENTS AND LIMITATIONS**

<b>Requirements –</b> A patient is entitled to a redo when one of the following requirement(s) is met:	<b>Limitations –</b> 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

1.

## REDOS ON LENS ENHANCEMENTS

**Important!** Lenses covered by a manufacturer’s warranty (e.g., defects and scratch warranties) are not considered a redo. Please refer to the Terms and Conditions in the Plexus Optix Single Vision Stock Lens Catalog.

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

**Important!** Ordering additional covered lens enhancements 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 lens enhancements on the new lenses.

Adding a lens enhancement that was not on the original prescription should be administered as follows:

Covered Lens Enhancements	All Other Lens Enhancements
<p>Don’t charge the patient.*                      Submit a copy of the invoice with a First Time Redo Verification form for reimbursement of the added covered enhancement.</p> <p>*There’s no charge to you or your patient for adding a covered lens enhancement unless the covered lens enhancement can’t be added to the original order (e.g., two options that can’t be combined like photochromic and solid tint). Enhancements or materials that can’t be added to the original order are a private transaction between you and your patient.</p> <p>Note: Ordering additional covered lens enhancements as the only reason for a redo doesn’t meet VSP’s requirements. Refer to the <a href="#">First-Time Doctor Redo Requirements and Limitations</a> section to ensure there’s a valid reason for the first-time redo.</p>	<p>Charge the patient either the patient copay or 80% of your U&amp;C according to their plan type.</p>

## REDOS SENT TO CONTRACT LABS

If lenses must be remade into a style or with lens enhancements not available through the VSP In-Office Finishing Program, call VSP at 800.615.1883 to request a redo and receive instructions.

## Reimbursement

Refer to the VSP In-Office Finishing Stock Lens Catalog for a complete list of materials, lens enhancements, 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 enhancement fees ([In-Office Finishing Fees](#)). If there are no associated lens enhancements 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 lens enhancements provided by your office.

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**Important!** Lens Enhancements not listed in the [VSP In-Office Finishing Stock Lens Catalog](#) are not included in the program and can't be finished in your office. Payment for these services will be denied.

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## 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®, VSP Choice Plan®, VSP Advantage Plan<sup>SM</sup>, or VSP Essentials Plan. Some restrictions apply based on plan type or state. For plans with unique lab requirements, eClaim will provide you with the appropriate lab choices for the order you are submitting.

Initials to the left of the lab numbers indicate the lab is approved for other VSP plans as 2015 Vision Source Special Offers (email date: April 27, 2015)

A: Allied—these labs are UNITY Allied labs. For certain plans, like Federal Employees Dental and Vision Insurance Program (FEDVIP), these labs may be available for your use depending on the type of product selected.

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

<b>Alabama</b>							
A	528	Hoya – Mobile	23050 McAuliffe Drive	Robertsdale	36567	800.585.2352	
N	280	Optical Prescription Lab	120 Applegate Circle	Pelham	35124	205.620.9019	800.829.3937
<b>Arizona</b>							
A N	880	Aspen Optical	1050 West Main Street, Suite 102	Mesa	85201	480.894.8770	800.926.5367
A	882	Bristow Optical Co.	3840 E. 5 <sup>th</sup> Street	Tucson	85716	520.327.5885	800.303.5885
A N	744	Hoya – Phoenix	1635 West University Drive Suite123-124	Tempe	85281	844.281.9290	844.281.9290
A	814	Global Source Rx, Inc.	7440 E. Karen Drive	Scottsdale	85260	712.348.0480	800.833.4779
A	885	Meridian Optical Laboratory	3711 E. Atlanta Avenue	Phoenix	85040	602.257.8555	800.352.5465
<b>Arkansas</b>							
N	237	Central Optical, Inc.	6518 Fox Run East End	Mabelvale	72103	501.888.3886	800.888.3886
A N	214	Plunkett Optical	1705 North A Street	Ft. Smith	72901	479.783.2001	800.272.4730
<b>California</b>							
A N	901	Bartley Optical	1300 Optical Drive	Azusa	91702	626.969.6181	800.347.4733
N	902	Brothers' Optical Lab, Inc.	870 North Eckhoff Street	Orange	92868	714.634.9303	800.531.3112
A	967	Capitol Optical Co.**	1755 Industrial Drive	Auburn	95603	530.823.3937	800.400.5367
A	915	Carl Zeiss Vision California	4661 Arrow Highway	Montclair	91763	855.750.7973	800.824.4868
A N	923	Collard-Rose Optical	12402 Philadelphia Street	Whittier	90601	562.698.2286	800.242.2020
A N	940	CSC Labs	180 Westgate Drive	Watsonville	95076	831.426.7423	800.288.2721
A N	929	Elite Optical Company	9901 Horn Road, Suite G	Sacramento	95827	916.368.6650	800.556.5502
A N	973	Elite Optical Company	801 N. Burke	Visalia	93292	559.625.5816	800.624.6672
A N	994	Elite Optical Company	1450 W. Walnut Street	Rancho Dominguez	90220	310.604.8668	800.468.6788
A N	935	Empire Optical**	7633 Varna Avenue	N. Hollywood	91605	818.997.6474	800.767.6784
A N	920	Hoya-Los Angeles	1100 East Elm Avenue	Fullerton	92831	800.273.2133	800.273.2133
A N	966	Hoya-Modesto	1400 Carpenter Lane	Modesto	95351	209.579.7739	844.736.5774
A N	918	Hoya-San Diego*	4255 Ruffin Road	San Diego	92123	858.490.3490	800.544.2015
A N	984	I-Coat Company	12020 Mora Drive Suite 2	Santa Fe Springs	90670	562.941.9989	562.941.9989
N	969	J & J Optical	6153 Center Street	Paradise	95969	530.876.1586	800.498.4344
A N	903	Meridian/Precision SD	9560 Ridgeway Court	San Diego	92123	858.565.0751	800.532.3840
A N	941	Ocular Labs/Richmond	923 Berryessa Road	San Jose	95133	408.955.7250	800.773.9910
	910	Peggy's Optical Service**	1925 Divisadero Street	Fresno	93701	559.268.1010	800.858.8800
	968	Prestige Lens Lab*	338 N. Canal Street, #13 & #14	S. San Francisco	94080	650.266.8584	800.210.9449
A	985	Signetek	5803 Newton Drive, Suite A	Carlsbad	92008	760.744.4000	800.759.0075

A	N	960	VSPOne LA (aka Simplify Optics)	24844 Avenue Rockefeller	Santa Clarita	91355	844.863.8857	
A	N	999	VSPOne Sacramento	151 Blue Ravine Road	Folsom	95630	916.369.6161	800.952.5518
A	N	961	VSPOne San Diego	2651 La Mirada Drive	Vista	92081	760.305.7400	866.569.8800
A	N	948	X-Tra Lite Optical	15865 Chemical Lane	Huntington Beach	92649	714.897.3525	800.878.9872
<b>Colorado</b>								
A	N	770	Duffens Optical Company	2929 W. 9 <sup>th</sup> Avenue	Denver	80204	303.623.5301	800.999.5367
A	N	720	Hoya – Denver	10525 –E 40 <sup>th</sup> Ave. Suite 201	Denver	80239	877.703.4428	877.703.4428
	N	778	Pasch Optical Lab, Inc.	2700 W. Hampden	Sheridan	80110	303.789.0089	800.888.0036
A	N	780	VSPOne Denver	112 Inverness Circle East Suite D	Englewood	80112	855.378.6239	855.378.6288
A		769	Walman Optical Co.	495 Cedar Avenue	Denver	80223	303.777.4484	800.332.8477
<b>Connecticut</b>								
	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	203.754.2187
A	N	465	Precision Optical Co.	351 Burnham Street	East Hartford	06108	860.289.6023	800.842.8622
<b>Florida</b>								
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
	N	865	Optiks Unlimited, Inc.	3210 Corrine Drive, #1	Orlando	32803	407.895.6147	800.495.7255
	N	866	Pelican Optical, Inc.	6850 Whitfield Industrial Avenue	Sarasota	34243	941.751.4437	800.862.0966
A	N	821	VSPOne Fort Lauderdale	6611 NW 15 <sup>th</sup> 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	866.587.6141
<b>Georgia</b>								
		255	Better Optics	3213 Humphries Hill Road, Bldg. #4	Austell	30106	770.819.8800	800.831.1846
A		292	Carl Zeiss Vision Georgia	227 Southfield Parkway, Suite 100	Forest Park	30297	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	223	Southern-Reid Optical	1856 Corporate Drive, Suite 150	Norcross	30093	678.380.7425	800.765.7343
<b>Hawaii</b>								
A	N	953	Optical Suppliers, Inc.	99-1253 Halawa Valley Street	Aiea	96701	808.486.2933	800.448.0477
A	N	950	VSPOne Hawaii	3049 Ualena Street Suite 314	Honolulu	96819	800.897.4457	800.897.4457
<b>Idaho</b>								
A	N	710	Hoya – Boise	4869 Malad Street, Suite B	Boise	83705	208.333.1409	208.333.1409
<b>Illinois</b>								
	N	546	Custom Eyes Rock Island	4470 48yh Court	Rock Island	61201	800.322.6754	800.336.2114
A		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	844.736.5749	800.223.3510
A	N	618	Hoya-St. Louis	301 Vision Drive	Columbia	62236	618.281.3344	800.279.3721
	N	751	Identity Optical	2221 West College Ave	Normal	61761	309.807.3160	309.807.3160
A		625	Walman Optical Company	1280 11th Street, West	Milan	61264	309.787.0000	800.447.1376
A		662	Walman Optical Company	3384 North Publisher Drive	Rockford	61109	815.874.9565	800.237.8806
A		672	Walman Optical Company	901 Parkland Court	Champaign	61821	2173527865	800.634.3501
<b>Indiana</b>								
A	N	619	Bell-Duffens Optical Co.	1718 Lafayette Road	Indianapolis	46222	317.637.2391	800.382.4523
A	N	635	G.K. Optical	2902 Mitthoeffer Palace	Indianapolis	46229	317.881.2585	800.500.8830
A	N	687	LensTech Optical Lab	1064 S Greenwood Springs Blvd., Suite A	Greenwood	46143	317.882.1249	800.564.5546
A		642	Walman Optical Company	4920 Executive Blvd., Suite A	Fort Wayne	46808	260.471.5077	800.736.7411

A	646	Walman Optical Co.	2540 Waterbridge Way	Evansville	47711	812.424.7521	800.727.5367	
A	705	Walman Optical Co.	4555 Independence Square	Indianapolis	46023	317.780.1677	317.780.1677	
<b>Iowa</b>								
A	645	Carl Zeiss Vision Siouxland	300 W. 16 <sup>th</sup> Street	Sheldon	51201	712.324.4352	800.831.8583	
A	N	603	Pech Optical Corp.	2717 Murray Street	Sioux City	51111	712.277.3937	800.831.2352
	N	696	Precision Optical Group	701 S. Oak Street	Creston	50801	641.782.6685	800.497.9239
A	632	Walman Optical Company	1214 Maple Street	W. Des Moines	50265	515.223.5280	800.733.4641	
A	N	683	Twin City Optical	1445 C Street SW	Cedar Rapids	52403	319.365.8707	800.245.5859
<b>Kansas</b>								
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
<b>Kentucky</b>								
A	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
<b>Louisiana</b>								
A	N	741	Hoya – New Orleans	5039 Fairfield Street	Metairie	70006	888.468.9445	888.468.9445
A	N	208	Gulf States Optical Labs	313 Coolidge Street	Jefferson	70121	504.834.1646	800.662.7889
<b>Maine</b>								
A	N	737	Hoya - Lewiston	1567 Lisbon Street	Lewiston	04240	800.341.7565	800.341.7565
A	N	485	McLeod Optical Co., Inc.	179 Mount Vernon Avenue	Augusta	04330	207.623.3841	
<b>Maryland</b>								
A	N	310	Homer Optical Co., Inc.	2401 Linden Lane	Silver Spring	20910	301.585.9060	800.627.2710
A	N	701	Hoya – Baltimore	514 Progress Drive, Suite B	Linthicum	21090	844.464.1516	844.464.1516
A	N	313	New City Optical Co., Inc.	1107-09 Wilson Drive	Baltimore	21223	410.646.3500	800.638.3536
A	N	301	VSPOne Baltimore	3922 Vero Rd Ste M	Halethorpe	21227	855.409.4555	
A	306	Walman Optical Company	6304 Blair Hill Lane	Baltimore	21209	410.828.7424	800.638.5098	
<b>Massachusetts</b>								
A	N	733	Carl Zeiss Vision Northeast	118 South Street	Hopkinton	01748	855.750.7971	800.403.8997
<b>Michigan</b>								
A	N	716	Hoya – Detroit	11032 N Crooks Rd. Suite O	Clawson	48017	248.435.0824	248.435.0824
A	N	110	Optical Supply, Inc.	1526 Plainfield NE	Grand Rapids	49505	616.361.6000	800.441.4441
	N	125	Walman Optical Company	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	3285 Martin Road, #110	Walled Lake	48390	248.669.1130	
A	178	Walman Optical Company	1051 Business Park Drive	Traverse City	49686	231.929.9070	888.251.2040	
<b>Minnesota</b>								
A	660	Carl Zeiss Vision North Central	4605 Rusan Street	St. Cloud	56303	320.255.9787	855.750.7975	
A	N	621	D.B.L. Labs, Inc.	6650 Saukview Drive	St. Cloud	56303	320.654.6650	800.888.0222
A	534	Hoya – Minneapolis	3250 Gorham Ave. S.	St Louis Park	55426	855.506.3937		
A	N	610	Precision Optics	6925 Saukview Drive	St. Cloud	56303	320.251.8591	800.328.7075
A	N	665	Twin City Optical	5205 Highway 169 North	Minneapolis	55442	763.551.2000	800.328.4912
A	669	VSPOne St Cloud	Gateway Business Park 3900 Roosevelt Rd Ste 111	St. Cloud	56301	320.259.1754	877.396.5916	
A	604	Walman Optical Co.	9200 Wyoming Avenue	Brooklyn Park	55445	763.515.5590	800.727.9522	
A	688	Walman Optical Co.	510 Beltrami Avenue	Bemidji	56601	218.751.5327	800.891.1019	
A	689	Walman Optical Co.	102 South 21 <sup>st</sup> Avenue NW	Duluth	55806	218.722.7034	800.945.3937	
<b>Mississippi</b>								
A	N	735	Hoya – Jackson	289 Commerce Park Dr., Suite F	Ridgeland	39157	855.815.1033	855.815.1033
A	N	234	Superior Optical Labs, Inc.	6525 Sunplex Drive	Ocean Springs	39564	228.875.3796	800.476.2285

<b>Missouri</b>							
A	636	Carl Zeiss Vision Kansas City	13731 East 42 <sup>nd</sup> Terrace	Independence	64055	855-415-2271	855-415-2271
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 <sup>th</sup> Street	St. Louis	63110	314.533.2020	800.325.3176
A N	627	Sutherlin Optical	1941 Central Street	Kansas City	64108	816.421.0369	800.999.8193
<b>Montana</b>							
A N	503	Twin City Optical	1002 10 <sup>th</sup> Street, West, #3	Billings	59102	406.248.4429	800.258.4192
A	581	Walman Optical Co.	2747 Enterprise Avenue, Suite 3	Billings	59102	406.252.2143	800.759.5501
A	594	Walman Optical Co.	1245 South 3 <sup>rd</sup> West	Missoula	59801	406.549.6429	800.877.3014
<b>Nebraska</b>							
A	628	Walman Optical Company	12240 Emmet Street	Omaha	68164	402.492.8822	800.373.3200
<b>Nevada</b>							
A N	853	Sunstar Optical*	5960 Edmond Street	Las Vegas	89118	702.739.8880	800.429.2416
A N	739	Hoya –Las Vegas	5329 S. Cameron St. Suite 116	Las Vegas	89118	702.697.0115	702.697.0115
A N	809	Truckee Meadows Optical	2970 Sutro Street	Reno	89512	775.359.6667	800.245.6667
A	815	Walman Optical Co.	3321 Sunrise Avenue, Suite #110	Las Vegas	89101	702.438.1235	800.621.1150
<b>New Hampshire</b>							
N	726	N. H. Optical Laboratory, LLC	32 Library Street	Allenstown	03275	603.218.1470	800.852.3717
<b>New Jersey</b>							
N	445	M. H. Optical Supplies	128 Leuning Street	South Hackensack	07606	201.489.1110	800.445.3090
A N	438	Sheridan Optical Company Inc.	108 Clinton Avenue	Pitman	08071	856.582.0963	800.704.1375
<b>New Mexico</b>							
<b>New York</b>							
N	433	21 <sup>st</sup> Century Optics, Inc.	47-00 33 <sup>rd</sup> 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
A	431	Digital Eye Lab	4 Skyline Drive	Hawthorne	10532	914.347.7400	888.305.3300
N	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	425	VSPOne New York	35 Hub Drive Suite 100	Melville	11747	855.320.1427	855.384.9383
A N	402	Winchester Optical	1935 Lake Street	Elmira	14901	607.734.4251	800.847.9357
<b>North Carolina</b>							
A N	531	Hoya – Asheville	167 Church Street	Asheville	28801	800.772.6131	
A N	527	Hoya – Greensboro	5005 Ball Park Road	Thomasville	27360	800.324.4233	
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	919.469.1623	800.888.8842
A N	250	VSPOne Charlotte	1920 Starita Rd Unit G	Charlotte	28269	866.458.2240	866.458.2240
<b>North Dakota</b>							
A N	653	Twin City Optical	1213 Continental Avenue	Bismarck	58501	701.223.7640	800.258.4186
A	624	Walman Optical Co.	1404 33 <sup>rd</sup> Street South, Suite K	Fargo	58103	701.235.0571	800.678.9755
A	670	Walman Optical Co.	17 2 <sup>nd</sup> Avenue SE	Minot	58701	701.852.1048	800.735.5954
<b>Ohio</b>							
A N	638	Bell Optical Laboratory, Inc.	3671 Interchange Dr.	Columbus	43204	614.274.0840	800.776.8077
A N	103	Central One 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
A N	524	Hoya-Columbus	2156 Southwest Blvd	Grove City	43123	866.492.6499	
A	104	Interstate Optical Company, Inc.*	680 Lindaire Lane	Mansfield	44906	419.529.6800	800.472.5790

A	N	112	Select Optical, Inc.	6510 Huntley Road	Columbus	43229	614.846.5750	800.331.1603
A		124	Walman Optical Company	1851 Ebert Avenue	Dayton	45439	937.298.0223	800.762.4827
		114	Walman Optical Company	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
<b>Oklahoma</b>								
		216	Rx Optical	2006 N. Yellowood Avenue	Broken Arrow	74012	918.459.3833	800.886.3467
	N	204	Team Duffens	713 SW 119 <sup>th</sup> Street	Oklahoma City	73170	405.703.4133	
	N	545	Dunlaw Optical	1313 SW A Avenue	Lawton	75301	800.678.4525	
<b>Oregon</b>								
A		718	Carl Zeiss Vision Northwest	14450 SE 98th Court	Clackamas	97015		855.750.7969
A	N	712	Hoya-Springfield*	155 South 47 <sup>th</sup> Street	Springfield	97478	541.225.1001	844.736.5755
A	N	713	Hoya-Portland	4500 SE Criterion Court, #220	Milwaukie	97222	503.233.6211	800.547.8064
A	N	711	Opti-Craft, Inc.	17311 NE Halsey Street	Portland	97230	503.256.5330	800.288.8078
<b>Pennsylvania</b>								
	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
	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	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
<b>Puerto Rico</b>								
A		868	MGM Excellence Processing	Valle Tlima Industrial Park, Bldg 14 A 3	Caguas	00920	787.745.8875	787.782.2727
<b>Rhode Island</b>								
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	800.288.5367
<b>South Carolina</b>								
A		212	Robertson Optical Lab	411 Commerce Drive, NE	Columbia	29223	803.254.9381	800.922.5525
A		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
<b>South Dakota</b>								
A		633	Walman Optical Company	623 S. Lyons Avenue	Sioux Falls	57106	605.336.3650	800.843.7968
A	N	678	Twin City Optical	3109 W. 41 <sup>st</sup> Street, Suite 115	Sioux Falls	57105	605.373.0264	800.615.1106
<b>Tennessee</b>								
A		213	Carl Zeiss Vision Cumberland	103 -104 Space Park South Drive	Nashville	37211	855.750.7972	855.750.7972
A	N	286	Hoya-Knoxville	1529 Western Avenue NW	Knoxville	37921	865.524.5448	800.227.5697
	N	222	Muller Optical Company	203 W. Baltimore Street	Jackson	38301	731.422.1601	800.238.3811
A		211	Precision Optical Lab	225 Overton Road	Gallaway	38036	901.867.2991	800.238.6828
A	N	265	Southern Optical Co.	501 Merritt Avenue	Nashville	37203	615.256.6631	800.333.8498
A	N	288	Southern Optical Co.	136B Industrial Park Road	Piney Flats	37686	423.538.5544	800.888.2544
<b>Texas</b>								
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	972-221-1300	
A	N	529	Hoya – San Antonio	300 W. Bitters	San Antonio	78216	866.525.0701	
A	N	249	Omega Dash Lab	5901 63 <sup>rd</sup> Street, Suite B	Lubbock	79424	806.793.2088	800.327.8522
A	N	246	Omega Optical Company	13515 N. Stemmons Fwy.	Dallas	75234	972.241.4141	800.366.6342
A	N	201	VSPOne Dallas	440 E. Vista Ridge Mall Drive	Lewisville	75067	972.956.5400	866.934.0400
A	N	205	VSPOne Houston	4540 Kendrick Plaza Dr Ste 140	Houston	77032	855.409.9638	
	N	230	Wilson Optical	8990 Summerford Lane	El Paso	79907	915.859.3415	800.351.2287



	754	Dallas DC Lab	501 E. Corporate Drive	Lewisville	75057	888.816.8606	
<b>Utah</b>							
<b>Vermont</b>							
A	N	730	Lenco, Inc.	175 Quality Lane	Rutland	05701	802.775.2505 800.244.2505
<b>Virginia</b>							
A		321	Carl Zeiss Vision Virginia	1301 N. Kingston Avenue	Chester	23836	855.415.2269
A	N	315	New City Optical Co., Inc.	5819-A Ward Court	Virginia Beach	23455	757.460.0938 800.446.4001
A	N	317	Premier Ophthalmic Lab	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
<b>Washington</b>							
		515	Central Optical Lab	412 Diagonal Street	Clarkston	99403	509.758.1791 800.366.1790
A	N	568	Hoya-Seattle	2330 South 78 <sup>th</sup> 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
		573	Vision Craft, Inc.	202 South Front Street	Yakima	98901	509.248.1951 800.733.3937
A		539	Walman Optical Company	20417 80th Avenue South	Kent	98032	253.872.7137 800.752.5227
A		505	VSPOne Olympia	8719 Commerce Place Drive NE, Suite D	Lacey	98516	360.352.7502 888.352.7502
<b>West Virginia</b>							
A	N	123	Bell Optical Laboratory, Inc.	2182 Route 75, Suite 2	Kenova	25530	304.429.8470 800.553.3402
<b>Wisconsin</b>							
A		656	Walman Optical Company	207 North Barstow	Eau Claire	54703	715.834.1271 800.472.6655
A		657	Walman Optical Company	3108 Airport Road	La Crosse	54603	608.784.5836 800.356.9504
A		658	Walman Optical Company	205 S. Stoughton Road	Madison	53714	608.249.7364 800.736.6544
A		659	Walman Optical Company	7300 South 1 <sup>st</sup> Street	Oak Creek	53154	414.764.8878 800.677.0680
A		649	Walman Optical Co.	715 14 <sup>th</sup> Avenue	Green Bay	54304	920.498.2928 800.365.2828
A	N	668	WOS Optical	610 Lombardi	Green Bay	54304	800.888.4454 800.888.4454
<b>Wyoming</b>							

\*Safety Eyewear monogrammed only by request.

\*\*Safety Eyewear not provided at this lab.

# PATIENT LENS ENHANCEMENT FEES INSTRUCTIONS

## Covered Lens Enhancements

Don't charge a fee for any lens enhancement's covered by your patient's plan. We'll pay you a service fee, as shown on the [VSP Signature Lens Enhancements 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 lens enhancements. 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 lens enhancement used by functionally monocular patients, defined as those having best corrected vision of 20/200 or worse in one eye. Polycarbonate lenses are covered.

We'll cover the lens enhancement 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-10 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 enhancement and one of the following monocular diagnosis codes: H54.10, H54.40, H54.413A-H54.415A and H54.42A3-H54.42A5.

## Other Lens Enhancements

For lens enhancements that are covered with a copay, charge the patient according to the [VSP Signature Lens Enhancements Chart](#) or your U&C fee (whichever is lower).

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**Important!** If a lens enhancement is listed with an "N" or is **Not Covered**, the patient's plan doesn't allow that lens enhancement 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.

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## DETERMINING WHAT TO CHARGE THE PATIENT

VSP patient copays are all add-on fees. Your private-pay lens enhancement fees may be an add-on to your lens fee or included in your total lens fee. Example A shown below explains what to charge your patient when your U&C add-on fees are higher than VSP's Patient Lens Enhancement fees. Example B explains what to charge your patient when your U&C add-on fees are lower than VSP's Patient Lens Enhancement fees.

### EXAMPLES

	Example A	Example B
<b>1. Convert your total U&amp;C fees to add-on fees.</b>		
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 lens enhancement patient copay and select the lower of the two.**

Your U&C add-on fee for multifocal Photogray Extra:	\$45	\$25
The Patient Copay for multifocal Photochromic—Glass	\$37	\$37
is:		
<b>Patient pays:</b>	<b>\$37</b>	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 Copay, 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:	-\$15
Your U&C service charge for multifocal Photogray Extra:	\$10
Add the VSP Lens Enhancement Chargeback for multifocal Photogray Extra (Photochromic—Glass):	+\$23
Your adjusted U&C add-on fee for multifocal Photogray Extra is:	\$33

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

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

## Flexible Lens Enhancements

To offer more customized coverage to VSP Vision Care clients and members, we've developed several flexible lens enhancements 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.

## 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 a lens enhancement on a single lens order, charge them the full patient-lens enhancement price.

## Half-Pair Orders

There may be instances where a patient ordering two prescription lenses, might only need a particular lens enhancement on one of the lenses, such as one plastic progressive lens and one single-vision plastic lens.

**PATIENT CHARGES**

If the lens enhancement is covered, don't charge the patient. For other lens enhancements, charge the patient half of the VSP Patient Copay. 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 lens enhancement" and clearly describe half lens enhancement in Lab Special Instruction area. When you submit a paper claim, indicate in Box 19 on the CMS-1500 "half-pair lens enhancement" and include the lab invoice.

## PATIENT LENS ENHANCEMENT EXPLANATIONS

<b>High Index Glass—Non-Aspheric</b>	AF
All glass lenses with an index of refraction between 1.60 and 1.80 in non-aspheric designs.	
<b>Polycarbonate</b>	AD, BD, DD, ND, FD, ID, ND, OD, JD, KD
These codes cover polycarbonate lenses. The price includes front and backside scratch-resistant coating and inherent UV protection.	
Trivex	AB, BB, DB, FB, IB, JB, KB, NB, OB
Lenses manufactured in Trivex fall into the Mid-Index category. These products include progressive, aspheric and non-aspheric designs. The lens enhancement price includes front and backside scratch resistant coating and inherent UV protection. Do not charge for factory scratch coating (category A) or UV protection on Trivex lenses.	
<b>Aspheric Lenses</b>	AA, AB, AH, AJ, AD, AF
Aspheric lenses ordered in 1.50 plastic are available using ‘AA’ code. If 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, use code AA plus the appropriate fee for the material.	
<b>Note:</b> Cataract lenses aren’t categorized under aspheric. For cataract lens orders processed through <b>eClaim</b> , choose <b>Lenticular</b> from the pull-down menu under Vision Type. For paper orders processed with Material Invoices, choose the <b>Other</b> box and write Lenticular in the space provided.	
<b>Digitally Surfaced Aspheric Lenses</b>	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, use code BA plus the appropriate fee for the material. These additional costs are listed on the lens enhancement charts directly below the main lens charge (e.g., charge codes BA and BB, for 1.60 Digital Aspheric lenses). When ordered in polycarbonate, charge the patient for code BD only. There is no charge to the patient for code BD when the patient is covered for polycarbonate.	
<b>Occupational Lenses</b>	
There is no charge to the patient for occupational lenses (e.g., double seg/double D, 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.	
<b>Blended Myo-Disc</b>	
For standard myo-disc orders on <b>eClaim</b> , 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.	
<b>Polarized Lenses</b>	DA, DE, NP, OP, FP, JP, KP
Single vision and lined multifocal plastic polarized lenses are included under code DA. Glass polarized lenses are included under 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 lens enhancement charts directly below the main lens charge. (e.g., charge 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 codes NP, OP, FP, JP, and KP and must be used with corresponding progressive codes NA, OA, FA, JA, and KA respectively. Do not use 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 already included in the price. For backside only UV protection, charge the patient using lens enhancement 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 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 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 code. When ordered in high index plastic 1.53-1.60/Trivex, high index 1.66/1.67, or polycarbonate, charge 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 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 code for blended bifocals in plastic.

**Doctor In-Office Lens Enhancements**

Doctors can provide the following lens enhancements 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 lens enhancement.

**Guidelines:**

You're responsible for lenses to which you apply in-office lens enhancement. 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 lens enhancements (plastic dyes and UV protection) only if the lens enhancement 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 lens enhancement s in-office, the lab may perform and receive payment for those services. However, if a lab order form is completed correctly to show lens enhancements supplied in-office and the lab inadvertently provides the lens enhancements, we will pay your office for the dispensed lens enhancements.

When a redo is needed, you'll be required to provide the lens enhancement in-office again, regardless of fault.

You're required to remit the tax on in-office lens enhancement s 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 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 lens enhancement charts directly below the main lens charge (e.g., charge 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 lens enhancement price.

**Important!** There is no additional charge for factory-applied scratch resistant coating (category A, code QQ) on any progressive lens, as the prices already includes 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 Tints

MM, MN, MP

Patients are 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 code MN for all other plastic color solid tints. Code MP includes single, double, and triple gradients.

You may provide plastic dyes in-office (lens enhancement codes IM, IN, and IP). Please refer to [Doctor In-Office Lens Enhancements](#) for instructions on specifying in-office lens enhancements on a lab order form.

### Glass Tints

MQ, MR

Patients are covered for all glass Pink I and II tints. Charge code MR for all other tints. Glass yellow tints are not available for use with VSP benefits.

### Glass Color Coatings

MS, MT

Charge code MS for solid glass color coatings and MT for gradient glass color coatings.

## Photochromics

### Photochromics—Glass

PM

Charge this code for photochromic glass lenses.

### Photochromics—Plastic B

PP

Charge this code for most plastic photochromic lenses. Refer to the [Product Index](#) for information on which 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. If SunSensors are ordered in mid-index 1.56, please refer to the section below.

## Other Coatings

<p><b>Anti-Reflective Coatings A</b></p> <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 (codes QQ and QS) can’t be used in conjunction with any anti-reflective coating.</p>	<p>QM</p>
<p><b>Anti-Reflective Coatings B, C, and D</b></p> <p>These anti-reflective 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. Don’t use the scratch-resistant coating (codes QQ and QS) in conjunction with any anti-reflective coating.</p>	<p>QN, QT, QV</p>
<p><b>Mirror Coatings</b></p> <p>Silver and gold mirror coatings, including solid and single gradient, are captured in this category. This includes base color (excluding yellow glass tint), if any. For any colored or double gradient mirror coatings, charge Ski Type Coating (code QR).</p>	<p>QP</p>
<p><b>Scratch-Resistant Coating A, Factory Applied</b></p> <p>This 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.</p> <p><b>Note:</b> Dip and spin coatings are effective and required for the backside of polycarbonate, mid-index, and high-index plastic materials and are included in those prices.</p> <p>Don’t charge for scratch-resistant coating on anti-reflective, progressive, polycarbonate, photochromic, and high-index plastic lenses. The prices for these materials include front and backside coating.</p> <p>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. It is assumed the particular lens was chosen for the coating.</p> <p>There is no additional charge for scratch-resistant coating on any progressive lens. The 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.</p> <p>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.</p>	<p>QQ</p>
<p><b>Ski Type Coating</b></p> <p>Use this code for duplications of proprietary coatings (e.g., Revo, Vuarnet, Suncloud, Serengeti, Bolle, and Sportlife), double-mirror gradient, color mirror, and dielectric mirror coatings. This 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 (code QP).</p>	<p>QR</p>



<b>Scratch-Resistant Coating B (Other Approved Coatings)</b>	QS
Charge this code 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 (codes QM, QN, QT, or QV).	

## Oversize

<b>Oversize</b>	RM, RN
Charge code RM for any lenses supplied with a 61 mm eyesize or greater in plastic. Charge 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 applies.	

## Miscellaneous

<b>Rimless Drill and Groove - SW</b>
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, are unavailable on VSP orders. 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.
<b>Anti-Fog Coatings</b>
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.
<b>Beveling</b>
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.
<b>Cement Segs (laminating a wafer segment onto the lens)</b>
Cement Segs are not available for use with VSP benefits.
<b>Center Thickness Below 1.5 mm— Polycarbonate Minus Powers Only</b>
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.
<b>Clip-Ons</b>
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 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 Lens Enhancements Charges Report when authorizing benefits. VSP will reimburse you directly for additional custom measurements when patients are covered for progressive lenses with or without a copay. For other progressives, you'll collect the patient copay and see a chargeback on your Explanation of Payment.

Refer to the [VSP Signature Plan Lens Enhancements Chart](#), [VSP Choice Plan Lens Enhancements Chart](#), or the [Product Index](#) for eligible lenses.

### **Diving Mask**

If the lenses have an adapter within the mask, charge the lens enhancement 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 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.

### **Edge Polish** SP

Charge lens enhancement code "SP" for a high luster edge polish. Do not charge for "satin" edge polish.

### **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 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. Charge your patient 80% U&C.

### **Frosted Lenses**

These are included in the base lens price. Don't charge your patient separately.

### **Half -Pair Orders**

Your patient may need a prescription with a half-pair lens enhancement, 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 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 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 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. Charge your patient 80% of U&C.

**Prism: Ground-in Prism and Press on Prism**

Don't charge your patients for ground-in prism or press on prism.

**Satin Edge Polish**

VSP does not define Satin Edge polishes. Please consult your lab 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**.

<b>Slab-Off</b>	
Don't charge your patient for slab-off.	
<b>UV Protection</b>	SV
<p>This lens enhancement includes UV treatment and UV coating. Don't use this lens enhancement code in conjunction with mid- or high-index plastic, polycarbonate, trivex, 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 (code IV). <a href="#">See Doctor In-Office Lens Enhancements</a> for instructions.</p> <p>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.</p> <p>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.</p>	
<b>UV Protection-Backside</b>	BV
Charge this code in conjunction with qualifying anti-reflective coatings that include an additional back surface ultra-violet protection.	

## SALES TAX

### Sales Tax

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

**Lens Enhancements:** Refer to the appropriate Lens Enhancements Charts ([VSP Signature Plan®](#), [VSP Choice Plan®](#), or [VSP Advantage Network](#)) depending on the patient's plan type and use the Charge Back amount to determine the amount paid to the lab for each lens enhancements.

## 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.

### Last updated on July 1, 2018

Product changes are indicated with red text.

[PDF printer-friendly copy](#)

Product	Lens Enhancement(s) to be charged	Lens Enhance ment Code	Special Note
<b>1.67 FT35/7x28/8x35</b> (Specialty Lens Corp)	High Index Plastic 1.66/1.67	AH	LC
<b>1.71 Spherical SV</b> (Polycore)	High Index Plastic 1.70 & Above	AJ	LC
<b>1.74 w/ SuperClean AR</b> (Seiko)	<b>SV Aspheric 1.74 with SuperClean AR:</b> High Index Plastic 1.70 & Above Anti-Reflective Coating B	AJ QN	LC
	<b>SV Aspheric 1.74 Transitions Signature:</b> High Index Plastic 1.70 & Above Photochromic	AJ PP	LC
	<b>SV Aspheric 1.74 Transitions Signature w/ SuperClean AR:</b> High Index Plastic 1.70 & Above Photochromic Anti-Reflective Coating B	AJ PP QN	LC
<b>8 x 35 1.55 Transitions Signature</b> (X-Cel)	<b>Trifocal 1.55 Mid-Index Plastic Transitions Signature:</b> High Index Plastic 1.53-1.60 Trivex Photochromic	AB PP	LC
A			
<b>Acclaim</b> (X-Cel)	<b>8 x 34, 10 x 35, 12 x 35, 61% Intermediate:</b> Occupational Lens—Plastic – no charge to the patient		
<b>Acclaro AR</b> (Toledo Optical)	Anti-Reflective Coating C	QT	LC
<b>Accolade</b> (Essilor)	<b>1.50 Plastic:</b> Progressive K—Plastic	KA	
	<b>1.50 Plastic Transitions Signature:</b> Progressive K—Plastic Photochromic	KA PP	

<b>1.60 High Index Plastic:</b>	
Progressive K—Plastic	KA
High Index Plastic 1.53-1.60/Trivex	KB
<b>1.67 High Index Plastic:</b>	
Progressive K—Plastic	KA
High Index Plastic 1.66/1.67	KH
<b>1.67 High Index Plastic Transitions Signature:</b>	
Progressive K—Plastic	KA
High Index Plastic 1.66/1.67	KH
Photochromic	PP
<b>1.74 High Index Plastic w/ applicable AR:</b>	
Progressive K—Plastic	KA
High Index Plastic 1.70 & Above	KJ
Anti-Reflective Coating B	QN
Crizal Easy UV	BV
<b>1.74 High Index Plastic w/ applicable AR:</b>	
Progressive K—Plastic	KA
High Index Plastic 1.70 & Above	KJ
Anti-Reflective Coating C	QT
Crizal Alize UV	BV
<b>1.74 High Index Plastic w/ applicable AR:</b>	
Progressive K—Plastic	KA
High Index Plastic 1.70 & Above	KJ
Crizal SunShield	QV
<b>1.74 High Index Plastic w/ applicable AR:</b>	
Progressive K—Plastic	KA
High Index Plastic 1.70 & Above	KJ
Anti-Reflective Coating D	QV
UV Protection--Backside	BV
Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV	
<b>Polycarbonate:</b>	
Progressive K—Plastic	KA
Polycarbonate	KD
<b>Polycarbonate Transitions Signature / XTRActive:</b>	
Progressive K—Plastic	KA
Polycarbonate	KD
Photochromic	PP
<b>Polycarbonate Transitions Vantage:</b>	
Progressive K—Plastic	KA
Polycarbonate	KD
Polarized	KP
Photochromic	PP



	<b>Polycarbonate Polarized:</b> Progressive K—Plastic KA Polycarbonate KD Polarized KP
	<b>Trivex:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	<b>Trivex Transitions Signature:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP
<b>Accolade Freedom</b> (Essilor)	<b>1.50 Plastic:</b> Progressive F—Plastic FA
	<b>1.50 Plastic Transitions Signature:</b> Progressive F—Plastic FA Photochromic PP
	<b>1.60 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	<b>1.67 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	<b>1.67 High Index Plastic Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP
	<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above KJ Anti-Reflective Coating B QN Crizal Easy UV BV
	<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating C QT Crizal Alize UV BV
	<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Crizal SunShield QV

	<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating D QV UV Protection--Backside BV  <a href="#">Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV</a>	
	<b>Polycarbonate:</b> Progressive F—Plastic FA Polycarbonate FD	
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP	
	<b>Polycarbonate Transitions Vantage:</b> Progressive F—Plastic FA Polycarbonate FD Polarized FP Photochromic PP	
	<b>Polycarbonate Polarized:</b> Progressive F—Plastic FA Polycarbonate FD Polarized FP	
	<b>Trivex:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	
	<b>Trivex Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic PP	
<b>ACRO (Rite-Style)</b>	Anti-Reflective Coating D	QV LC
<b>Adaptar (Essilor)</b>	<b>1.50 Plastic:</b> Progressive K—Plastic KA	
	<b>1.60 High Index Plastic:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB	
	<b>Polycarbonate:</b> Progressive K—Plastic KA Polycarbonate KD	
	<b>Clear Glass:</b> Progressive K—Glass/High Index Glass KE	
	<b>Photochromic Glass:</b> Progressive K—Glass/High Index Glass KE Photochromic—Glass A PM	
<b>Adaptar Digital/Short (Essilor)</b>	<b>1.50 Plastic:</b> Progressive K—Plastic KA	

	<b>1.50 Plastic Transitions Signature:</b> Progressive K—Plastic Photochromic	KA PP	
	<b>1.67 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.67	KA KH	
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b> Progressive K—Plastic High Index Plastic 1.67 Photochromic	KA KH PP	
	<b>1.67 High Index Plastic Polarized:</b> Progressive K—Plastic High Index Plastic 1.67 Polarized	KA KH KP	
	<b>Polycarbonate:</b> Progressive K—Plastic Polycarbonate	KA KD	
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive K—Plastic Polycarbonate Photochromic	KA KD PP	
	<b>Polycarbonate Polarized:</b> Progressive K—Plastic Polycarbonate Polarized	KA KD KP	
	<b>Trivex:</b> Progressive K—Plastic Trivex	KA KB	
	<b>Trivex Transitions Signature:</b> Progressive K—Plastic Trivex Photochromic	KA KB PP	
<b>Airwear Colors</b>	Polycarbonate Plastic Dyes - Solid Color	AD MN	LC
<b>Allure Coating</b> (Carl Zeiss Vision)	Anti-Reflective Coating C	QT	LC
<b>Ambervision</b>	See <a href="#">Blue Blocker</a> .		
<b>Amplitude IQ</b> (Hoya)	Unavailable*		
<b>Amplitude/Amplitude Mini</b> (Hoya)	<b>1.50 Plastic:</b> Progressive K—Plastic	KA	
	<b>1.50 Plastic Transitions Signature:</b> Progressive K—Plastic Photochromic	KA PP	
	<b>1.60 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.66/1.67	KA KB	

	<p><b>1.60 High Index Plastic Transitions Signature:</b></p> <p>Progressive K—Plastic KA  High Index Plastic 1.66/1.67 KB  Photochromic PP</p>
	<p><b>1.67 High Index Plastic:</b></p> <p>Progressive K—Plastic KA  High Index Plastic 1.66/1.67 KH</p>
	<p><b>1.67 High Index Plastic Transitions Signature:</b></p> <p>Progressive K—Plastic KA  High Index Plastic 1.66/1.67 KH  Photochromic PP</p>
	<p><b>Polycarbonate:</b></p> <p>Progressive K—Plastic KA  Polycarbonate KD</p>
	<p><b>Trivex:</b></p> <p>Progressive K—Plastic KA  High Index Plastic 1.53-1.60/Trivex KB</p>
	<p><b>Trivex Transitions Signature:</b></p> <p>Progressive K—Plastic KA  High Index Plastic 1.53-1.60/Trivex KB  Photochromic PP</p>
Amplitude BKS/ Amplitude Mini BKS (Hoya)	<p><b>1.50 Plastic:</b></p> <p>Progressive K—Plastic KA</p>
	<p><b>1.50 Plastic Polarized:</b></p> <p>Progressive K—Plastic KA  Polarized KP</p>
	<p><b>1.50 Plastic Transitions Signature / XTRActive:</b></p> <p>Progressive K—Plastic KA  Photochromic PP</p>
	<p><b>1.50 Plastic Sensity:</b></p> <p>Progressive K—Plastic KA  Photochromic PP</p>
	<p><b>1.50 Plastic Transitions Vantage:</b></p> <p>Progressive K—Plastic KA  Polarized KP  Photochromic PP</p>
	<p><b>1.60 High Index Plastic:</b></p> <p>Progressive K—Plastic KA  High Index Plastic 1.66/1.67 KB</p>
	<p><b>1.60 High Index Plastic Transitions Signature:</b></p> <p>Progressive K—Plastic KA  High Index Plastic 1.66/1.67 KB  Photochromic PP</p>

	<b>1.60 High Index Plastic Sensity:</b>	
	Progressive K—Plastic	KA
	High Index Plastic 1.66/1.67	KB
	Photochromic	PP
	<b>1.67 High Index Plastic:</b>	
	Progressive K—Plastic	KA
	High Index Plastic 1.66/1.67	KH
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>	
	Progressive K—Plastic	KA
	High Index Plastic 1.66/1.67	KH
	Photochromic	PP
	<b>1.67 High Index Plastic Sensity:</b>	
	Progressive K—Plastic	KA
	High Index Plastic 1.66/1.67	KH
	Photochromic	PP
	<b>1.67 High Index Plastic Polarized:</b>	
	Progressive K—Plastic	KA
	High Index Plastic 1.66/1.67	KH
	Polarized	KP
	<b>Polycarbonate:</b>	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	<b>Polycarbonate Transitions Signature / XTRActive:</b>	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	Photochromic	PP
	<b>Polycarbonate Sensity:</b>	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	Photochromic	PP
	<b>Polycarbonate Transitions Vantage:</b>	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	Polarized	KP
	Photochromic	PP
	<b>Polycarbonate Polarized:</b>	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	Polarized	KP
	<b>Trivex:</b>	
	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
	<b>Trivex Transitions Signature / XTRActive:</b>	
	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
	Photochromic	PP

	<b>Trivex Sensity:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP	
	<b>Trivex Transitions Vantage:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP Photochromic PP	
	<b>Trivex Polarized:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP	
<b>AO-XT166 (SOLA)</b>	<b>Aspheric 1.66 High Index Plastic:</b> High Index Plastic 1.66/1.67 AH	LC
<b>Aris (X-Cel)</b>	<b>Trivex SV, RD24, FT28, FT35, 7x28, 8x35:</b> High Index Plastic 1.53-1.60/Trivex AB	LC
	<b>Trivex SV, RD24, FT28, FT35, 7x28 Transitions Signature:</b> High Index Plastic 1.53-1.60/Trivex AB Photochromic PP	LC
	<b>Trivex SV Transitions XTRActive:</b> High Index Plastic 1.53-1.60/Trivex AB Photochromic PP	LC
	<b>Trivex Double D28:</b> High Index Plastic 1.53-1.60/Trivex AB Occupational Lens—Plastic – no charge to the patient for the occupational portion of the lens.	LC
	<b>Trivex FT35:</b> High Index Plastic 1.53-1.60/Trivex AB Photochromic PP	LC
<b>Armorx EZst</b> (VisionCraft Optical Dimensions)	Anti-Reflective Coating C	QT LC
<b>Armorx Sun</b> (VisionCraft Optical Dimensions)	Anti-Reflective Coating C	QT LC
<b>Array 11, 13, 15, 17, VL (Hoya)</b>	<b>1.50 Plastic:</b> Progressive O—Plastic OA	
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive O—Plastic OA Photochromic PP	
	<b>1.50 Plastic Sensity / Sensity Dark:</b> Progressive O—Plastic OA Photochromic PP	

	<b>1.50 Plastic Transitions Vantage:</b>	
	Progressive O—Plastic	OA
	Polarized	OP
	Photochromic	PP
	<b>1.50 Plastic Polarized:</b>	
	Progressive O—Plastic	OA
	Polarized	OP
	<b>1.56 BluTech Indoor:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.53-1.60/Trivex	OB
	Plastic Dyes—Solid Color	MN
	<b>1.56 BluTech Outdoor:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.53-1.60/Trivex	OB
	Polarized	OP
	Plastic Dyes—Solid Color	MN
	<b>1.60 High Index Plastic Transitions Signature:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.53-1.60/Trivex	OB
	Photochromic	PP
	<b>1.60 High Index Plastic Sensity / Sensity Dark:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.53-1.60/Trivex	OB
	Photochromic	PP
	<b>1.67 High Index Plastic:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.66/1.67	OH
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.66/1.67	OH
	Photochromic	PP
	<b>1.67 High Index Plastic Sensity / Sensity Dark:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.66/1.67	OH
	Photochromic	PP
	<b>1.67 High Index Plastic Polarized:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.66/1.67	OH
	Polarized	OP
	<b>1.70 High Index Plastic:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.70 & Above	OJ
	<b>Polycarbonate:</b>	
	Progressive O—Plastic	OA
	Polycarbonate	OD

	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive O—Plastic OA Polycarbonate OD Photochromic PP
	<b>Polycarbonate Sensity / Sensity Dark:</b> Progressive O—Plastic OA Polycarbonate OD Photochromic PP
	<b>Polycarbonate Transitions Vantage:</b> Progressive O—Plastic OA Polycarbonate OD Polarized OP Photochromic PP
	<b>Polycarbonate Polarized:</b> Progressive O—Plastic OA Polycarbonate OD Polarized OP
	<b>Trivex:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP
	<b>Trivex Sensity / Sensity Dark:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP
	<b>Trivex Transitions Vantage:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic PP
	<b>Trivex Polarized:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
Array Wrap 11, 13, 15, 17, VL (Hoya)	<b>1.50 Plastic:</b> Progressive O—Plastic OA
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive O—Plastic OA Photochromic PP
	<b>1.50 Plastic Sensity / Sensity Dark:</b> Progressive O—Plastic OA Photochromic PP



	<b>1.50 Plastic Transitions Vantage:</b>	
	Progressive O—Plastic	OA
	Polarized	OP
	Photochromic	PP
	<b>1.50 Plastic Polarized:</b>	
	Progressive O—Plastic	OA
	Polarized	OP
	<b>1.56 BluTech Indoor:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.53-1.60/Trivex	OB
	Plastic Dyes—Solid Color	MN
	<b>1.56 BluTech Outdoor:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.53-1.60/Trivex	OB
	Polarized	OP
	Plastic Dyes—Solid Color	MN
	<b>1.60 High Index Plastic:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.53-1.60/Trivex	OB
	<b>1.60 High Index Plastic Transitions Signature:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.53-1.60/Trivex	OB
	Photochromic	PP
	<b>1.67 High Index Plastic:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.66/1.67	OH
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.66/1.67	OH
	Photochromic	PP
	<b>1.67 High Index Plastic Sensity / Sensity Dark:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.66/1.67	OH
	Photochromic	PP
	<b>1.67 High Index Plastic Polarized:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.66/1.67	OH
	Polarized	OP
	<b>Polycarbonate:</b>	
	Progressive O—Plastic	OA
	Polycarbonate	OD
	<b>Polycarbonate Transitions Signature / XTRActive:</b>	
	Progressive O—Plastic	OA
	Polycarbonate	OD
	Photochromic	PP

	<b>Polycarbonate Sensity / Sensity Dark:</b> Progressive O—Plastic Polycarbonate Photochromic	OA OD PP	
	<b>Polycarbonate Transitions Vantage:</b> Progressive O—Plastic Polycarbonate Polarized Photochromic	OA OD OP PP	
	<b>Polycarbonate Polarized:</b> Progressive O—Plastic Polycarbonate Polarized	OA OD OP	
	<b>Trivex:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB	
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	OA OB PP	
	<b>Trivex Sensity / Sensity Dark:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	OA OB PP	
	<b>Trivex Transitions Vantage:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic	OA OB OP PP	
	<b>Trivex Polarized:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	OA OB OP	
<b>AR-X Performance</b> (RX Optical)	Anti-Reflective Coating B	QN	LC
<b>AR-X Performance Plus</b> (RX Optical)	Anti-Reflective Coating C	QT	LC
<b>AR-X Performance Plus UV</b> (RX Optical)	Anti-Reflective Coating D	QV	LC
<b>ASL Polycarbonate Aspheric</b> (SOLA)	<b>Aspheric Polycarbonate:</b> Polycarbonate	AD	LC
<b>Aspire</b> (X-Cel)	<b>Aspheric 1.56 Plastic Mid Index:</b> High Index Plastic 1.53-1.60/Trivex	AB	LC
<b>Aspire Clear 16</b> (X-Cel)	High Index Glass 1.60—1.80 (Clear non-aspheric)	AF	LC
<b>atLast</b> (Pixel Optics)	<b>atLast 1.59:</b> Progressive K—Polycarbonate Polycarbonate	KA KD	

	<b>atLast 1.67:</b> Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH	
<b>Attitude III Fashion 15/18 (Shamir)</b>	<b>1.50 Plastic:</b> Progressive N—Plastic	NA	CM
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive N—Plastic Photochromic	NA PP	CM
	<b>1.50 Plastic sunsync / sunsync Drive XT / sunsync Plus:</b> Progressive N—Plastic Photochromic	NA PP	CM
	<b>1.50 Plastic Transitions DriveWear / Vantage:</b> Progressive N—Plastic Polarized Photochromic	NA NP PP	CM
	<b>1.50 Plastic Polarized:</b> Progressive N—Plastic Polarized	NA NP	CM
	<b>1.56 Mid Index Plastic:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM
	<b>1.56 Mid Index Plastic Polarized:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	NA NB NP	CM
	<b>1.60 High Index Plastic:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM
	<b>1.60 High Index Plastic Transitions Signature / XTRActive:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	NA NB PP	CM
	<b>1.60 High Index Plastic Polarized:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	NA NB NP	CM
	<b>1.67 High Index Plastic:</b> Progressive N—Plastic High Index Plastic 1.66/1.67	NA NH	CM
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b> Progressive N—Plastic High Index Plastic 1.66/1.67 Photochromic	NA NH PP	CM

<b>1.67 High Index Plastic sunsync / sunsync Drive XT / sunsync Plus:</b>		CM
Progressive N—Plastic	NA	
High Index Plastic 1.66/1.67	NH	
Photochromic	PP	
<b>1.67 High Index Plastic Polarized:</b>		CM
Progressive N—Plastic	NA	
High Index Plastic 1.66/1.67	NH	
Polarized	NP	
<b>Polycarbonate:</b>		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
<b>Polycarbonate BluTech Indoor</b>		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
Plastic Dyes—Solid Color	MN	
<b>Polycarbonate BluTech Outdoor</b>		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
Polarized	NP	
Plastic Dyes—Solid Color	MN	
<b>Polycarbonate Transitions Signature / XTRActive:</b>		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
Photochromic	PP	
<b>Polycarbonate sunsync / sunsync Drive XT / sunsync Plus:</b>		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
Photochromic	PP	
<b>Polycarbonate Transitions DriveWear / Vantage:</b>		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
Polarized	NP	
Photochromic	PP	
<b>Polycarbonate Polarized:</b>		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
Polarized	NP	
<b>Trivex:</b>		CM
Progressive N—Plastic	NA	
High Index Plastic 1.53-1.60/Trivex	NB	

	<b>Trivex Transitions Signature / XTRActive:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic PP	CM
	<b>Trivex sunsync / sunsync Drive XT / sunsync Plus:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic PP	CM
	<b>Trivex Transitions Vantage:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP Photochromic PP	CM
	<b>Trivex Polarized:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP	CM
<b>Attitude III Sport 18</b> (Shamir)	<b>1.50 Plastic:</b> Progressive N—Plastic NA	CM
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive N—Plastic NA Photochromic PP	CM
	<b>1.50 Plastic sunsync:</b> Progressive N—Plastic NA Photochromic PP	CM
	<b>1.50 Plastic Transitions DriveWear / Vantage:</b> Progressive N—Plastic NA Polarized NP Photochromic PP	CM
	<b>1.50 Plastic Polarized:</b> Progressive N—Plastic NA Polarized NP	CM
	<b>1.56 Mid Index Plastic:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	<b>1.56 Mid Index Plastic Polarized:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP	CM
	<b>1.60 High Index Plastic:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM

	<b>1.60 High Index Plastic Transitions Signature / XTRActive:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	NA NB PP	CM
	<b>1.60 High Index Plastic Polarized:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	NA NB NP	CM
	<b>1.67 High Index Plastic:</b> Progressive N—Plastic High Index Plastic 1.66/1.67	NA NH	CM
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b> Progressive N—Plastic High Index Plastic 1.66/1.67 Photochromic	NA NH PP	CM
	<b>1.67 High Index Plastic sunsync:</b> Progressive N—Plastic High Index Plastic 1.66/1.67 Photochromic	NA NH PP	CM
	<b>1.67 High Index Plastic Polarized:</b> Progressive N—Plastic High Index Plastic 1.66/1.67 Polarized	NA NH NP	CM
	<b>Polycarbonate:</b> Progressive N—Plastic Polycarbonate	NA ND	CM
	<b>Polycarbonate BluTech Indoor</b> Progressive N—Plastic Polycarbonate Plastic Dyes—Solid Color	NA ND MN	CM
	<b>Polycarbonate BluTech Outdoor</b> Progressive N—Plastic Polycarbonate Polarized Plastic Dyes—Solid Color	NA ND NP MN	CM
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive N—Plastic Polycarbonate Photochromic	NA ND PP	CM

	<b>Polycarbonate Transitions DriveWear / Vantage:</b> Progressive N—Plastic NA Polycarbonate ND Polarized NP Photochromic PP	CM
	<b>Polycarbonate Polarized:</b> Progressive N—Plastic NA Polycarbonate ND Polarized NP	CM
	<b>Trivex:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic PP	CM
	<b>Trivex sunsync:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic PP	CM
	<b>Trivex Transitions Vantage:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP Photochromic PP	CM
	<b>Trivex Polarized:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP	CM
<b>Attitude III SV</b> (Shamir)	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic BA	LC
	<b>Digital 1.50 Plastic Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP	LC
	<b>Digital 1.50 Plastic Transitions DriveWear / Vantage:</b> Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic PP	LC
	<b>Digital 1.50 Plastic Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA	LC
	<b>Digital 1.56 Mid Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB	LC

<b>Digital 1.56 Plastic Polarized:</b>		LC
Digital Aspheric Lenses—Plastic Polarized	BA DA	
High Index Plastic 1.53-1.60/Trivex	BB	
<b>Digital 1.60 High Index Plastic:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.53-1.60/Trivex	BB	
<b>Digital 1.60 High Index Plastic Transitions Signature / XTRActive:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.53-1.60/Trivex	BB	
Photochromic	PP	
<b>Digital 1.60 High Index Plastic Polarized:</b>		LC
Digital Aspheric Lenses—Plastic Polarized—Plastic A	BA DA	
High Index Plastic 1.53-1.60/Trivex	DB	
<b>Digital 1.67 High Index Plastic:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.66/1.67	BH	
<b>Digital 1.67 High Index Plastic Transitions Signature / XTRActive:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.66/1.67	BH	
Photochromic	PP	
<b>Digital 1.67 High Index Plastic Polarized:</b>		LC
Digital Aspheric Lenses—Plastic Polarized—Plastic A	BA DA	
High Index Plastic 1.66/1.67	DH	
<b>Digital Polycarbonate:</b>		LC
Digital Aspheric Lenses—Polycarbonate	BD	
<b>Digital Polycarbonate Transitions Signature / XTRActive:</b>		LC
Digital Aspheric Lenses—Polycarbonate	BD	
Photochromic	PP	
<b>Digital Polycarbonate Transitions DriveWear / Vantage:</b>		LC
Digital Aspheric Lenses—Polycarbonate Polarized	BD DA	
Photochromic	PP	
<b>Digital Polycarbonate Polarized:</b>		LC
Digital Aspheric Lenses—Polycarbonate Polarized	BD DA	
<b>Digital Trivex:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.53-1.60/Trivex	BB	



	<b>Digital Trivex Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic PP	LC
	<b>Digital Trivex Transitions Vantage:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Photochromic PP	LC
	<b>Digital Trivex Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.56 DB	LC
<b>Aura (I-Coat)</b>	Anti-Reflective Coating D QV	
<b>Autograph II+ Fixed 11/13/15/18, Variable (Shamir)</b>	<b>1.50 Plastic:</b> Progressive O—Plastic OA	CM
	<b>1.50 Plastic sunsync / sunsync Drive XT / sunsync Plus:</b> Progressive O—Plastic OA Photochromic PP	CM
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive O—Plastic OA Photochromic PP	CM
	<b>1.50 Plastic Transitions DriveWear / Vantage:</b> Progressive O—Plastic OA Polarized OP Photochromic PP	CM
	<b>1.50 Plastic Polarized:</b> Progressive O—Plastic OA Polarized OP	CM
	<b>1.56 BluTech Indoor:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN	CM
	<b>1.56 BluTech Outdoor:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN	CM
	<b>1.60 High Index Plastic:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM

<b>1.60 High Index Plastic Transitions</b>		CM
<b>Signature / XTRActive:</b>		
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Photochromic	PP	
<b>1.60 High Index Plastic Polarized:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Polarized	OP	
<b>1.67 High Index Plastic:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
<b>1.67 High Index Plastic sunsync / sunsync Drive XT / sunsync Plus:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Photochromic	PP	
<b>1.67 High Index Plastic Transitions</b>		CM
<b>Signature / XTRActive:</b>		
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Photochromic	PP	
<b>1.67 High Index Plastic Polarized:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Polarized	OP	
<b>1.74 High Index Plastic:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.70 & Above	OJ	
<b>1.74 High Index Plastic Transitions</b>		CM
<b>Signature:</b>		
Progressive O—Plastic	OA	
High Index Plastic 1.70 & Above	OJ	
Photochromic	PP	
<b>Polycarbonate:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
<b>Polycarbonate BluTech Indoor:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Plastic Dyes—Solid Color	MN	
<b>Polycarbonate BluTech Outdoor:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Plastic Dyes—Solid Color	MN	

	<b>Polycarbonate sunsync / sunsync Drive XT / sunsync Plus:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic	PP	
	<b>Polycarbonate Transitions Signature / XTRActive:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic	PP	
	<b>Polycarbonate Transitions DriveWear / Vantage:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	Photochromic	PP	
	<b>Polycarbonate Polarized:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	<b>Trivex:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	<b>Trivex sunsync / sunsync Drive XT:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Photochromic	PP	
	<b>Trivex Transitions Signature / XTRActive:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Photochromic	PP	
	<b>Trivex Transitions Vantage:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Polarized	OP	
	Photochromic	PP	
	<b>Trivex Polarized:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Polarized	OP	
<b>Autograph III Fixed 11/13/15/18, Variable (Shamir)</b>	<b>1.50 Plastic:</b>		CM
	Progressive N—Plastic	NA	
	<b>1.50 Plastic Transitions Signature / XTRActive:</b>		CM
	Progressive N—Plastic	NA	
	Photochromic	PP	

	<b>1.50 Plastic sunsync / sunsync Drive XT / sunsync Plus:</b> Progressive N—Plastic Photochromic	NA PP	CM
	<b>1.50 Plastic Transitions DriveWear / Vantage:</b> Progressive N—Plastic Polarized Photochromic	NA NP PP	CM
	<b>1.50 Plastic Polarized:</b> Progressive N—Plastic Polarized	NA NP	CM
	<b>1.56 Mid Index Plastic:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM
	<b>1.56 BluTech Indoor:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	NA NB MN	CM
	<b>1.56 BluTech Outdoor:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Plastic Dyes—Solid Color	NA NB NP MN	CM
	<b>1.60 High Index Plastic:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM
	<b>1.60 High Index Plastic Transitions Signature / XTRActive:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	NA NB PP	CM
	<b>1.60 High Index Plastic Polarized:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	NA NB NP	CM
	<b>1.67 High Index Plastic:</b> Progressive N—Plastic High Index Plastic 1.66/1.67	NA NH	CM
	<b>1.67 High Index Plastic Polarized:</b> Progressive N—Plastic High Index Plastic 1.66/1.67 Polarized	NA NH NP	CM
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b> Progressive N—Plastic High Index Plastic 1.66/1.67 Photochromic	NA NH PP	CM

	<b>1.67 High Index Plastic sunsync / sunsync Drive XT / sunsync Plus:</b> Progressive N—Plastic High Index Plastic 1.66/1.67 Photochromic	NA NH PP	CM
	<b>1.74 High Index Plastic:</b> Progressive N—Plastic High Index Plastic 1.70 & Above	NA NJ	CM
	<b>1.74 High Index Plastic Transitions Signature:</b> Progressive N—Plastic High Index Plastic 1.70 & Above Photochromic	NA NJ PP	CM
	<b>Polycarbonate:</b> Progressive N—Plastic Polycarbonate	NA ND	CM
	<b>Polycarbonate BluTech Indoor:</b> Progressive N—Plastic Polycarbonate Plastic Dyes—Solid Color	NA ND MN	CM
	<b>Polycarbonate BluTech Outdoor:</b> Progressive N—Plastic Polycarbonate Polarized Plastic Dyes—Solid Color	NA ND NP MN	CM
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive N—Plastic Polycarbonate Photochromic	NA ND PP	CM
	<b>Polycarbonate sunsync / sunsync Drive XT / sunsync Plus:</b> Progressive N—Plastic Polycarbonate Photochromic	NA ND PP	CM
	<b>Polycarbonate Transitions DriveWear / Vantage:</b> Progressive N—Plastic Polycarbonate Polarized Photochromic	NA ND NP PP	CM
	<b>Polycarbonate Polarized:</b> Progressive N—Plastic Polycarbonate Polarized	NA ND NP	CM

	<b>Trivex:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic PP	CM
	<b>Trivex sunsync / sunsync Drive XT:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic PP	CM
	<b>Trivex Transitions Vantage:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP Photochromic PP	CM
	<b>Trivex Polarized:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP	CM
<b>Autograph II Office</b> (Shamir)	<b>1.50 Plastic:</b> Near Variable Focus IA	
	<b>1.60 High Index Plastic:</b> Near Variable Focus IA High Index Plastic 1.53-1.60/Trivex IB	
	<b>Polycarbonate:</b> Near Variable Focus IA Polycarbonate ID	
<b>Autograph II/III SV</b> <b>Attitude</b> (Shamir)	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic BA	LC
	<b>Digital 1.50 Plastic Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP	LC
	<b>Digital 1.50 Plastic Transitions DriveWear / Vantage:</b> Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic PP	LC
	<b>Digital 1.50 Plastic Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA	LC
	<b>Digital 1.56 Mid Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB	LC

	<b>Digital 1.56 Mid Index Plastic Polarized:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	Polarized	DA	
	High Index Plastic 1.53-1.60/Trivex	BB	
	<b>Digital 1.60 High Index Plastic:</b>		LC
	Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.53-1.60/Trivex	BB	
	<b>Digital 1.60 High Index Plastic Transitions Signature / XTRActive:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.53-1.60/Trivex	BB	
	Photochromic	PP	
	<b>Digital 1.60 High Index Plastic Polarized:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	Polarized—Plastic A	DA	
	High Index Plastic 1.53-1.60/Trivex	DB	
	<b>Digital 1.67 High Index Plastic:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.66/1.67	BH	
	<b>Digital 1.67 High Index Plastic Transitions Signature / XTRActive:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.53-1.60/Trivex	BH	
	Photochromic	PP	
	<b>Digital 1.67 High Index Plastic Polarized:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	Polarized—Plastic A	DA	
	High Index Plastic 1.66/1.67	DH	
	<b>Digital Polycarbonate:</b>		LC
	Digital Aspheric Lenses—Polycarbonate	BD	
	<b>Digital Polycarbonate Transitions Signature / XTRActive:</b>		LC
	Digital Aspheric Lenses—Polycarbonate	BD	
	Photochromic	PP	
	<b>Digital Polycarbonate Transitions DriveWear / Vantage:</b>		LC
	Digital Aspheric Lenses—Polycarbonate	BD	
	Polarized	DA	
	Photochromic	PP	
	<b>Digital Polycarbonate Polarized:</b>		LC
	Digital Aspheric Lenses—Polycarbonate	BD	
	Polarized	DA	
	<b>Digital Trivex:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.53-1.60/Trivex	BB	

	<b>Digital Trivex Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	BA BB PP	LC
	<b>Digital Trivex Transitions Vantage:</b> Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.56 Photochromic	BA DA DB PP	LC
	<b>Digital Trivex Polarized:</b> Digital Aspheric Lenses—Plastic Polarized—Plastic A High Index Plastic 1.56	BA DA DB	LC
<b>Autograph III SV (Shamir)</b>	<b>Digital 1.56 BluTech Indoor:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	BA BB MN	LC
	<b>Digital 1.56 BluTech Outdoor:</b> Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	BA DA DB MN	LC
	<b>Digital 1.74 High Index Plastic:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.70 & Above	BA BJ	LC
	<b>Digital 1.74 High Index Plastic Transitions Signature:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.70 & Above Photochromic	BA BJ PP	LC
<b>Autograph II SV Neox (Shamir)</b>	Unavailable*		
<b>Avalanche Ultra (Truckee Meadows)</b>	Anti-Reflective Coating C	QT	LC
<b>Avantek (HOYA)</b>	Genuine Hoya brand: <b>Proprietary Genuine Brand Lens &amp; Frame.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .		
<b>AVN—VDT Coating (AVN)</b>	Plastic Dyes—Solid Color Anti-Reflective Coating D UV Protection	MN QV SV	LC
<b>B</b>			
<b>Blue Blocker</b>	Plastic Dyes—Solid Color or Gradient UV Protection	MN / MP SV	LC
<b>BluCrystal (Signet Armorlite)</b>	Anti-Reflective Coating A	QM	LC



<b>BluTech/Ultra Lenses</b> (BluTech, LLC)	<b>SV Indoor 1.56 Mid-Index Plastic:</b> High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	AB MN	LC
	<b>SV Outdoor 1.56 Mid-Index Plastic:</b> Polarized High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	DA DB MN	LC
	<b>Polycarb BluTech w/Lab Choice AR Category D</b> Polycarbonate Plastic Dyes – Solid Color Anti-Reflective Coating D	AD MN QV	LC
	<b>Polycarb Outdoor BluTech w/Lab Choice AR Category D</b> Polarized Polycarbonate Plastic Dyes – Solid Color Anti-Reflective Coating D	DA DD MN QV	LC
<b>Blue Eliminator I</b> (North American Coating Co.)	Plastic Dyes—Gradients UV Protection	MP SV	LC
<b>Blue Eliminator II</b> (North American Coating Co.)	Mirror Coating—Solid or Single Gradient UV Protection	QP SV	LC
<b>BlueZero</b> (Shamir)	<b>Polycarbonate Spherical:</b> Polycarbonate	AD	LC
	<b>Trivex Spherical:</b> High Index Plastic 1.53-1.60/Trivex	AB	LC
	<b>1.67 High Index Plastic Spherical:</b> High Index Plastic 1.66/1.67	AH	LC
	<b>Digital Polycarbonate:</b> Digital Aspheric Lenses—Polycarbonate	BD	LC
	<b>Digital Trivex:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB	LC
	<b>Digital 1.67 High Index Plastic:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67	BA BH	LC
<b>Bollé</b> (Bollé America)	Genuine Bollé brand: <b>Proprietary Genuine Brand Lens &amp; Frame.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .		

<b>Bristolite</b> (Bristol C&D, Inc.)	If being used for low powers: <b>Aspheric Plastic 1.50:</b> Plastic 1.50 - Aspheric <b>Aspheric Polycarbonate:</b> Polycarbonate	AA AD	LC
<b>Note:</b> For cataract patients, choose Lenticular SV, Lenticular BF or Lenticular TF under Vision Type in eClaim—no charge to patient.			
<b>c</b>			
<b>Camouflage</b> (Camouflage)	Edge Coating	SQ	
<b>Chemistrie Magnetic Lens System</b> (Eyenavision)	Charge your patient 80% of U&C for the magnetic clip on lenses.		
<b>Clarion XS AR</b> (Sutherlin Optical)	Anti-Reflective Coating C	QT	LC
<b>Clarion XS Plus AR</b> (Sutherlin Optical)	Anti-Reflective Coating D	QV	LC
<b>Clarion AR</b> (Clear Sight)	Anti-Reflective Coating C	QT	LC
<b>Clear 16</b> (X-Cel)	High Index Glass 1.60-1.80 (Clear)	AF	LC
<b>Clear Blue Filter (Vision-Ease)</b>	<b>Polycarbonate Spherical:</b> Polycarbonate	AD	LC
<b>Click 12</b>	Genuine Click 12 brand: <b>Proprietary Frame Mounting.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .		
<b>Chromagen</b> (Chromagen Vision LLC)	Unavailable*		
<b>Cobalt AR</b> (Quantum Innovations)	Anti-Reflective Coating B	QN	LC
<b>Cobalt Plus AR</b> (Quantum Innovations)	Anti-Reflective Coating C	QT	LC
<b>Color Free AR</b> (Optima)	Unavailable*		
<b>ColorMatic Extra</b> (Rodenstock)	<b>Single Vision 1.54 Mid-Index Plastic:</b> High Index Plastic 1.53-1.60/Trivex Photochromic	AB PP	LC
	<b>FT28 1.50 Plastic:</b> Photochromic	PP	LC
<b>ColorMax Color Vision Enhancement</b> (ColorMax)	Unavailable*		
<b>CompuClear (Essilor)</b>	Unavailable*		
<b>Computer Lenses</b>	See <a href="#">CRT (VDT) Coating</a> or <a href="#">CRT Trifocal Lenses</a> .		
<b>Cool Blue Coating</b> (Carl Zeiss Vision)	Ski Type Coating	QR	LC

<b>Coppertone</b> (Vision-Ease)	<b>SV/FT28/7x28 Polycarbonate Polarized:</b> Polarized—Plastic A Polycarbonate	DA DD	LC
<b>Costa Del Mar</b> (Costa Del Mar)	Genuine Costa Del Mar brand: <b>Proprietary Genuine Brand Lens &amp; Frame.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .		
<b>CPF - Corning Photochromic Filter</b> (Corning Medical Optics)	Unavailable*		
<b>Crizal Avance UV Coating</b> (Essilor)	Anti-Reflective Coating D UV Protection - Backside	QV BV	
<b>Crizal Alize UV Coating</b> (Essilor)	Anti-Reflective Coating C UV Protection - Backside	QT BV	
<b>Crizal Easy UV Coating</b> (Essilor)	Anti-Reflective Coating B UV Protection - Backside	QN BV	
<b>Crizal Previncia Coating</b> (Essilor)	Anti-Reflective Coating D UV Protection - Backside	QV BV	
<b>Crizal Previncia Kids</b> (Essilor)	Polycarbonate Anti-Reflective Coating B UV Protection - Backside	AD QN BV	
<b>Crizal Sapphire 360 UV Coating</b> (Essilor)	Anti-Reflective Coating D UV Protection – Backside	QV BV	
<b>Crizal SunShield Coating</b> (aka Crizal SunShield UV) (Essilor)	Anti-Reflective Coating D	QV	
<b>Crizal SunShield Mirror Coating</b> (aka Crizal SunShield UV Mirror) (Essilor)	Anti-Reflective Coating D Mirror Coating	QV QP	
<b>Crizal UV Kids</b> (Essilor)	Polycarbonate Anti-Reflective Coating A	AD QM	
<b>CRT (VDT) Coating</b>	CRT coatings can come in different varieties. The appropriate lens enhancements should be based on the contents of the particular CRT coating.		
<b>CRT Trifocal Lenses</b> (Vision-Ease)	Occupational Lenses—choose Trifocal under Vision Type in eClaim; no charge to the patient.		
<b>D</b>			
<b>Datalite</b> (Vision-Ease)	Occupational Lenses—choose Trifocal under Vision Type in eClaim; no charge to the patient.		
<b>Definity w/ Dual Add 2.0</b> (Essilor)	<b>1.50 Plastic:</b> Progressive F—Plastic	FA	
	<b>1.50 Plastic Polarized:</b> Progressive F—Plastic Polarized	FA FP	

	<b>1.60 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	<b>1.67 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating C QT Crizal Alize UV BV
	<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating D QV UV Protection--Backside BV  Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV
	<b>Polycarbonate:</b> Progressive F—Plastic FA Polycarbonate FD
	<b>Polycarbonate Polarized:</b> Progressive F—Plastic FA Polycarbonate FD Polarized FP
	<b>Trivex:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
Definity Short w/ Dual Add 2.0 (Essilor)	<b>1.50 Plastic:</b> Progressive F—Plastic FA
	<b>1.50 Plastic Transitions Signature:</b> Progressive F—Plastic FA Photochromic PP
	<b>1.50 Plastic Polarized:</b> Progressive F—Plastic FA Polarized FP
	<b>1.60 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	<b>1.67 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	<b>1.67 High Index Plastic Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP

	<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating C QT Crizal Alize UV BV	
	<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating D QV UV Protection--Backside BV  Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV	
	<b>Polycarbonate:</b> Progressive F—Plastic FA Polycarbonate FD	
	<b>Polycarbonate Transitions Signature:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP	
	<b>Polycarbonate Polarized:</b> Progressive F—Plastic FA Polycarbonate FD Polarized FP	
	<b>Trivex:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	
	<b>Trivex Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic PP	
<b>Definity 3 (Essilor)</b>	Unavailable*	
<b>Definity 3 Plus (Essilor)</b>	Unavailable*	
<b>Duo Bifocal (Shamir)</b>	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic BA	LC
	<b>Digital 1.50 Plastic Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA	LC
	<b>Digital 1.50 Plastic Transitions DriveWear / Vantage:</b> Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic PP	LC
	<b>Digital 1.50 Plastic Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP	LC

<b>Digital 1.56 Mid Index Plastic:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.53-1.60/Trivex	BB	
<b>Digital 1.56 Mid Index Plastic Polarized:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
Polarized	DA	
High Index Plastic 1.53-1.60/Trivex	DB	
<b>1.56 BluTech Indoor:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.53-1.60/Trivex	BB	
Plastic Dyes—Solid Color	MN	
<b>1.56 BluTech Outdoor:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
Polarized	DA	
High Index Plastic 1.53-1.60/Trivex	DB	
Plastic Dyes—Solid Color	MN	
<b>Digital 1.60 High Index Plastic:</b>		LC
Aspheric Lenses—Plastic	BA	
High Index Plastic 1.53-1.60/Trivex	BB	
<b>Digital 1.60 High Index Plastic Transitions Signature / XTRActive:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.53-1.60/Trivex	BB	
Photochromic	PP	
<b>Digital 1.60 High Index Plastic Polarized:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
Polarized	DA	
High Index Plastic 1.53-1.60/Trivex	DB	
<b>Digital 1.67 High Index Plastic:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.66/1.67	BH	
<b>Digital 1.67 High Index Plastic Transitions Signature / XTRActive:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.53-1.60/Trivex	BH	
Photochromic	PP	
<b>Digital 1.67 High Index Plastic Polarized:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
Polarized	DA	
High Index Plastic 1.66/1.67	BH	
<b>Digital Polycarbonate:</b>		LC
Digital Aspheric Lenses—Polycarbonate	BD	
<b>Digital Polycarbonate Transitions Signature / XTRActive:</b>		LC
Digital Aspheric Lenses—Polycarbonate	BD	
Photochromic	PP	

	<b>Digital Polycarbonate Transitions</b>		LC
	<b>Vantage:</b> Digital Aspheric Lenses—Polycarbonate Polarized Photochromic	BD DA PP	
	<b>Digital Polycarbonate Polarized:</b> Digital Aspheric Lenses—Polycarbonate Polarized	BD DA	LC
	<b>Digital Trivex:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB	LC
	<b>Digital Trivex Transitions XTRActive:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	BA BB PP	LC
	<b>Digital Trivex Polarized:</b> Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.56	BA DA DB	LC
<b>Duratuff</b> (Superior Ophthalmic Coatings)	Anti-Reflective Coating B	QN	LC
<b>Duratuff EZ</b> (Superior Ophthalmic Coatings)	Anti-Reflective Coating C	QT	LC
<b>Duratuff Plus Sun</b> (Superior Ophthalmic Coatings)	Anti-Reflective Coating D	QV	LC
<b>Duratuff with EZ Clear</b> (Superior Ophthalmic Coatings)	Anti-Reflective Coating D	QV	LC
<b>Duratuff with EZ Plus</b> (Superior Ophthalmic Coatings)	Anti-Reflective Coating D	QV	LC
<b>DuraVision BlueProtect UV (Carl Zeiss Vision)</b>	Anti-Reflective Coating D	QV	
<b>DuraVision Chrome (Carl Zeiss Vision)</b>	Anti-Reflective Coating B	QN	
<b>DuraVision Platinum UV (Carl Zeiss Vision)</b>	Anti-Reflective Coating D	QV	
<b>DuraVision Silver UV (Carl Zeiss Vision)</b>	Anti-Reflective Coating C	QT	
<b>DuraVision Sun UV (Carl Zeiss Vision)</b>	Anti-Reflective Coating D	QV	
<b>E</b>			
<b>Easy Lite 1.55</b> (Younger)	<b>1.55 Mid Index Plastic, SV, FT28, FT35:</b> High Index Plastic 1.53-1.60/Trivex	AB	LC
<b>Element/Short, 16/19</b>	<b>1.50 Plastic:</b> Progressive J—Plastic	JA	

(Shamir)	<b>1.50 Plastic sunsync / sunsync Drive XT / sunsync Plus:</b> Progressive J—Plastic Photochromic	JA PP
	<b>1.50 Plastic Transitions Signature:</b> Progressive J—Plastic Photochromic	JA PP
	<b>1.50 Plastic Polarized:</b> Progressive J—Plastic Polarized	JA JP
	<b>1.60 High Index Plastic:</b> Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	JA JB PP
	<b>1.67 High Index Plastic:</b> Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	<b>1.67 High Index Plastic sunsync / sunsync Drive XT / sunsync Plus:</b> Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic	JA JH PP
	<b>1.67 High Index Plastic Transitions Signature:</b> Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic	JA JH PP
	<b>Polycarbonate:</b> Progressive J—Plastic Polycarbonate	JA JD
	<b>Polycarbonate BluTech Indoor:</b> Progressive J—Plastic Polycarbonate Plastic Dyes—Solid Color	JA JD MN
	<b>Polycarbonate BluTech Outdoor:</b> Progressive J—Plastic Polycarbonate Polarized Plastic Dyes—Solid Color	JA JD JP MN



	<b>Polycarbonate sunsync / sunsync Drive XT / sunsync Plus:</b> Progressive J—Plastic JA Polycarbonate JD Photochromic PP		
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive J—Plastic JA Polycarbonate JD Photochromic PP		
	<b>Polycarbonate Polarized:</b> Progressive J—Plastic JA Polycarbonate JD Polarized JP		
	<b>Trivex:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB		
	<b>Trivex sunsync / sunsync Drive XT:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic PP		
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic PP		
<b>Emergencee (Adlens)</b>	Unavailable*		
<b>Empower (Pixel Optics)</b>	Unavailable*		
<b>Encepacion (Vmax)</b>	Unavailable*		
<b>Encore Sun (Encore Optics)</b>	Anti-Reflective Coating C	QT	LC
<b>Endura (Satis Vacuum)</b>	Anti-Reflective Coating B	QN	
<b>Essilor Anti-Fatigue Lens (Essilor)</b>	Unavailable*		
<b>Essilor Bifocal AB (Essilor)</b>	<b>Digital Plastic:</b> Digital Aspheric Lenses—Plastic BA		LC
	<b>Digital Plastic Transitions:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP		LC
	<b>Digital 1.67 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH		LC
	<b>Digital Polycarbonate:</b> Digital Aspheric Lenses—Polycarbonate BD		LC
<b>Essilor Colors (Essilor)</b>	<b>Solid Tint:</b> Use Plastic Dyes- Solid Color MN		LC

	<b>Gradient Tint:</b> Use Plastic Dyes- Gradient	MP	LC
	<b>Polarized Solid Tint:</b> Use applicable polarized lens enhancement code and Plastic Dyes- Solid Color	MN	LC
	<b>Polarized Gradient Tint:</b> Use applicable polarized lens enhancement code and Plastic Dyes- Gradient	MP	LC
<b>Essilor Computer Lens</b> (Essilor)	<b>Airwear w/ applicable AR:</b> <b>Near Variable Focus</b> Polycarbonate  Crizal Easy UV, Crizal Alize UV, Crizal Avance UV, or Crizal Previncia	IA ID	
<b>Essilor Ideal</b> (Essilor)	<b>1.50 Plastic:</b> Progressive K—Plastic	KA	
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive K—Plastic Photochromic	KA PP	
	<b>1.50 Plastic Transitions Vantage:</b> Progressive K—Plastic Polarized Photochromic	KA KP PP	
	<b>1.50 Plastic Polarized:</b> Progressive K—Plastic Polarized	KA KP	
	<b>1.60 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	KA KB PP	
	<b>1.67 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH	
	<b>1.67 High Index Plastic Transitions Signature:</b> Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic	KA KH PP	
	<b>1.67 High Index Plastic Polarized:</b> Progressive K—Plastic High Index Plastic 1.66/1.67 Polarized	KA KH KP	

	<b>Polycarbonate:</b> Progressive K—Plastic KA Polycarbonate KD
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive K—Plastic KA Polycarbonate KD Photochromic PP
	<b>Polycarbonate Transitions Vantage:</b> Progressive K—Plastic KA Polycarbonate KD Polarized KP Photochromic PP
	<b>Polycarbonate Polarized:</b> Progressive K—Plastic KA Polycarbonate KD Polarized KP
	<b>Trivex:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP
<b>Essilor Ideal Advanced</b> (Essilor)	<b>1.50 Plastic:</b> Progressive J—Plastic JA
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive J—Plastic JA Photochromic PP
	<b>1.50 Plastic Transitions Vantage:</b> Progressive J—Plastic JA Polarized JP Photochromic PP
	<b>1.50 Plastic Polarized:</b> Progressive J—Plastic JA Polarized JP
	<b>1.60 High Index Plastic:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic PP
	<b>1.67 High Index Plastic:</b> Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH

	<b>1.67 High Index Plastic Transitions Signature:</b> Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic PP
	<b>1.67 High Index Plastic Polarized:</b> Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Polarized JP
	<b>Polycarbonate:</b> Progressive J—Plastic JA Polycarbonate JD
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive J—Plastic JA Polycarbonate JD Photochromic PP
	<b>Polycarbonate Transitions Vantage:</b> Progressive J—Plastic JA Polycarbonate JD Polarized JP Photochromic PP
	<b>Polycarbonate Polarized:</b> Progressive J—Plastic JA Polycarbonate JD Polarized JP
	<b>Trivex:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	<b>Trivex Transitions Signature:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic PP
Essilor Ideal Short (Essilor)	<b>1.50 Plastic:</b> Progressive J—Plastic JA
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive J—Plastic JA Photochromic PP
	<b>1.50 Plastic Polarized:</b> Progressive J—Plastic JA Polarized JP
	<b>1.60 High Index Plastic:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB

	<b>1.60 High Index Plastic Transitions</b> <b>Signature:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic PP	
	<b>1.67 High Index Plastic:</b> Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH	
	<b>1.67 High Index Plastic Transitions</b> <b>Signature / XTRActive:</b> Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic PP	
	<b>1.67 High Index Plastic Polarized:</b> Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Polarized JP	
	<b>Polycarbonate:</b> Progressive J—Plastic JA Polycarbonate JD	
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive J—Plastic JA Polycarbonate JD Photochromic PP	
	<b>Polycarbonate Transitions Vantage:</b> Progressive J—Plastic JA Polycarbonate JD Polarized JP Photochromic PP	
	<b>Polycarbonate Polarized:</b> Progressive J—Plastic JA Polycarbonate JD Polarized JP	
	<b>Trivex:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB	
	<b>Trivex Transitions Signature:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic PP	
Essilor Single Vision 360 (Essilor)	<b>Digital 1.67 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH	LC
	<b>Digital 1.67 High Index Plastic Transitions</b> <b>Signature:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic PP	LC

	<b>Digital 1.74 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & Above BJ	LC
	<b>Digital Polycarbonate:</b> Digital Aspheric Lenses—Polycarbonate BD	LC
	<b>Digital Polycarbonate Transitions:</b> Digital Aspheric Lenses—Polycarbonate BD Photochromic PP	LC
Ethos (VSP)	<b>1.50 Plastic:</b> Progressive K—Plastic KA	
	<b>1.50 Plastic sunsync / sunsync Drive XT:</b> Progressive K—Plastic KA Photochromic PP	
	<b>1.50 Plastic PhotoFusion:</b> Progressive K—Plastic KA Photochromic PP	
	<b>1.50 Plastic Transitions Signature:</b> Progressive K—Plastic KA Photochromic PP	
	<b>1.50 Plastic Transitions Vantage:</b> Progressive K—Plastic KA Polarized KP Photochromic PP	
	<b>1.50 Plastic Polarized:</b> Progressive K—Plastic KA Polarized KP	
	<b>1.67 High Index Plastic:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH	
	<b>1.67 High Index Plastic sunsync / sunsync Drive XT:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic PP	
	<b>1.67 High Index Plastic PhotoFusion:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic PP	
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic PP	
	<b>1.67 High Index Plastic Polarized:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Polarized KP	

	<b>1.74 High Index Plastic:</b> Progressive K—Plastic KA High Index Plastic 1.70 & Above KJ
	<b>Polycarbonate:</b> Progressive K—Plastic KA Polycarbonate KD
	<b>Polycarbonate sunsync / sunsync Drive XT:</b> Progressive K—Plastic KA Polycarbonate KD Photochromic PP
	<b>Polycarbonate PhotoFusion:</b> Progressive K—Plastic KA Polycarbonate KD Photochromic PP
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive K—Plastic KA Polycarbonate KD Photochromic PP
	<b>Polycarbonate Polarized:</b> Progressive K—Plastic KA Polycarbonate KD Polarized KP
	<b>Trivex:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	<b>Trivex Polarized:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP
	<b>Trivex sunsync / sunsync Drive XT:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP
	<b>Trivex Transitions Signature:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP
Ethos Plus 14/18 (VSP)	<b>1.50 Plastic:</b> Progressive J—Plastic JA
	<b>1.50 Plastic PhotoFusion:</b> Progressive J—Plastic JA Photochromic PP
	<b>1.50 Plastic sunsync / sunsync Drive XT:</b> Progressive J—Plastic JA Photochromic PP

<b>1.50 Plastic Signature Transitions:</b>	
Progressive J—Plastic	JA
Photochromic	PP
<b>1.50 Plastic Transitions Vantage:</b>	
Progressive J—Plastic	JA
Polarized	JP
Photochromic	PP
<b>1.50 Plastic Polarized:</b>	
Progressive J—Plastic	JA
Polarized	JP
<b>1.67 High Index Plastic:</b>	
Progressive J—Plastic	JA
High Index Plastic 1.66/1.67	JH
<b>1.67 High Index Plastic sunsync / sunsync Drive XT:</b>	
Progressive J—Plastic	JA
High Index Plastic 1.66/1.67	JH
Photochromic	PP
<b>1.67 High Index Plastic PhotoFusion:</b>	
Progressive J—Plastic	JA
High Index Plastic 1.66/1.67	JH
Photochromic	PP
<b>1.67 High Index Plastic Signature Transitions / XTRActive:</b>	
Progressive J—Plastic	JA
High Index Plastic 1.66/1.67	JH
Photochromic	PP
<b>1.67 High Index Plastic Polarized:</b>	
Progressive J—Plastic	JA
High Index Plastic 1.66/1.67	JH
Polarized	JP
<b>1.74 High Index Plastic:</b>	
Progressive J—Plastic	JA
High Index Plastic 1.70 & Above	JJ
<b>Polycarbonate:</b>	
Progressive J—Plastic	JA
Polycarbonate	JD
<b>Polycarbonate sunsync / sunsync Drive XT:</b>	
Progressive J—Plastic	JA
Polycarbonate	JD
Photochromic	PP
<b>Polycarbonate PhotoFusion:</b>	
Progressive J—Plastic	JA
Polycarbonate	JD
Photochromic	PP



	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive J—Plastic JA Polycarbonate JD Photochromic PP
	<b>Polycarbonate Polarized:</b> Progressive J—Plastic JA Polycarbonate JD Polarized JP
	<b>Trivex:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	<b>Trivex sunsync / sunsync Drive XT:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic PP
	<b>Trivex Transitions Signature:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic PP
	<b>Trivex Polarized:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Polarized JP
<b>Ethos XT</b> (Capitol Optical)	Anti-Reflective Coating B QN LC
<b>Ethos XT+</b> (Capitol Optical)	Anti-Reflective Coating C QT LC
<b>Ethos TD+</b> (Capitol Optical)	Anti-Reflective Coating D QV LC
<b>Everclear</b> (Optiks Unlimited)	Anti-Reflective Coating B QN LC
<b>Everclear Extreme</b> (Optiks Unlimited)	Anti-Reflective Coating C QT LC
<b>Everyday B</b> (IOT)	<b>1.50 Plastic:</b> Progressive K—Plastic KA
	<b>1.50 Plastic sunsync:</b> Progressive K—Plastic KA Photochromic PP
	<b>1.50 Plastic Photochromic Transitions Signature / XTRActive:</b> Progressive K—Plastic KA Photochromic PP
	<b>1.50 Plastic Transitions DriveWear / Vantage:</b> Progressive K—Plastic KA Polarized KP Photochromic PP

<b>1.50 Plastic Polarized:</b> Progressive K—Plastic Polarized	KA KP
<b>1.60 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
<b>1.60 High Index Plastic sunsync:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	KA KB PP
<b>1.60 High Index Plastic Photochromic Transitions Signature:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	KA KB PP
<b>1.60 High Index Plastic Polarized:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	KA KB KP
<b>1.67 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH
<b>1.67 High Index Plastic Photochromic Transitions Signature / XTRActive:</b> Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic	KA KH PP
<b>1.67 High Index Plastic Polarized:</b> Progressive K—Plastic High Index Plastic 1.66/1.67 Polarized	KA KH KP
<b>1.74 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.70 & Above	KA KJ
<b>Polycarbonate:</b> Progressive K—Plastic Polycarbonate	KA KD
<b>Polycarbonate sunsync:</b> Progressive K—Plastic Polycarbonate Photochromic	KA KD PP
<b>Polycarbonate Photochromic Transitions Signature / XTRActive:</b> Progressive K—Plastic Polycarbonate Photochromic	KA KD PP

	<b>Polycarbonate Transitions DriveWear / Vantage:</b> <b>Progressive K—Plastic</b> KA Polycarbonate KD Polarized KP Photochromic PP
	<b>Polycarbonate Polarized:</b> <b>Progressive K—Plastic</b> KA Polycarbonate KD Polarized KP
	<b>Trivex:</b> <b>Progressive K—Plastic</b> KA High Index Plastic 1.53-1.60/Trivex KB
	<b>Trivex sunsync:</b> <b>Progressive K—Plastic</b> KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP
	<b>Trivex Photochromic Transitions Signature / XTRActive:</b> <b>Progressive K—Plastic</b> KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP
	<b>Trivex Transitions Vantage:</b> <b>Progressive K—Plastic</b> KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP Photochromic PP
	<b>Trivex Polarized:</b> <b>Progressive K—Plastic</b> KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP
<b>Eyecode Lenses</b> (Essilor)	Unavailable*
<b>Eyephorics Lenses</b> (Dist. By Optica Italee)	Genuine SwissFlex brand: <b>Proprietary Frame Mounting.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .
<b>Eyezen+ 0</b> (Essilor)	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic BA
	<b>Digital 1.50 Plastic Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP
	<b>Digital 1.50 Plastic Transitions Vantage:</b> Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic PP

<b>Digital 1.50 Plastic Polarized:</b>	
Digital Aspheric Lenses—Plastic Polarized	BA DA
<b>Digital 1.60 High Index Plastic:</b>	
Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB
<b>Digital 1.60 High Index Plastic Transitions Signature:</b>	
Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	BA BB PP
<b>Digital 1.67 Plastic High Index:</b>	
Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67	BA BH
<b>Digital 1.67 High Index Plastic Transitions Signature / XTRActive:</b>	
Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67 Photochromic	BA BH PP
<b>Digital 1.67 High Index Plastic Transitions Vantage:</b>	
Digital Aspheric Lenses—Plastic Polarized—Plastic A High Index Plastic 1.66/1.67 Photochromic	BA DA DH PP
<b>Digital 1.67 High Index Plastic Polarized:</b>	
Digital Aspheric Lenses—Plastic Polarized—Plastic A High Index Plastic 1.66/1.67	BA DA DH
<b>Digital 1.74 High Index Plastic w/ applicable AR:</b>	
Digital Aspheric Lenses—Plastic High Index Plastic 1.70 & Above Anti Reflective Coating D UV Protection - Backside	BA BJ QV BV
Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV	
<b>Digital 1.74 High Index Plastic Photochromic w/ applicable AR:</b>	
Digital Aspheric Lenses—Plastic High Index Plastic 1.70 & Above Photochromic Anti Reflective Coating D UV Protection - Backside	BA BJ PP QV BV
Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV	

	<p><b>Digital 1.74 High Index Plastic Transitions Signature:</b>                      Digital Aspheric Lenses—Plastic BA                      High Index Plastic 1.70 &amp; Above BJ                      Photochromic PP</p>
	<p><b>Digital Trivex</b>                      Digital Aspheric Lenses—Plastic BA                      High Index Plastic 1.53-1.60/Trivex BB</p>
	<p><b>Digital Trivex Transitions Signature:</b>                      Digital Aspheric Lenses—Plastic BA                      High Index Plastic 1.53-1.60/Trivex BB                      Photochromic PP</p>
	<p><b>Digital Polycarbonate:</b>                      Digital Aspheric Lenses—Polycarbonate BD</p>
	<p><b>Digital Polycarbonate Transitions Signature / XTRActive:</b>                      Digital Aspheric Lenses—Polycarbonate BD                      Photochromic PP</p>
	<p><b>Digital Polycarbonate Transitions Vantage:</b>                      Digital Aspheric Lenses—Polycarbonate BD                      Polarized DA                      Photochromic PP</p>
	<p><b>Digital Polycarbonate Polarized:</b>                      Digital Aspheric Lenses—Polycarbonate BD                      Polarized DA</p>
<b>Eyezen+ 1, 2, 3 (Essilor)</b>	<p><b>Digital 1.50 Plastic:</b>                      Digital Aspheric Lenses—Plastic BA                      Technical Add-On A TA</p>
	<p><b>Digital 1.50 Plastic Transitions Signature / XTRActive:</b>                      Digital Aspheric Lenses—Plastic BA                      Photochromic PP                      Technical Add-On A TA</p>
	<p><b>Digital 1.50 Plastic Transitions Vantage:</b>                      Digital Aspheric Lenses—Plastic BA                      Polarized DA                      Photochromic PP                      Technical Add-On A TA</p>
	<p><b>Digital 1.50 Plastic Polarized:</b>                      Digital Aspheric Lenses—Plastic BA                      Polarized DA                      Technical Add-On A TA</p>
	<p><b>Digital 1.60 High Index Plastic:</b>                      Digital Aspheric Lenses—Plastic BA                      High Index Plastic 1.53-1.60/Trivex BB                      Technical Add-On A TA</p>

	<p><b>Digital 1.60 High Index Plastic Transitions</b>  <b>Signature:</b>  Digital Aspheric Lenses—Plastic BA  High Index Plastic 1.53-1.60/Trivex BB  Photochromic PP  <b>Technical Add-On A TA</b></p>
	<p><b>Digital 1.67 Plastic High Index:</b>  Digital Aspheric Lenses—Plastic BA  High Index Plastic 1.66/1.67 BH  <b>Technical Add-On A TA</b></p>
	<p><b>Digital 1.67 High Index Plastic Transitions</b>  <b>Signature / XTRActive:</b>  Digital Aspheric Lenses—Plastic BA  High Index Plastic 1.66/1.67 BH  Photochromic PP  <b>Technical Add-On A TA</b></p>
	<p><b>Digital 1.67 High Index Plastic Transitions</b>  <b>Vantage:</b>  Digital Aspheric Lenses—Plastic BA  Polarized—Plastic A DA  High Index Plastic 1.66/1.67 DH  Photochromic PP  <b>Technical Add-On A TA</b></p>
	<p><b>Digital 1.67 High Index Plastic Polarized:</b>  Digital Aspheric Lenses—Plastic BA  Polarized—Plastic A DA  High Index Plastic 1.66/1.67 DH  <b>Technical Add-On A TA</b></p>
	<p><b>Digital 1.74 High Index Plastic w/  applicable AR:</b>  Digital Aspheric Lenses—Plastic BA  High Index Plastic 1.70 &amp; Above BJ  Anti Reflective Coating D QV  UV Protection - Backside BV  <b>Technical Add-On A TA</b></p> <p>Crizal Avance UV, Crizal Previncia and  Crizal Sapphire 360 UV</p>
	<p><b>Digital 1.74 High Index Plastic w/  applicable AR:</b>  Digital Aspheric Lenses—Plastic BA  High Index Plastic 1.70 &amp; Above BJ  Anti-Reflective Coating C QT  Crizal Alize UV BV  <b>Technical Add-On A TA</b></p>

	<p><b>Digital 1.74 High Index Plastic Photochromic w/ applicable AR:</b></p> <p>Digital Aspheric Lenses—Plastic BA  High Index Plastic 1.70 &amp; Above BJ  Photochromic PP  Anti Reflective Coating D QV  UV Protection - Backside BV  <b>Technical Add-On A TA</b></p> <p>Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV</p>
	<p><b>Digital 1.74 High Index Photochromic Transitions Signature w/ applicable AR:</b></p> <p>Digital Aspheric Lenses—Plastic BA  High Index Plastic 1.70 &amp; Above BJ  Photochromic PP  Anti-Reflective Coating C QT  Crizal Alize UV BV  <b>Technical Add-On A TA</b></p>
	<p><b>Digital 1.74 High Index Plastic Transitions Signature:</b></p> <p>Digital Aspheric Lenses—Plastic BA  High Index Plastic 1.70 &amp; Above BJ  Photochromic PP  Anti Reflective Coating D QV  UV Protection - Backside BV  <b>Technical Add-On A TA</b></p>
	<p><b>Digital Trivex</b></p> <p>Digital Aspheric Lenses—Plastic BA  High Index Plastic 1.53-1.60/Trivex BB  <b>Technical Add-On A TA</b></p>
	<p><b>Digital Trivex Transitions Signature:</b></p> <p>Digital Aspheric Lenses—Plastic BA  High Index Plastic 1.53-1.60/Trivex BB  Photochromic PP  <b>Technical Add-On A TA</b></p>
	<p><b>Digital Polycarbonate:</b></p> <p>Digital Aspheric Lenses—Polycarbonate BD  <b>Technical Add-On A TA</b></p>
	<p><b>Digital Polycarbonate Transitions Signature / XTRActive:</b></p> <p>Digital Aspheric Lenses—Polycarbonate BD  Photochromic PP  <b>Technical Add-On A TA</b></p>

	<b>Digital Polycarbonate Transitions</b> <b>Vantage:</b> Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic PP <b>Technical Add-On A TA</b>		
	<b>Digital Polycarbonate Polarized:</b> Digital Aspheric Lenses—Polycarbonate BD Polarized DA <b>Technical Add-On A TA</b>		
<b>EZ2VUE (SOLA)</b>	Blended Bifocal—Plastic	GA	LC
<b>F</b>			
<b>Fisher Price (SOLA)</b>	<b>Aspheric Plus Powers:</b> Polycarbonate AD		LC
	<b>Spherical Minus Powers:</b> Polycarbonate AD		LC
<b>Focal-Lite (Vision-Ease)</b>	Plastic 1.50—Aspheric	AA	LC
<b>Focus (Adlens)</b>	Genuine Adlens Lenses brand: <b>Proprietary Genuine Brand Lens &amp; Frame.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses.</b>		
<b>Foundation XT (Carl Zeiss Vision)</b>	Scratch Resistant Coating B	QS	
<b>Freedom ID (X-Cel)</b>	<b>1.50 Plastic:</b> Progressive K—Plastic KA		
	<b>1.50 Plastic Polarized:</b> Progressive K—Plastic KA Polarized KP		
	<b>1.50 Plastic Transitions Signature:</b> Progressive K—Plastic KA Photochromic PP		
	<b>Polycarbonate Polarized:</b> Progressive K—Plastic KA Polycarbonate KD Polarized KP		
	<b>Trivex:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB		
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP		
	<b>Trivex Transitions Vantage:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP Photochromic PP		



	<b>Clear Glass:</b> Progressive K—Glass/High Index Glass	KE	
	<b>High Index Glass Polarized:</b> Progressive K—Glass/High Index Glass Polarized	KE KP	
	<b>Thin &amp; Dark Glass:</b> Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM	
	<b>Autumn Gold Glass:</b> Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM	
	<b>Autumn Gold High Index Glass Polarized:</b> Progressive K—Glass/High Index Glass Polarized Photochromic—Glass A	KE KP PM	
	<b>PGX/PBX Glass:</b> Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM	
	<b>PGX/PBX High Index Glass Polarized:</b> Progressive K—Glass/High Index Glass Polarized Photochromic—Glass A	KE KP PM	
<b>Fusion Gold (I-Coat Company)</b>	Anti-Reflective Coating A	QM	LC
<b>G</b>			
<b>Glacier Plus UV (Shamir)</b>	Anti-Reflective Coating D	QV	
<b>Glass High Index (Aura Laminated)</b>	See Laminated High Index		
<b>Gold ET Coating (Carl Zeiss Vision)</b>	Anti-Reflective Coating A	QM	LC
<b>Golfer's Classic (Aire O'Lite)</b>	Plastic Bifocal RD-15: Unavailable*		
<b>GT2 (Carl Zeiss Vision)</b>	<b>1.50 Plastic:</b> Progressive F—Plastic	FA	
	<b>1.50 Plastic PhotoFusion:</b> Progressive F—Plastic Photochromic	FA PP	
	<b>1.50 Plastic Transitions Signature:</b> Progressive F—Plastic Photochromic	FA PP	
	<b>1.50 Plastic Polarized:</b> Progressive F—Plastic Polarized	FA FP	
	<b>1.67 Plastic High Index:</b> Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH	

	<b>1.67 Plastic High Index PhotoFusion:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP
	<b>1.67 Plastic High Index Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP
	<b>Polycarbonate:</b> Progressive F—Plastic FA Polycarbonate FD
	<b>Polycarbonate PhotoFusion:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP
	<b>Polycarbonate Transitions Signature:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP
	<b>1.60 High Index Glass:</b> Progressive F—Glass/High Index Glass FE
	<b>1.60 High Index Glass Photochromic:</b> Progressive F—Glass/High Index Glass FE Photochromic—Glass A PM
<b>GT2 Short (Carl Zeiss Vision)</b>	<b>1.50 Plastic:</b> Progressive F—Plastic FA
	<b>1.50 Plastic PhotoFusion:</b> Progressive F—Plastic FA Photochromic PP
	<b>1.50 Plastic Transitions Signature:</b> Progressive F—Plastic FA Photochromic PP
	<b>1.50 Plastic Polarized:</b> Progressive F—Plastic FA Polarized FP
	<b>1.67 Plastic High Index:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	<b>1.67 Plastic High Index PhotoFusion:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP
	<b>1.67 Plastic High Index Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP
	<b>1.67 Plastic High Index Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP

	<b>Polycarbonate:</b> Progressive F—Plastic FA Polycarbonate FD
	<b>Polycarbonate PhotoFusion:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP
	<b>Polycarbonate Transitions Signature:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP
<b>H</b>	
<b>Hemisphere (Adlens)</b>	Unavailable*
<b>Hi-Contrast Amber Polarized (K.B. Co.)</b>	Unavailable*
<b>Hi Contrast Polarized (K.B. Co.)</b>	Polarized—Plastic A DA LC
<b>High-X (X-Cel)</b>	<b>High-X 1.55, High-X 1.55 Aspheric, FT28, FT35, 7x28:</b> High Index Plastic 1.53-1.60/Trivex AB LC
	<b>High-X FT28 1.67:</b> Unavailable*
<b>HiVision Coating (Hoya)</b>	Anti-Reflective Coating B QN
<b>HiVision with ViewProtect Coating (Hoya)</b>	Anti-Reflective Coating C QT
<b>HMC (Carl Zeiss Vision)</b>	Anti-Reflective Coating A QM LC
<b>HMC+ (Carl Zeiss Vision)</b>	Anti-Reflective Coating C QT LC
<b>HMCX (Carl Zeiss Vision)</b>	Anti-Reflective Coating D QV LC
<b>Hobie (Hobie)</b>	Genuine Hobie brand: <b>Proprietary Genuine Brand Lens &amp; Frame.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .
<b>Hoya Clarity Shield (Hoya)</b>	Scratch Resistant Coating B QS
<b>Hoyalux GP (Hoya)</b>	<b>1.50 Plastic:</b> Progressive K—Plastic KA
<b>Hoyalux GP Wide (Hoya)</b>	<b>1.50 Plastic:</b> Progressive J—Plastic JA
	<b>1.50 Plastic Transitions Signature:</b> Progressive J—Plastic JA Photochromic PP

	<b>1.50 Plastic Sensity:</b> Progressive J—Plastic Photochromic	JA PP	
	<b>1.50 Plastic Polarized:</b> Progressive J—Plastic Polarized	JA JP	
	<b>1.60 High Index Plastic:</b> Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB	
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	JA JB PP	
	<b>1.70 High Index Plastic:</b> Progressive J—Plastic High Index Plastic 1.70 & Above	JA JJ	
	<b>Polycarbonate:</b> Progressive J—Plastic Polycarbonate	JA JD	
	<b>Polycarbonate Transitions Signature:</b> Progressive J—Plastic Polycarbonate Photochromic	JA JD PP	
	<b>Polycarbonate Sensity:</b> Progressive J—Plastic Polycarbonate Photochromic	JA JD PP	
	<b>Polycarbonate Polarized:</b> Progressive J—Plastic Polycarbonate Polarized	JA JD JP	
	<b>Trivex:</b> Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB	
	<b>Trivex Transitions Signature:</b> Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	JA JB PP	
	<b>Trivex Sensity:</b> Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	JA JB PP	
<b>Hoyalux iD InStyle</b> (Hoya)	Unavailable*		
<b>Hoyalux iD Lifestyle 2 Clarity/cd</b> (Hoya)	<b>1.50 Plastic:</b> Progressive N—Plastic	NA	CM

	<b>1.50 Plastic Transitions Signature / XTRActive:</b>		CM
	Progressive N—Plastic	NA	
	Photochromic	PP	
	<b>1.50 Plastic Sensity / Sensity Dark:</b>		CM
	Progressive N—Plastic	NA	
	Photochromic	PP	
	<b>1.60 High Index Plastic:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	<b>1.60 High Index Plastic Transitions Signature:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	Photochromic	PP	
	<b>1.60 High Index Plastic Sensity / Sensity Dark:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	Photochromic	PP	
	<b>1.67 High Index Plastic:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	<b>1.67 High Index Plastic Transitions Signature:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	Photochromic	PP	
	<b>1.67 High Index Plastic Sensity / Sensity Dark:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	Photochromic	PP	
	<b>1.74 High Index Plastic:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.70 & Above	NJ	
	<b>Polycarbonate:</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	<b>Polycarbonate Transitions Signature:</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Photochromic	PP	
	<b>Polycarbonate Sensity / Sensity Dark:</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Photochromic	PP	

	<b>Polycarbonate Polarized:</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Polarized	NP	
	<b>Trivex:</b>		CM
	Progressive N—Plastic	NA	
High Index Plastic 1.53-1.60/Trivex	NB		
	<b>Trivex Transitions Signature / XTRActive:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	<b>Trivex Sensity / Sensity Dark:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	<b>Trivex Transitions Vantage:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
Hoyalux iD Lifestyle 2 Harmony/cd (Hoya)	<b>1.50 Plastic:</b>		CM
	Progressive N—Plastic	NA	
	<b>1.50 Plastic Transitions Signature / XTRActive:</b>		CM
	Progressive N—Plastic	NA	
	Photochromic	PP	
	<b>1.50 Plastic Sensity / Sensity Dark:</b>		CM
	Progressive N—Plastic	NA	
	Photochromic	PP	
	<b>1.60 High Index Plastic:</b>		CM
	Progressive N—Plastic	NA	
High Index Plastic 1.53-1.60/Trivex	NB		
	<b>1.60 High Index Plastic Transitions Signature:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
Photochromic	PP		
	<b>1.60 High Index Plastic Sensity / Sensity Dark:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
Photochromic	PP		
	<b>1.67 High Index Plastic:</b>		CM
	Progressive N—Plastic	NA	
High Index Plastic 1.66/1.67	NH		

	<b>1.67 High Index Plastic Transitions</b>		CM
	<b>Signature:</b> Progressive N—Plastic High Index Plastic 1.66/1.67 Photochromic	NA NH PP	
	<b>1.67 High Index Plastic Sensity / Sensity Dark:</b>		CM
	<b>Dark:</b> Progressive N—Plastic High Index Plastic 1.66/1.67 Photochromic	NA NH PP	
	<b>1.74 High Index Plastic:</b>		CM
	Progressive N—Plastic High Index Plastic 1.70 & Above	NA NJ	
	<b>Polycarbonate:</b>		CM
	Progressive N—Plastic Polycarbonate	NA ND	
	<b>Polycarbonate Transitions Signature:</b>		CM
	Progressive N—Plastic Polycarbonate Photochromic	NA ND PP	
	<b>Polycarbonate Sensity / Sensity Dark:</b>		CM
	Progressive N—Plastic Polycarbonate Photochromic	NA ND PP	
	<b>Polycarbonate Polarized:</b>		CM
	Progressive N—Plastic Polycarbonate Polarized	NA ND NP	
	<b>Trivex:</b>		CM
	Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	
	<b>Trivex Transitions Signature / XTRActive:</b>		CM
	Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	NA NB PP	
	<b>Trivex Sensity / Sensity Dark:</b>		CM
	Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	NA NB PP	
	<b>Trivex Transitions Vantage:</b>		CM
	Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic	NA NB NP PP	
<b>Hoyalux iD MyStyle</b> (Hoya)	Unavailable*		
	<b>1.50 Plastic:</b> <b>Near Variable Focus</b>	<b>IA</b>	CM

<b>Hoyalux iD Screen/Space/Zoom</b> (Hoya)	<b>Trivex:</b> <b>Near Variable Focus</b> High Index Plastic 1.53-1.60/Trivex	IA IB	CM
	<b>Trivex Sensity:</b> <b>Near Variable Focus</b> High Index Plastic 1.53-1.60/Trivex Photochromic	IA IB PP	CM
	<b>1.60 High Index Plastic:</b> <b>Near Variable Focus</b> High Index Plastic 1.53-1.60/Trivex	IA IB	CM
	<b>1.67 High Index Plastic:</b> <b>Near Variable Focus</b> High Index Plastic 1.66/1.67	IA II	CM
<b>Hoyalux iD SV</b> (Hoya)	<b>Digital 1.60 Plastic High Index Sensity:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	BA BB PP	LC
	<b>Digital 1.67 Plastic High Index:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67	BA BH	LC
	<b>Digital 1.67 Plastic High Index Sensity:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67 Photochromic	BA BH PP	LC
	<b>Digital 1.74 Plastic High Index:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.70 & Above	BA BJ	LC
<b>Hoyalux Summit cd</b> (Hoya)	<b>1.50 Plastic:</b> Progressive F—Plastic	FA	
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive F—Plastic Photochromic	FA PP	
	<b>1.60 High Index Plastic:</b> Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB	
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	FA FB PP	
	<b>1.67 High Index Plastic:</b> Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH	



	<b>1.67 High Index Plastic Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP	
	<b>1.70 High Index Plastic with HiVision:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti Reflective Coating B QN	
	<b>1.70 High Index Plastic with Super HiVision:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti Reflective Coating C QT	
	<b>1.70 High Index Plastic with Super HiVision EX3:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating D QV	
	<b>Polycarbonate:</b> Progressive F—Plastic FA Polycarbonate FD	
	<b>Polycarbonate Transitions Signature:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP	
	<b>Trivex:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic PP	
	<b>Trivex Transitions Vantage:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic PP	
Hoyalux Summit cd iQ (Hoya)	<b>1.50 Plastic:</b> Progressive O—Plastic OA	CM
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive O—Plastic OA Photochromic PP	CM
	<b>1.60 High Index Plastic:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM

	<b>1.60 High Index Plastic Transitions</b> <b>Signature:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP	CM
	<b>1.67 High Index Plastic:</b> Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH	CM
	<b>1.67 High Index Plastic Transitions</b> <b>Signature:</b> Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic PP	CM
	<b>Polycarbonate:</b> Progressive O—Plastic OA Polycarbonate OD	CM
	<b>Polycarbonate Transitions Signature:</b> Progressive O—Plastic OA Polycarbonate OD Photochromic PP	CM
	<b>Trivex:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP	CM
	<b>Trivex Transitions Vantage:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic PP	CM
Hoyalux Summit ecp (Hoya)	<b>1.50 Plastic:</b> Progressive F—Plastic FA	
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive F—Plastic FA Photochromic PP	
	<b>1.50 Plastic Polarized:</b> Progressive F—Plastic FA Polarized FP	
	<b>1.60 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	
	<b>1.60 High Index Plastic Transitions</b> <b>Signature:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic PP	

	<b>1.67 High Index Plastic:</b> Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH	
	<b>1.67 High Index Plastic Transitions Signature:</b> Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic	FA FH PP	
	<b>1.70 High Index Plastic with HiVision:</b> Progressive F—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating B	FA FJ QN	
	<b>1.70 High Index Plastic with Super HiVision:</b> Progressive F—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating C	FA FJ QT	
	<b>1.70 High Index Plastic with Super HiVision EX3:</b> Progressive F—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating D	FA FJ QV	
	<b>Polycarbonate:</b> Progressive F—Plastic Polycarbonate	FA FD	
	<b>Polycarbonate Transitions Signature:</b> Progressive F—Plastic Polycarbonate Photochromic	FA FD PP	
	<b>Polycarbonate Polarized:</b> Progressive F—Plastic Polycarbonate Polarized	FA FD FP	
	<b>Trivex:</b> Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB	
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	FA FB PP	
	<b>Trivex Transitions Vantage:</b> Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic	FA FB FP PP	
<b>Hoyalux Summit ecp iQ (Hoya)</b>	<b>1.50 Plastic:</b> Progressive O—Plastic	OA	CM

	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive O—Plastic Photochromic	OA PP	CM
	<b>1.50 Plastic Polarized:</b> Progressive O—Plastic Polarized	OA OP	CM
	<b>1.60 High Index Plastic:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB	CM
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	OA OB PP	CM
	<b>1.67 High Index Plastic:</b> Progressive O—Plastic High Index Plastic 1.66/1.67	OA OH	CM
	<b>1.67 High Index Plastic Transitions Signature:</b> Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic	OA OH PP	CM
	<b>Polycarbonate:</b> Progressive O—Plastic Polycarbonate	OA OD	CM
	<b>Polycarbonate Transitions Signature:</b> Progressive O—Plastic Polycarbonate Photochromic	OA OD PP	CM
	<b>Polycarbonate Polarized:</b> Progressive O—Plastic Polycarbonate Polarized	OA OD OP	CM
	<b>Trivex:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB	CM
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	OA OB PP	CM
	<b>Trivex Transitions Vantage:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic	OA OB OP PP	CM
<b>Hoya Premium Coating (Hoya)</b>	Anti-Reflective Coating B	QN	

<b>Hoya Premium with ViewProtect Coating</b> (Hoya)	Anti-Reflective Coating B	QN	
<b>Hydrophobic Coating</b>	Included in the Anti-Reflective Coating fee.		
<b>Hyper Clear AR Coating</b> (Southern Opt.)	Anti-Reflective Coating A	QM	LC
<b>Hyperal</b> (Essilor)	Aspheric Plastic 1.50	AA	LC
<b>Hyperindex</b> (Optima)	Unavailable*		
<b>Hyperindex 160 Aspheric</b> (Optima)	Unavailable*		
<b>Hyperindex 166 Aspheric</b> (Optima)	Unavailable*		
<b>Hyperindex 166 Aspheric Double Concave</b> (Optima)	Unavailable*		
<b>Hyperview 166</b> (Optima)	Unavailable*		
<b>I</b>			
<b>iAR</b> (Rooney Optical, Inc.)	Anti-Reflective Coating B	QN	LC
<b>iAR MAX</b> (Rooney Optical, Inc.)	Anti-Reflective Coating C	QT	LC
<b>I-Clear or I-Clear Plus Coating</b> (I-Coat)	Anti-Reflective Coating A	QM	LC
<b>IFC Essential (In Focus Coatings)</b>	Anti-Reflective Coating A	QM	LC
<b>Image</b> (Younger)	<b>1.50 Plastic Transitions Signature / XTRActive:</b>		
	Progressive K—Plastic	KA	
	Photochromic	PP	
	<b>1.50 Plastic DriveWear:</b>		
	Progressive K—Plastic	KA	
	Polarized	KP	
Photochromic	PP		
	<b>1.55 Plastic Mid Index:</b>		
	Progressive K—Plastic	KA	
	High Index Plastic 1.53-1.60/Trivex	KB	
	<b>1.67 High Index Plastic:</b>		
	Progressive K—Plastic	KA	
	High Index Plastic 1.66/1.67	KH	
	<b>1.67 High Index Plastic Transitions Signature:</b>		
	Progressive K—Plastic	KA	
	High Index Plastic 1.66/1.67	KH	
	Photochromic	PP	

	<b>Polycarbonate:</b> Progressive K—Plastic KA Polycarbonate KD		
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive K—Plastic KA Polycarbonate KD Photochromic PP		
	<b>Polycarbonate Transitions DriveWear / Vantage:</b> Progressive K—Plastic KA Polycarbonate KD Polarized KP Photochromic PP		
	<b>Trivex:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB		
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP		
<b>Image Wrap</b> (Younger)	<b>Polycarbonate Polarized:</b> Progressive K—Plastic KA Polycarbonate KD Polarized KP		
<b>Indigo HD AR Coating</b> (Essilor)	Anti-Reflective Coating D	QV	LC
<b>Indigo AR Coating</b> (Essilor)	Anti-Reflective Coating C	QT	LC
<b>Indo</b> (Indo Corporation)	<b>SV Superfin 1.523, SV 1.523 Indosol:</b> Unavailable*		
	<b>SV Superfin 1.523 Aspheric:</b> Aspheric Plastic 1.50 AA		LC
	<b>SV Ultrafin 1.60 Aspheric:</b> High Index Plastic 1.53-1.60/Trivex AB		LC
	<b>SV/Curve Top 28 Superfin 1.523 Photochromic:</b> Photochromic PP		LC
	<b>Progressive Admira Superfin 1.523:</b> Progressive K—Plastic KA		
	<b>Admira Superfin 1.523 Photochromic:</b> Progressive K—Plastic KA Photochromic PP		
	<b>Admira Ultrafin 1.60:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB		
	<b>AmPLY Superfin 1.523:</b> Progressive K—Plastic KA		

	<b>Amplify Superfin 1.523 Photochromic:</b> Progressive K—Plastic Photochromic	KA PP	
	<b>Micra Ultrafin 1.60 Short Corridor:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	
<b>I-TEC (In Focus)</b>	Anti-Reflective Coating B	QN	LC
<b>I-TEC Premium (In Focus)</b>	Anti-Reflective Coating C	QT	LC
<b>J</b>			
<b>John Lennon Collection (Adlens)</b>	Unavailable*		
<b>K</b>			
<b>Kazuo Kawasaki Lenses</b> (Dist. By Optica Italee)	Genuine Kazuo Kawasaki Lenses brand: <b>Proprietary Frame Mounting.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .		
<b>Kodak Clean'N'Clear Coating</b> (Signet Armorlite)	Anti-Reflective Coating D	QV	
<b>Kodak Clear Coating</b> (Signet Armorlite)	Anti-Reflective Coating C	QT	
<b>Kodak Anti Fatigue Lenses</b> (Signet Armorlite)	Unavailable*		
<b>Kodak Concise</b> (Signet Armorlite)	<b>1.50 Plastic:</b> Progressive K—Plastic	KA	
	<b>1.56 Mid Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	
	<b>1.60 TLX High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	
	<b>1.67 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH	
	<b>Polycarbonate:</b> Progressive K—Plastic Polycarbonate	KA KD	
	<b>Trivex:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	
<b>Kodak Digital Precise</b> (Signet Armorlite)	<b>1.50 Plastic:</b> Progressive F—Plastic	FA	
	<b>1.50 Plastic PhotoView:</b> Progressive F—Plastic Photochromic	FA PP	

	<b>1.50 Plastic Transitions Signature:</b> Progressive F—Plastic FA Photochromic PP
	<b>1.50 Plastic Polarized:</b> Progressive F—Plastic FA Polarized FP
	<b>1.60 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	<b>1.67 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	<b>1.67 High Index Plastic Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP
	<b>Polycarbonate:</b> Progressive F—Plastic FA Polycarbonate FD
	<b>Polycarbonate PhotoView:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP
	<b>Polycarbonate Transitions Signature:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP
	<b>Trivex:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
<b>Kodak Digital Precise Short</b> (Signet Armorlite)	<b>1.50 Plastic:</b> Progressive F—Plastic FA
	<b>1.50 Plastic PhotoView:</b> Progressive F—Plastic FA Photochromic PP
	<b>1.50 Plastic Transitions Signature:</b> Progressive F—Plastic FA Photochromic PP
	<b>1.67 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	<b>1.67 High Index Plastic Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP



	<b>Polycarbonate:</b> Progressive F—Plastic FA Polycarbonate FD	
	<b>Polycarbonate PhotoView:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP	
	<b>Polycarbonate Transitions Signature:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP	
KODAK Digital Single Vision (Signet Armorlite)	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic BA	LC
	<b>Digital 1.50 Plastic Photochromic:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP	LC
	<b>Digital 1.50 Plastic Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP	LC
	<b>Digital 1.50 Plastic Transitions Vantage:</b> Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic PP	LC
	<b>Digital 1.50 Plastic Transitions DriveWear:</b> Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic PP	LC
	<b>Digital 1.50 Plastic Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA	LC
	<b>Digital 1.56 Mid Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB	LC
	<b>Digital 1.56 BluTech Indoor:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes—Solid Color MN	LC
	<b>Digital 1.56 BluTech Outdoor:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Plastic Dyes—Solid Color MN	LC
	<b>Digital Trivex:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB	LC

<b>Digital Trivex Transitions Signature / XTRActive:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.53-1.60/Trivex	BB	
Photochromic	PP	
<b>Digital Trivex Transitions Vantage:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
Polarized	DA	
High Index Plastic 1.56	DB	
Photochromic	PP	
<b>Digital Trivex Polarized:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
Polarized	DA	
High Index Plastic 1.56	DB	
<b>Digital Polycarbonate:</b>		LC
Digital Aspheric Lenses—Polycarbonate	BD	
<b>Digital Polycarbonate Photochromic:</b>		LC
Digital Aspheric Lenses—Polycarbonate	BD	
Photochromic	PP	
<b>Digital Polycarbonate Transitions / XTRActive:</b>		LC
Digital Aspheric Lenses—Polycarbonate	BD	
Photochromic	PP	
<b>Digital Polycarbonate Transitions Vantage:</b>		LC
Digital Aspheric Lenses—Polycarbonate	BD	
Polarized	DA	
Photochromic	PP	
<b>Digital Polycarbonate Polarized:</b>		LC
Digital Aspheric Lenses—Polycarbonate	BD	
Polarized	DA	
<b>Digital 1.60 High Index Plastic:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.53-1.60/Trivex	BB	
<b>Digital 1.60 High Index Plastic Transitions Signature:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.53-1.60/Trivex	BB	
Photochromic	PP	
<b>Digital 1.60 High Index Plastic Polarized:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
Polarized—Plastic A	DA	
High Index Plastic 1.53-1.60/Trivex	DB	
<b>Digital 1.67 High Index Plastic:</b>		LC
Digital Aspheric Lenses—Plastic	BA	
High Index Plastic 1.66/1.67	BH	

	<b>Digital 1.67 High Index Plastic Transitions</b> <b>Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic PP	LC
	<b>Digital 1.67 High Index Plastic Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.66/1.67 DH	LC
	<b>Digital 1.74 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & Above BJ	LC
	<b>1.74 High Index Plastic Transitions</b> <b>Signature:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & Above BJ Photochromic PP	LC
Kodak DSII (Signet Armorlite)	<b>1.50 Plastic:</b> Progressive N—Plastic NA	
	<b>1.50 Plastic Transitions Signature:</b> Progressive N—Plastic NA Photochromic PP	
	<b>1.50 Plastic Polarized:</b> Progressive N—Plastic NA Polarized NP	
	<b>1.60 High Index Plastic:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	
	<b>1.60 High Index Plastic Transitions</b> <b>Signature:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic PP	
	<b>1.60 High Index Plastic Polarized:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP	
	<b>1.67 High Index Plastic:</b> Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH	
	<b>1.67 High Index Plastic Transitions</b> <b>Signature:</b> Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic PP	
	<b>1.67 High Index Plastic Polarized:</b> Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Polarized NP	

	<b>1.74 High Index Plastic:</b> Progressive N—Plastic High Index Plastic 1.70 & Above	NA NJ	
	<b>1.74 High Index Plastic Transitions Signature:</b> Progressive N—Plastic High Index Plastic 1.70 & Above Photochromic	NA NJ PP	
	<b>Polycarbonate:</b> Progressive N—Plastic Polycarbonate	NA ND	
	<b>Polycarbonate Transitions Signature:</b> Progressive N—Plastic Polycarbonate Photochromic	NA ND PP	
	<b>Polycarbonate Polarized:</b> Progressive N—Plastic Polycarbonate Polarized	NA ND NP	
	<b>Trivex:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	
	<b>Trivex Transitions Signature:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	NA NB PP	
<b>Kodak Lenses</b> (Signet Armorlite)	<b>1.56 Single Vision Semi-Finished:</b> High Index Plastic 1.53-1.60/Trivex	AB	LC
	<b>FT28 1.56 Aspheric:</b> High Index Plastic 1.53-1.60/Trivex	AB	LC
	<b>1.70 SV High Index:</b> High Index Plastic 1.70 & Above	AJ	LC
	<b>1.70 SV High Index Transitions Signature:</b> High Index Plastic 1.70 & Above Photochromic	AJ PP	LC
	<b>Polycarbonate Aspheric:</b> Aspheric Lenses—Polycarbonate	AD	LC
	<b>SV Trivex Photochromic:</b> High Index Plastic 1.53-1.60/Trivex Photochromic	AB PP	LC
	<b>SV Trivex Polarized:</b> Polarized—Plastic A High Index Plastic 1.53-1.60/Trivex	DA DB	LC
	<b>SV Trivex Polarized Photochromic:</b> Polarized—Plastic A High Index Plastic 1.53-1.60/Trivex Photochromic	DA DB PP	LC

<b>Kodak Monitor</b> (Signet Armorlite)	Unavailable*		
<b>Kodak Precise</b> (Signet Armorlite)	<b>1.50 Plastic:</b> Progressive J—Plastic	JA	
	<b>1.50 Plastic PhotoView:</b> Progressive J—Plastic Photochromic	JA PP	
	<b>1.50 Plastic PolarShades:</b> Progressive J—Plastic Polarized	JA JP	
	<b>1.50 Plastic Transitions Signature:</b> Progressive J—Plastic Photochromic	JA PP	
	<b>1.56 Mid Index Plastic:</b> Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB	
	<b>1.60 TLX High Index Plastic:</b> Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB	
	<b>1.67 Plastic High Index:</b> Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH	
	<b>1.67 High Index Transitions Signature:</b> Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic	JA JH PP	
	<b>Polycarbonate:</b> Progressive J—Plastic Polycarbonate	JA JD	
	<b>Polycarbonate PhotoView:</b> Progressive J—Plastic Polycarbonate Photochromic	JA JD PP	
	<b>Polycarbonate Transitions Signature:</b> Progressive J—Plastic Polycarbonate Photochromic	JA JD PP	
	<b>Trivex:</b> Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB	
	<b>Kodak Precise PB/Short</b> (Signet Armorlite)	<b>1.50 Plastic:</b> Progressive J—Plastic	JA
		<b>1.50 Plastic Polarized w/Total Blue AR:</b> Progressive J—Plastic Polarized	JA JP
		Anti Reflective Coating D	QV

<b>Polycarbonate Polarized w/Total Blue AR:</b>	
Progressive J—Plastic	JA
Polycarbonate	JD
Polarized	JP
Anti Reflective Coating D	QV
<b>1.50 Plastic PhotoView:</b>	
Progressive J—Plastic	JA
Photochromic	PP
<b>1.50 Plastic Transitions Signature / XTRActive:</b>	
Progressive J—Plastic	JA
Photochromic	PP
<b>1.50 Plastic Polarized:</b>	
Progressive J—Plastic	JA
Polarized	JP
<b>1.56 Mid Index Plastic w/Total Blue AR:</b>	
Progressive J—Plastic	JA
High Index Plastic 1.53-1.60/Trivex	JB
Anti-Reflective Coating D	QV
<b>1.67 High Index Plastic:</b>	
Progressive J—Plastic	JA
High Index Plastic 1.66/1.67	JH
<b>1.67 High Index Plastic w/Total Blue AR:</b>	
Progressive J—Plastic	JA
High Index Plastic 1.66/1.67	JH
Anti-Reflective Coating D	QV
<b>1.67 High Index Transitions Signature / XTRActive:</b>	
Progressive J—Plastic	JA
High Index Plastic 1.66/1.67	JH
Photochromic	PP
<b>1.67 High Index Plastic Polarized w/Total Blue AR:</b>	
Progressive J—Plastic	JA
High Index Plastic 1.66/1.67	JH
Polarized	JP
Anti-Reflective Coating D	QV
<b>1.74 High Index Plastic w/Total Blue AR:</b>	
Progressive J—Plastic	JA
High Index Plastic 1.70 & Above	JJ
Anti-Reflective Coating D	QV
<b>1.74 High Index Plastic Polarized w/Total Blue AR:</b>	
Progressive J—Plastic	JA
High Index Plastic 1.70 & Above	JJ
Polarized	JP
Anti-Reflective Coating D	QV

	<b>Polycarbonate:</b> Progressive J—Plastic Polycarbonate	JA JD
	<b>Polycarbonate PhotoView:</b> Progressive J—Plastic Polycarbonate Photochromic	JA JD PP
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive J—Plastic Polycarbonate Photochromic	JA JD PP
	<b>Polycarbonate Polarized:</b> Progressive J—Plastic Polycarbonate Polarized	JA JD JP
	<b>Trivex:</b> Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	JA JB PP
	<b>Kodak Precise Short</b> (Signet Armorlite)	<b>1.50 Plastic:</b> Progressive J—Plastic
<b>1.50 Plastic PhotoView:</b> Progressive J—Plastic Photochromic		JA PP
<b>1.50 Plastic Transitions Signature:</b> Progressive J—Plastic Photochromic		JA PP
<b>1.67 High Index Plastic:</b> Progressive J—Plastic High Index Plastic 1.66/1.67		JA JH
<b>1.67 High Index Plastic Transitions Signature:</b> Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic		JA JH PP
<b>Polycarbonate:</b> Progressive J—Plastic Polycarbonate		JA JD
<b>Polycarbonate PhotoView:</b> Progressive J—Plastic Polycarbonate Photochromic		JA JD PP

	<b>Polycarbonate Transitions Signature:</b> Progressive J—Plastic JA Polycarbonate JD Photochromic PP
Kodak Unique (Signet Armorlite)	<b>1.50 Plastic:</b> Progressive O—Plastic OA
	<b>1.50 Plastic PhotoView:</b> Progressive O—Plastic OA Photochromic PP
	<b>1.50 Plastic Polarized:</b> Progressive O—Plastic OA Polarized OP
	<b>1.50 Plastic Polarized w/ Total Blue:</b> Progressive O—Plastic OA Polarized OP Anti-Reflective Coating D QV
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive O—Plastic OA Photochromic PP
	<b>1.50 Plastic DriveWear:</b> Progressive O—Plastic OA Polarized OP Photochromic PP
	<b>1.56 Mid-Index Plastic:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	<b>1.56 Mid Index Plastic w/Total Blue AR:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Anti-Reflective Coating D QV
	<b>1.60 High Index Plastic:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	<b>1.60 High Index Plastic Transitions Signature / XTRActive:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP
	<b>1.60 High Index Plastic Polarized:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	<b>1.67 High Index Plastic:</b> Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH



	<b>1.67 High Index Plastic w/Total Blue AR:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 166/1.67	OH
	Anti-Reflective Coating D	QV
	<b>1.67 High Index Plastic Polarized:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.66/1.67	OH
	Polarized	OP
	<b>1.67 High Index Plastic Polarized w/Total Blue AR:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 166/1.67	OH
	Polarized	OP
	Anti-Reflective Coating D	QV
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.66/1.67	OH
	Photochromic	PP
	<b>1.74 High Index Plastic:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.70 & Above	OJ
	<b>1.74 High Index Plastic w/Total Blue AR:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.70 & Above	OJ
	Anti-Reflective Coating D	QV
	<b>1.74 High Index Plastic Polarized w/Total Blue AR:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.70 & Above	OJ
	Polarized	OP
	Anti-Reflective Coating D	QV
	<b>1.74 High Index Plastic Transitions Signature:</b>	
	Progressive O—Plastic	OA
	High Index Plastic 1.70 & Above	OJ
	Photochromic	PP
	<b>Polycarbonate:</b>	
	Progressive O—Plastic	OA
	Polycarbonate	OD
	<b>Polycarbonate PhotoView:</b>	
	Progressive O—Plastic	OA
	Polycarbonate	OD
	Photochromic	PP

	<p><b>Polycarbonate Transitions Signature / XTRActive:</b>                      Progressive O—Plastic OA                      Polycarbonate OD                      Photochromic PP</p>	
	<p><b>Polycarbonate Polarized:</b>                      Progressive O—Plastic OA                      Polycarbonate OD                      Polarized OP</p>	
	<p><b>Polycarbonate Polarized w/Total Blue:</b>                      Progressive O—Plastic OA                      Polycarbonate OD                      Polarized OP                      Anti-Reflective Coating D QV</p>	
	<p><b>Trivex:</b>                      Progressive O—Plastic OA                      High Index Plastic 1.53-1.60/Trivex OB</p>	
	<p><b>Trivex Transitions Signature / XTRActive:</b>                      Progressive O—Plastic OA                      High Index Plastic 1.53-1.60/Trivex OB                      Photochromic PP</p>	
	<p><b>Trivex Polarized:</b>                      Progressive O—Plastic OA                      High Index Plastic 1.53-1.60/Trivex OB                      Polarized OP</p>	
Kodak Unique HD (Signet Armorlite)	<p><b>1.50 Plastic:</b>                      Progressive O—Plastic OA</p>	CM
	<p><b>1.50 Plastic Polarized w/Total Blue AR:</b>                      Progressive O—Plastic OA                      Polarized OP                      Anti-Reflective Coating D QV</p>	CM
	<p><b>1.50 Plastic PhotoView:</b>                      Progressive O—Plastic OA                      Photochromic PP</p>	CM
	<p><b>1.50 Plastic Transitions Signature / XTRActive:</b>                      Progressive O—Plastic OA                      Photochromic PP</p>	CM
	<p><b>1.50 Plastic Transitions DriveWear / Vantage:</b>                      Progressive O—Plastic OA                      Polarized OP                      Photochromic PP</p>	CM
	<p><b>1.50 Plastic Polarized:</b>                      Progressive O—Plastic OA                      Polarized OP</p>	CM

<b>1.56 Plastic Mid Index:</b>		CM
Progressive O-Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
<b>1.56 Plastic Mid Index w/Total Blue AR:</b>		CM
Progressive O-Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Anti-Reflective Coating D	QV	
<b>1.60 High Index Plastic:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
<b>1.60 High Index Plastic Transitions Signature:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Photochromic	PP	
<b>1.60 High Index Plastic Polarized:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Polarized	OP	
<b>1.67 High Index Plastic:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
<b>1.67 High Index Plastic w/Total Blue AR:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Anti-Reflective Coating D	QV	
<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Photochromic	PP	
<b>1.67 High Index Plastic Polarized:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Polarized	OP	
<b>1.67 High Index Plastic Polarized w/Total Blue AR:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Polarized	OP	
Anti-Reflective Coating D	QV	
<b>1.74 High Index Plastic:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.70 & Above	OJ	

<b>1.74 High Index Plastic w/Total Blue AR:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.70 & Above	OJ	
Anti-Reflective Coating D	QV	
<b>1.74 High Index Plastic Transitions Signature:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.70 & Above	OJ	
Photochromic	PP	
<b>1.74 High Index Plastic Polarized w/Total Blue AR:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.70 & Above	OJ	
Polarized	OP	
Anti-Reflective Coating D	QV	
<b>Polycarbonate:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
<b>Polycarbonate PhotoView:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Photochromic	PP	
<b>Polycarbonate Transitions Signature / XTRActive:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Photochromic	PP	
<b>Polycarbonate Transitions Vantage:</b>		CM
Progressive F—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Photochromic	PP	
<b>Polycarbonate Polarized:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
<b>Polycarbonate Polarized w/Total Blue AR:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Anti-Reflective Coating D	QV	
<b>Trivex:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
<b>Trivex Transitions Signature / XTRActive:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Photochromic	PP	

	<b>Trivex Transitions Vantage:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic	OA OB OP PP	CM
<b>Kodak Unique DS</b>	Unavailable*		
<b>Komodo</b> (Optical Resources)	Anti Reflective Coating A	QM	LC
<b>Komodo Armor</b> (Optical Resources)	Scratch Resistant Coating A	QQ	LC
<b>Komodo Extreme</b> (Optical Resources)	Anti Reflective Coating C	QT	LC
<b>Komodo VES</b> (Optical Resources)	Anti Reflective Coating B	QN	LC
<b>L</b>			
<b>Laminated High Index</b>	Polarized/Laminated Lenses—Glass High Index Glass 1.60-1.80 (Clear) Plus lens enhancement code for laminated material: (For laminated photochromics or glass tints only)	DE AF PM or MQ or MR	LC
<b>LTO Stainless Steel</b> (Lens Tech Optical)	Anti Reflective Coating C	QT	LC
<b>LifeRx</b> (Vision-Ease)	<b>1.50 SV Aspheric Plastic:</b> Aspheric Plastic 1.50 Photochromic	AA PP	LC
	<b>SV/FT28/FT35/D35/7x28:</b> Polycarbonate Photochromic	AD PP	LC
<b>M</b>			
<b>Magnum</b> (CSC Laboratory)	Anti-Reflective Coating B	QN	LC
<b>Magnum Strada</b> (CSC Laboratory)	Anti-Reflective Coating C	QT	LC
<b>Maui Jim Lenses</b>	Genuine Maui Jim Lenses brand: <b>Proprietary Genuine Brand Lens &amp; Frame.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .		
<b>Melanin Polarized Sunlens</b> (Specialty Lens Corp.)	<b>1.50 Plastic Polarized (SV, FT28, FT35):</b> Polarized—Plastic A	DA	LC
	<b>1.56 Mid Index Plastic Polarized (SV, FT28, 7x28):</b> Polarized—Plastic A High Index Plastic 1.53-1.60/Trivex	DA DB	LC
<b>Melavision</b> (Photoprotective Tech.)	Unavailable*		

<b>Mira-Pol Glass Polarized</b> (KB Co.)	Polarized/Laminated Lenses—Glass Ski Type Coating	DE QR	LC
<b>Mirage 2000 Coating</b> (The Omega Group)	Anti-Reflective Coating A Note: Charge for High Luster Edge Polish, if applicable.	QM	LC
<b>Myo-Thin</b> (Optimed of Belgium)	Unavailable*		
<b>N</b>			
<b>Natural</b> (Essilor)	<b>1.50 Plastic:</b> Progressive K—Plastic	KA	
	<b>1.60 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	
	<b>Polycarbonate:</b> Progressive K—Plastic Polycarbonate	KA KD	
	<b>Glass Photochromic:</b> Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM	
<b>Natural AR</b> (Quantum Innovations)	Anti-Reflective Coating D	QV	LC
<b>Natural Digital</b> (Essilor)	<b>1.50 Plastic:</b> Progressive K—Plastic	KA	
	<b>1.50 Plastic Polarized:</b> Progressive K—Plastic Polarized	KA KP	
	<b>1.50 Plastic Transitions Signature:</b> Progressive K—Plastic Photochromic	KA PP	
	<b>1.60 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	KA KB PP	
	<b>1.67 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.67	KA KH	
	<b>1.67 High Index Plastic Polarized:</b> Progressive K—Plastic High Index Plastic 1.67 Polarized	KA KH KP	

	<b>1.67 High Index Plastic Transitions</b>	
	<b>Signature / XTRActive:</b>	
	Progressive K—Plastic	KA
	High Index Plastic 1.67	KH
	Photochromic	PP
	<b>Polycarbonate:</b>	
	Progressive K—Plastic	KA
Polycarbonate	KD	
	<b>Polycarbonate Polarized:</b>	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	Polarized	KP
	<b>Polycarbonate Transitions Signature / XTRActive:</b>	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	Photochromic	PP
	<b>Trivex:</b>	
	Progressive K—Plastic	KA
High Index Plastic 1.53-1.60/Trivex	KB	
	<b>Trivex Transitions Signature:</b>	
	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
	Photochromic	PP
<b>Navigator (Signet Armorlite)</b>	<b>1.50 Plastic:</b>	
	Progressive K—Plastic	KA
	<b>1.50 Plastic PhotoView:</b>	
	Progressive K—Plastic	KA
	Photochromic	PP
	<b>1.56 Mid Index Plastic:</b>	
Progressive K – Plastic	KA	
High Index Plastic 1.53-1.60/Trivex	KB	
	<b>Plastic Polarized:</b>	
	Progressive K—Plastic	KA
	Polarized	KP
	<b>Polycarbonate:</b>	
	Progressive K—Plastic	KA
	Polycarbonate	KD
<b>Navigator Short Corridor (Signet Armorlite)</b>	<b>1.50 Plastic:</b>	
	Progressive K—Plastic	KA
	<b>1.50 Plastic PhotoView:</b>	
	Progressive K—Plastic	KA
	Photochromic	PP
	<b>1.56 Mid Index Plastic:</b>	
Progressive K—Plastic	KA	
High Index Plastic 1.53-1.60/Trivex	KB	

	<b>Polycarbonate:</b> Progressive K—Plastic KA Polycarbonate KD
<b>Nikon ECC (Nikon)</b>	Anti-Reflective Coating C QT LC
<b>Nikon HCC (Nikon)</b>	Anti-Reflective Coating B QN LC
<b>Nikon Performance (Nikon)</b>	Genuine Nikon Performance brand: <b>Proprietary Frame Mounting.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .
<b>Nikon Presio i Digital 13 (Nikon)</b>	<b>1.50 Plastic:</b> Progressive F—Plastic FA
	<b>1.50 Plastic Transitions Signature:</b> Progressive F—Plastic FA Photochromic PP
	<b>1.60 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic PP
	<b>1.67 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	<b>1.67 High Index Plastic Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP
	<b>1.67 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
<b>Nikon Presio i Digital 15 (Nikon)</b>	<b>1.50 Plastic:</b> Progressive F—Plastic FA
	<b>1.60 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	<b>1.67 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	<b>Polycarbonate:</b> Progressive F—Plastic FA Polycarbonate FD
<b>Nikon Presio i Digital 10/12/14 (Nikon)</b>	<b>1.50 Plastic:</b> Progressive F—Plastic FA
	<b>1.50 Plastic Transitions Signature:</b> Progressive F—Plastic FA Photochromic PP



	<p><b>1.50 Plastic Transitions Vantage:</b>                      Progressive F—Plastic FA                      Polarized FP                      Photochromic PP</p>	
	<p><b>1.60 High Index Plastic:</b>                      Progressive F—Plastic FA                      High Index Plastic 1.53-1.60/Trivex FB</p>	
	<p><b>1.60 High Index Plastic Polarized:</b>                      Progressive F—Plastic FA                      High Index Plastic 1.53-1.60/Trivex FB                      Polarized FP</p>	
	<p><b>1.60 High Index Plastic Transitions Signature:</b>                      Progressive F—Plastic FA                      High Index Plastic 1.53-1.60/Trivex FB                      Photochromic PP</p>	
	<p><b>1.67 High Index Plastic:</b>                      Progressive F—Plastic FA                      High Index Plastic 1.66/1.67 FH</p>	
	<p><b>1.67 High Index Plastic Transitions Signature:</b>                      Progressive F—Plastic FA                      High Index Plastic 1.66/1.67 FH                      Photochromic PP</p>	
	<p><b>Polycarbonate:</b>                      Progressive F—Plastic FA                      Polycarbonate FD</p>	
	<p><b>Polycarbonate Transitions Signature:</b>                      Progressive F—Plastic FA                      Polycarbonate FD                      Photochromic PP</p>	
	<p><b>Polycarbonate Transitions Vantage:</b>                      Progressive F—Plastic FA                      Polycarbonate FD                      Polarized FP                      Photochromic PP</p>	
<b>Nikon Presio Power 10/12/14 (Nikon)</b>	<p><b>1.50 Plastic:</b>                      Progressive O—Plastic OA</p>	CM
	<p><b>1.50 Plastic Polarized:</b>                      Progressive O—Plastic OA                      Polarized OP</p>	CM
	<p><b>1.50 Plastic Transitions Signature:</b>                      Progressive O—Plastic OA                      Photochromic PP</p>	CM
	<p><b>1.60 High Index Plastic:</b>                      Progressive O—Plastic OA                      High Index Plastic 1.53-1.60/Trivex OB</p>	CM

	<b>1.60 High Index Plastic Polarized:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Polarized	OP	
	<b>1.60 High Index Plastic Transitions Signature:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Photochromic	PP	
	<b>1.67 High Index Plastic:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	<b>1.67 High Index Plastic Transitions Signature:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Photochromic	PP	
	<b>1.74 High Index Plastic:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.70 & Above	OJ	
	<b>1.74 High Index Plastic Transitions Signature:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.70 & Above	OJ	
	Photochromic	PP	
	<b>Polycarbonate:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	<b>Polycarbonate Polarized:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	<b>Polycarbonate Transitions Signature:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic	OP	
	<b>Trivex:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	<b>Trivex Transitions Signature:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Photochromic	PP	
<b>Nikon SeeCoat Blue</b> (Nikon)	Anti-Reflective Coating D	QV	LC
<b>Nikon SeeCoat Plus</b> (Nikon)	Anti-Reflective Coating D	QV	LC
<b>Nupolar Lenses</b> (Younger)	<b>SV, FT28, FT35, 7x28 Polarized Plastic:</b> Polarized—Plastic A	DA	LC

	<b>Polarized Polycarbonate:</b> Polarized—Plastic A Polycarbonate	DA DD	LC
o			
<b>Oakley Lenses</b> (Oakley)	Genuine Oakley Lenses brand: <b>Proprietary Genuine Brand Lens &amp; Frame.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .		
<b>OC2</b> (Central Optical)	Anti-Reflective Coating C	QT	LC
<b>OC2+</b> (Central Optical)	Anti-Reflective Coating D	QV	LC
<b>Opticlear Coating</b> (North American Coating Co.)	Anti-Reflective Coating A	QM	LC
<b>Optima Products</b> (Optima, Inc.)	Unavailable*		
<b>Opti-Fog</b> (Essilor)	Unavailable*		
<b>Ovation</b> (Essilor)	<b>1.50 Plastic:</b> Progressive K—Plastic	KA	
	<b>Polycarbonate:</b> Progressive K—Plastic Polycarbonate	KA KD	
	<b>Polycarbonate Transitions Signature:</b> Progressive K—Plastic Polycarbonate Photochromic	KA KD PP	
	<b>Polycarbonate Polarized:</b> Progressive K—Plastic Polycarbonate Polarized	KA KD KP	
	<b>Thin-N-Lite:</b> Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH	
	<b>Thin-N-Lite Transitions Signature:</b> Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic	KA KH PP	
	<b>Ovation Digital</b> (Essilor)	<b>1.50 Plastic:</b> Progressive K—Plastic	KA
	<b>1.50 Plastic Polarized:</b> Progressive K—Plastic Polarized	KA KP	
	<b>1.50 Plastic Transitions Signature:</b> Progressive K—Plastic Photochromic	KA PP	
	<b>1.60 Plastic:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	

	<b>1.60 Plastic Transitions Signature:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP
	<b>1.67 Plastic:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
	<b>1.67 Plastic Polarized:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Polarized KP
	<b>1.67 Plastic Transitions Signature / XTRActive:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic PP
	<b>Polycarbonate:</b> Progressive K—Plastic KA Polycarbonate KD
	<b>Polycarbonate Polarized:</b> Progressive K—Plastic KA Polycarbonate KD Polarized KP
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive K—Plastic KA Polycarbonate KD Photochromic PP
	<b>Trivex:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	<b>Trivex Transitions Signature:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP
<b>P</b>	
<b>Panoptx (Panoptx)</b>	Genuine Panoptx brand: <b>Proprietary Genuine Brand Lens &amp; Frame.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .
<b>Pentax AF (Pentax)</b>	<b>1.50 Plastic:</b> Progressive J—Plastic JA
	<b>1.66 High Index Plastic:</b> Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
<b>Pentax AF Mini (Pentax)</b>	<b>1.50 Plastic:</b> Progressive F—Plastic FA

	<b>1.60 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.60 FB	
	<b>1.66 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH	
<b>Pentax Surpass ECP Coating</b> (Seiko)	Anti-Reflective Coating B	QN LC
<b>Perfas</b> (Seiko)	Unavailable*	
<b>Perfastar</b> (Rodenstock)	Choose Lenticular BF under Vision Type in eClaim—no charge to patient.	
<b>Perfection Blue/Green AR Coating</b> (Perfect Optics)	Anti-Reflective Coating C	QT LC
<b>PFO Product (PFO Global)</b>	Unavailable*	
<b>Phoenix SV and Phoenix ST28</b> (Hoya)	<b>Trivex SV/ST28 Non-Aspheric or Aspheric:</b> High Index Plastic 1.53-1.60/Trivex AB	LC
	<b>1.67 Plastic Hi Index Single Vision Aspheric:</b> High-Index Plastic 1.66/1.67 AH	LC
	<b>1.67 Plastic Hi Index Single Vision Aspheric Transitions:</b> High-Index Plastic 1.66/1.67 AH Photochromic PP <b>Nulux ep - Unavailable*</b>	LC
	<b>1.70 Nulux LX, SV Aspheric with HiVision:</b> High Index Plastic 1.70 & Above AJ Anti-Reflective Coating B QN	LC
	<b>1.70 Nulux LX, SV Aspheric with Super HiVision:</b> High Index Plastic 1.70 & Above AJ Anti-Reflective Coating C QT	LC
	<b>1.70 Nulux LX, SV Aspheric w/ Super HiVision EX3:</b> High Index Plastic 1.70 & Above AJ Anti-Reflective Coating D QV	LC
	Unavailable*	
	Unavailable*	
<b>Polarized Neutral Gray/Brown</b> (K.B. Co.)	Unavailable*	
<b>Polarized Sky Blue</b> (K.B. Co.)	Unavailable*	
<b>Polarized SV 1.67 Aspheric</b> (Optima)	Unavailable*	

<b>Polycoat</b> (VM Coating Laboratory)	Color Coating—Solid	MS	LC
<b>PolyLite</b> (Columbian Bifocal)	Polycarbonate High Luster Edge Polish	AD SP	LC
<b>Prestige II</b> (Seiko)	Unavailable*		
<b>Private Label Lenses</b> (Various Manufacturers)	Unavailable*		
<b>ProFit Products (ProFit Optix)</b>	Unavailable*		
<b>PRIO</b> (PRIO)	UV Protection	SV	LC
	Scratch Resistant Coating	QQ	
	Plastic Dyes—Solid Color	MM or MN	
	Charges for PRIO engraving and PRIO cases are a private transaction between the patient, doctor, and contract lab.		
<b>ProView with UTC</b> (In Focus)	Anti-Reflective Coating D	QV	LC
<b>PureCoat (Carl Zeiss Vision)</b>	Anti-Reflective Coating D	QV	
<b>PureCoat Plus w/BlueProtect UV (Carl Zeiss Vision)</b>	Anti-Reflective Coating D	QV	
<b>PureSite Preference</b> (Diversified Ophthalmics, Inc.)	Anti-Reflective Coating C	QT	LC
<b>PureSite Preference Plus</b> (Diversified Ophthalmics, Inc.)	Anti-Reflective Coating C	QT	LC
<b>PureSite Preference Platinum</b> (Diversified Ophthalmics, Inc.)	Anti-Reflective Coating D	QV	LC
<b>R</b>			
<b>Ray Bans</b> (Luxottica)	Genuine Ray Bans brand: <b>Proprietary Genuine Brand Lens &amp; Frame.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .		
<b>Razar</b> (Central Optical Lab, Inc.)	Anti-Reflective Coating B	QN	LC
<b>Razar XT</b> (Central Optical Lab, Inc.)	Anti-Reflective Coating C	QT	LC
<b>Retinal Bliss DES (Quantum Innovations)</b>	Anti-Reflective Coating D	QV	LC

<b>Retinal Bliss UV (Quantum Innovations)</b>	Anti-Reflective Coating D UV Protection - Backside	QV BV	
<b>Real Eyes Coating (Great Lakes Coating Laboratory)</b>	Anti-Reflective Coating A	QM	LC
<b>Real Eyes SS Coating (Great Lakes Coating Laboratory)</b>	Anti-Reflective Coating B	QN	LC
<b>Recharge EX3 AR (Hoya)</b>	Anti-Reflective Coating D	QV	
<b>Reflection Free NP (Essilor)</b>	Anti-Reflective Coating A	QM	LC
<b>Repel (Peninsula Optical Lab, Inc.)</b>	Anti-Reflective Coating B	QN	LC
<b>Repel Plus (Peninsula Optical Lab, Inc.)</b>	Anti-Reflective Coating C	QT	LC
<b>Resolution (Optima)</b>	*Unavailable		
<b>Resolution Response (Optima)</b>	*Unavailable		
<b>RF Endura (Essilor)</b>	Anti-Reflective Coating B	QN	
<b>RF Endura EZ (Essilor)</b>	Anti-Reflective Coating C	QT	
<b>RLX Lite (Signet Armorlite)</b>	<b>1.56 Mid Index Plastic:</b> High Index Plastic 1.53-1.60/Trivex	AB	LC
	<b>1.56 Mid Index Plastic Aspheric:</b> High Index Plastic 1.53-1.60/Trivex	AB	LC
	<b>1.60 High Index Plastic:</b> High Index Plastic 1.53-1.60/Trivex	AB	LC
<b>Rudy Project</b>	Genuine Rudy Project Lenses brand: <b>Proprietary Genuine Brand Lens &amp; Frame.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .		
<b>Rudy Project TEK Lenses</b>	See <a href="#">Autograph II Attitude 15/18</a>		
<b>s</b>			
<b>Semplice (GK Optical)</b>	Anti-Reflective Coating C	QT	LC
<b>Sensity Photochromic (Hoya)</b>	Photochromic Note: Sensity is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens enhancement code(s).	PP	
<b>Sentinel AR (Quantum Innovations)</b>	Anti-Reflective Coating C	QT	
<b>Sentinel Plus AR (Quantum Innovations)</b>	Anti-Reflective Coating D	QV	

<b>Sentinel Plus UV AR</b> (Quantum Innovations)	Anti-Reflective Coating D UV Protection - Backside	QV BV	
<b>Serengeti Lenses</b> (Serengeti)	Genuine Serengeti Lenses: <b>Proprietary Genuine Brand Lens &amp; Frame.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses.</b>		
<b>Serengeti-like Coating</b>	<b>Lab-duplicated Serengeti:</b> Ski Type Coating	QR	LC
<b>Shamir Computer / Workspace</b> (Shamir)	<b>1.50 Plastic:</b> <b>Near Variable Focus</b>	IA	
	<b>1.50 Plastic Polarized:</b> <b>Near Variable Focus</b> Polarized	IA DA	
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> <b>Near Variable Focus</b> Photochromic	IA PP	
	<b>1.50 Plastic sunsync / sunsync Drive XT / sunsync Plus:</b> <b>Near Variable Focus</b> Photochromic	IA PP	
	<b>1.56 BluTech Indoor:</b> <b>Near Variable Focus</b> High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	IA IB MN	
	<b>1.56 BluTech Outdoor:</b> <b>Near Variable Focus</b> High Index Plastic 1.53-1.60/Trivex Polarized Plastic Dyes—Solid Color	IA DB DA MN	
	<b>1.60 High Index Plastic:</b> <b>Near Variable Focus</b> High Index Plastic 1.53-1.60/Trivex	IA IB	
	<b>1.60 High Index Plastic Transitions Signature / XTRActive:</b> <b>Near Variable Focus</b> High Index Plastic 1.53-1.60/Trivex Photochromic	IA IB PP	
	<b>1.67 High Index Plastic:</b> <b>Near Variable Focus</b> High Index Plastic 1.60	IA II	
	<b>Polycarbonate:</b> <b>Near Variable Focus</b> Polycarbonate	IA ID	



	<p><b>Polycarbonate BluTech Indoor:</b></p> <p>Near Variable Focus IA            Polycarbonate ID            Plastic Dyes—Solid Color MN</p>
	<p><b>Polycarbonate BluTech Outdoor:</b></p> <p>Near Variable Focus IA            Polycarbonate DD            Polarized DA            Plastic Dyes—Solid Color MN</p>
	<p><b>Polycarbonate Transitions Signature / XTRActive:</b></p> <p>Near Variable Focus IA            Polycarbonate ID            Photochromic PP</p>
	<p><b>Polycarbonate sunsync / sunsync Drive XT / sunsync Plus:</b></p> <p>Near Variable Focus IA            Polycarbonate ID            Photochromic PP</p>
	<p><b>Trivex:</b></p> <p>Near Variable Focus IA            High Index Plastic 1.53-1.60/Trivex IB</p>
	<p><b>Trivex Transitions Signature / XTRActive:</b></p> <p>Near Variable Focus IA            High Index Plastic 1.53-1.60/Trivex IB            Photochromic PP</p>
	<p><b>Trivex sunsync / sunsync Drive XT:</b></p> <p>Near Variable Focus IA            High Index Plastic 1.53-1.60/Trivex IB            Photochromic PP</p>
<b>Shamir FirstPAL</b> (Shamir)	<p><b>1.50 Plastic:</b></p> <p>Progressive F—Plastic FA</p>
	<p><b>1.50 Plastic Polarized:</b></p> <p>Progressive F—Plastic FA            Polarized FP</p>
	<p><b>1.50 Plastic Transitions Signature / XTRActive:</b></p> <p>Progressive F—Plastic FA            Photochromic PP</p>
	<p><b>1.50 Plastic sunsync / sunsync Drive XT / sunsync Plus:</b></p> <p>Progressive F—Plastic FA            Photochromic PP</p>

<b>1.50 Plastic Transitions DriveWear / Vantage:</b>	
Progressive F—Plastic	FA
Polarized	FP
Photochromic	PP
<b>1.60 High Index Plastic:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.60	FB
<b>1.60 High Index Plastic Polarized:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.60	FB
Polarized	FP
<b>1.60 High Index Plastic Transitions Signature:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.60	FB
Photochromic	PP
<b>Polycarbonate:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
<b>Polycarbonate BluTech Indoor:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Plastic Dyes—Solid Color	MN
<b>Polycarbonate BluTech Outdoor:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Plastic Dyes—Solid Color	MN
<b>Polycarbonate Polarized:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
<b>Polycarbonate Transitions Signature / XTRActive:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic	PP
<b>Polycarbonate sunsync / sunsync Drive XT / sunsync Plus:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic	PP

	<b>Polycarbonate Transitions DriveWear / Vantage:</b> Progressive F—Plastic FA Polycarbonate FD Polarized FP Photochromic PP
	<b>Trivex sunsync / sunsync Drive XT:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic PP
<b>Shamir Golf SV</b> (Shamir)	Unavailable*
<b>Shamir InTouch 15mm, 18mm</b> (Shamir)	<b>1.50 Plastic:</b> Progressive O—Plastic OA
	<b>1.50 Plastic Polarized:</b> Progressive O—Plastic OA Polarized OP
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive O—Plastic OA Photochromic PP
	<b>1.50 Plastic sunsync / sunsync Drive XT / sunsync Plus:</b> Progressive O—Plastic OA Photochromic PP
	<b>1.50 Plastic Transitions Vantage:</b> Progressive O—Plastic OA Polarized OP Photochromic PP
	<b>1.56 Mid Index Plastic:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	<b>1.56 BluTech Indoor:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN
	<b>1.56 BluTech Outdoor:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN
	<b>1.60 High Index Plastic:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	<b>1.60 High Index Plastic Polarized:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP

<b>1.60 High Index Plastic Transitions</b> <b>Signature / XTRActive:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	OA OB PP
<b>1.67 High Index Plastic:</b> Progressive O—Plastic High Index Plastic 1.66/1.67	OA OH
<b>1.67 High Index Plastic Polarized:</b> Progressive O—Plastic High Index Plastic 1.66/1.67 Polarized	OA OH OP
<b>1.67 High Index Plastic Transitions</b> <b>Signature / XTRActive:</b> Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic	OA OH PP
<b>1.67 High Index Plastic sunsync / sunsync Drive XT / sunsync Plus:</b> Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic	OA OH PP
<b>1.74 High Index Plastic:</b> Progressive O—Plastic High Index Plastic 1.70 & Above	OA OJ
<b>1.74 High Index Plastic Transitions</b> <b>Signature:</b> Progressive O—Plastic High Index Plastic 1.70 & Above Photochromic	OA OJ PP
<b>Polycarbonate:</b> Progressive O—Plastic Polycarbonate	OA OD
<b>Polycarbonate BluTech Indoor:</b> Progressive O—Plastic Polycarbonate Plastic Dyes—Solid Color	OA OD MN
<b>Polycarbonate BluTech Outdoor:</b> Progressive O—Plastic Polycarbonate Polarized Plastic Dyes—Solid Color	OA OD OP MN
<b>Polycarbonate Polarized:</b> Progressive O—Plastic Polycarbonate Polarized	OA OD OP



<b>1.50 Plastic Transitions DriveWear / Vantage:</b>	
Progressive F—Plastic	FA
Polarized	FP
Photochromic	PP
<b>Polycarbonate:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
<b>Polycarbonate BluTech Indoor:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Plastic Dyes—Solid Color	MN
<b>Polycarbonate BluTech Outdoor:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Plastic Dyes—Solid Color	MN
<b>Polycarbonate Polarized:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
<b>Polycarbonate Transitions Signature / XTRActive:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic	PP
<b>Polycarbonate sunsync / sunsync Drive XT / sunsync Plus:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic	PP
<b>Polycarbonate Transitions DriveWear / Vantage:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Photochromic	PP
<b>Trivex:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
<b>Trivex Polarized:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Polarized	FP

	<b>Trivex Transitions Signature / XTRActive:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Photochromic	PP
	<b>Trivex sunsync / sunsync Drive XT:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Photochromic	PP
	<b>Trivex Transitions Vantage:</b>	
	Progressive F – Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Polarized	FP
	Photochromic – Plastic B	PP
	<b>1.56 Mid Index Plastic:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	<b>1.56 BluTech Indoor:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Plastic Dyes—Solid Color	MN
	<b>1.56 BluTech Outdoor:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Polarized	FP
	Plastic Dyes—Solid Color	MN
	<b>1.60 High Index Plastic:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	<b>1.60 High Index Plastic Polarized:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Polarized	FP
	<b>1.60 High Index Plastic Transitions Signature / XTRActive:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Photochromic	PP
	<b>1.67 High Index Plastic:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	<b>1.67 High Index Plastic Polarized:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	Polarized	FP
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	Photochromic	PP

	<b>1.67 High Index Plastic sunsync / sunsync Drive XT / sunsync Plus:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP	
	<b>1.74 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ	
	<b>1.74 High Index Plastic Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Photochromic PP	
Shamir Spectrum SV (Shamir)	<b>Digital 1.50 Plastic:</b> LC Digital Aspheric Lenses—Plastic BA	
	<b>Digital 1.50 Plastic Polarized:</b> LC Digital Aspheric Lenses—Plastic BA Polarized DA	
	<b>Digital 1.50 Plastic Transitions Signature:</b> LC Digital Aspheric Lenses—Plastic BA Photochromic PP	
	<b>Digital 1.50 Plastic Transitions Vantage:</b> LC Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic PP	
	<b>Digital 1.60 High Index Plastic:</b> LC Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB	
	<b>Digital 1.60 High Index Plastic Polarized:</b> LC Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB	
	<b>Digital 1.60 High Index Plastic Transitions Signature:</b> LC Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic PP	
	<b>Digital 1.67 High Index Plastic:</b> LC Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH	
	<b>Digital 1.67 High Index Plastic Transitions Signature:</b> LC Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic PP	
	<b>Digital 1.67 High Index Plastic Polarized:</b> LC Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.66/1.67 DH	



	<b>Digital 1.74 High Index Plastic:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.70 & Above	BA BJ	LC
	<b>Digital Polycarbonate:</b> Digital Aspheric Lenses—Polycarbonate	BD	LC
	<b>Digital Polycarbonate Polarized:</b> Digital Aspheric Lenses—Polycarbonate Polarized	BD DA	LC
	<b>Digital Polycarbonate Transitions Signature:</b> Digital Aspheric Lenses—Polycarbonate Photochromic	BD PP	LC
	<b>Digital Polycarbonate Transitions Vantage:</b> Digital Aspheric Lenses—Polycarbonate Polarized Photochromic	BD DA PP	LC
	<b>Digital Trivex Polarized:</b> Digital Aspheric Lenses—Plastic Polarized—Plastic A High Index Plastic 1.53-1.60/Trivex	BA DA DB	LC
	<b>Digital Trivex Transitions Signature:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	BA BB PP	LC
<b>Shamir Relax</b> (Shamir)	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic	BA	CM
	<b>Technical Add-On A</b>	TA	
	<b>Digital 1.50 Plastic Polarized:</b> Digital Aspheric Lenses—Plastic Polarized	BA DA	CM
	<b>Technical Add-On A</b>	TA	
	<b>Digital 1.50 Plastic Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic Photochromic	BA PP	CM
	<b>Technical Add-On A</b>	TA	
	<b>Digital 1.50 Plastic sunsync / sunsync Drive XT / sunsync Plus:</b> Digital Aspheric Lenses—Plastic Photochromic	BA PP	CM
	<b>Technical Add-On A</b>	TA	
	<b>Digital 1.50 Plastic Transitions DriveWear / Vantage:</b> Digital Aspheric Lenses—Plastic Polarized Photochromic	BA DA PP	CM
	<b>Technical Add-On A</b>	TA	

	<b>Digital 1.56 BluTech Indoor:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes—Solid Color MN <b>Technical Add-On A</b> TA	CM
	<b>Digital 1.56 BluTech Outdoor:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Plastic Dyes—Solid Color MN <b>Technical Add-On A</b> TA	CM
	<b>Digital 1.60 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB <b>Technical Add-On A</b> TA	CM
	<b>Digital 1.60 High Index Plastic Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB <b>Technical Add-On A</b> TA	CM
	<b>Digital 1.60 High Index Plastic Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic PP <b>Technical Add-On A</b> TA	CM
	<b>Digital 1.67 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH <b>Technical Add-On A</b> TA	CM
	<b>Digital 1.67 High Index Plastic Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.66/1.67 DH <b>Technical Add-On A</b> TA	CM
	<b>Digital 1.67 High Index Plastic Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic PP <b>Technical Add-On A</b> TA	CM
	<b>Digital 1.67 High Index Plastic sunsync / sunsync Drive XT / sunsync Plus:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic PP <b>Technical Add-On A</b> TA	CM

	<b>Digital Polycarbonate:</b> Digital Aspheric Lenses—Polycarbonate <b>Technical Add-On A</b>	BD TA	CM
	<b>Digital Polycarbonate Polarized:</b> Digital Aspheric Lenses—Polycarbonate Polarized <b>Technical Add-On A</b>	BD DA TA	CM
	<b>Digital Polycarbonate Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Polycarbonate Photochromic <b>Technical Add-On A</b>	BD PP TA	CM
	Digital Polycarbonate <b>sunsync / sunsync Drive XT / sunsync Plus:</b> Digital Aspheric Lenses—Polycarbonate Photochromic <b>Technical Add-On A</b>	BD PP TA	CM
	<b>Digital Polycarbonate DriveWear / Vantage:</b> Digital Aspheric Lenses—Polycarbonate Polarized Photochromic <b>Technical Add-On A</b>	BD DA PP TA	CM
	<b>Digital Trivex:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex <b>Technical Add-On A</b>	BA BB TA	CM
	<b>Digital Trivex Polarized:</b> Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.53-1.60/Trivex <b>Technical Add-On A</b>	BA DA DB TA	CM
	<b>Digital Trivex Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic <b>Technical Add-On A</b>	BA BB PP TA	CM
	<b>Digital Trivex sunsync / sunsync Drive XT:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic <b>Technical Add-On A</b>	BA BB PP TA	CM

	<b>Digital Trivex Transitions Vantage:</b> Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.53-1.60/Trivex Photochromic <b>Technical Add-On A</b>	BA DA DB PP TA	CM
<b>Shan-Lite</b> (Shane-Michael)	Polarized—Plastic A Ski Type Coating	DA QR	LC
<b>SharpView+</b> (Essilor)	Anti-Reflective Coating A	QM	LC
<b>Shaw Lens</b> (Shaw Lens, Inc.)	Unavailable*		
<b>Shooter Lenses</b> (K.B. Co.)	Unavailable*		
<b>ShoreView</b> (Shore Lens Co.)	<b>1.50 Plastic:</b> Progressive K—Plastic	KA	
	<b>1.50 Plastic Polarized:</b> Progressive K—Plastic Polarized	KA KP	
	<b>1.50 Plastic Transitions Signature:</b> Progressive K—Plastic Photochromic	KA PP	
	<b>1.60 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	
	<b>1.67 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH	
	<b>Polycarbonate:</b> Progressive K—Plastic Polycarbonate	KA KD	
	<b>Polycarbonate Polarized:</b> Progressive K—Plastic Polycarbonate Polarized	KA KD KP	
	<b>Polycarbonate Transitions Signature:</b> Progressive K—Plastic Polycarbonate Photochromic	KA KD PP	
<b>ShoreView Mini</b> (Shore Lens Co.)	<b>1.50 Plastic:</b> Progressive K—Plastic	KA	
	<b>1.50 Plastic Transitions Signature:</b> Progressive K—Plastic Photochromic	KA PP	
	<b>1.60 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	

	<b>1.67 High Index Plastic:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH	
	<b>Polycarbonate:</b> Progressive K—Plastic KA Polycarbonate KD	
	<b>Polycarbonate Transitions Signature:</b> Progressive K—Plastic KA Polycarbonate KD Photochromic PP	
	<b>Trivex:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB	
	<b>Trivex Transitions Signature:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP	
<b>Skylet Tint</b>	Plastic Dyes—Solid Color or Gradient MN/MP LC UV Protection SV	
<b>SmallFit (Essilor)</b>	<b>1.50 Plastic:</b> Progressive K—Plastic KA	
	<b>1.50 Plastic Polarized:</b> Progressive K—Plastic KA Polarized KP	
	<b>1.50 Plastic Transitions Signature:</b> Progressive K—Plastic KA Photochromic PP	
	<b>1.60 High Index Plastic:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB	
	<b>1.67 High Index Plastic:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH	
	<b>1.67 High Index Plastic Transitions Signature:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic PP	
	<b>Polycarbonate:</b> Progressive K—Plastic KA Polycarbonate KD	
	<b>Polycarbonate Transitions Signature:</b> Progressive K—Plastic KA Polycarbonate KD Photochromic PP	

	<b>Polycarbonate Polarized:</b> Progressive K—Plastic Polycarbonate Polarized	KA KD KP	
<b>SOLA ATL HD SV</b> (SOLA)	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic	BA	LC
	<b>Digital 1.50 Plastic Photochromic:</b> Digital Aspheric Lenses—Plastic Photochromic	BA PP	LC
	<b>Digital 1.50 Plastic Polarized:</b> Digital Aspheric Lenses—Plastic Polarized	BA DA	LC
	<b>Digital 1.50 Plastic Transitions:</b> Digital Aspheric Lenses—Plastic Photochromic	BA PP	LC
	<b>Digital 1.50 Plastic Transitions Vantage:</b> Digital Aspheric Lenses—Plastic Polarized Photochromic	BA DA PP	LC
	<b>Digital 1.67 High Index Plastic:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67	BA BH	LC
	<b>Digital 1.67 High Index Plastic Photochromic:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67 Photochromic	BA BH PP	LC
	<b>Digital 1.67 High Index Plastic Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67 Photochromic	BA BH PP	LC
	<b>Digital Polycarbonate:</b> Digital Aspheric Lenses—Polycarbonate	BD	LC
	<b>Digital Polycarbonate Photochromic:</b> Digital Aspheric Lenses—Polycarbonate Photochromic	BD PP	LC
	<b>Digital Polycarbonate Polarized:</b> Digital Aspheric Lenses—Polycarbonate Polarized	BD DA	LC
	<b>Digital Polycarbonate Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Polycarbonate Photochromic	BD PP	LC
	<b>Digital Polycarbonate Transitions Vantage:</b> Digital Aspheric Lenses—Polycarbonate Polarized Photochromic	BD DA PP	LC

	<b>Digital Trivex:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB	LC
	<b>Digital Trivex Transitions Signature:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic PP	LC
	<b>Digital Trivex Photochromic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic PP	LC
	<b>Digital Trivex Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB	LC
	<b>Digital Trivex Polarized Photochromic:</b> Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB Photochromic PP	LC
<b>SOLAMAX</b> (Carl Zeiss Vision)	<b>1.50 Plastic:</b> Progressive K—Plastic KA	
	<b>1.50 Plastic PhotoFusion:</b> Progressive K—Plastic KA Photochromic PP	
	<b>1.50 Plastic Transitions Signature:</b> Progressive K—Plastic KA Photochromic PP	
	<b>Polycarbonate:</b> Progressive K—Plastic KA Polycarbonate KD	
	<b>Polycarbonate PhotoFusion:</b> Progressive K—Plastic KA Polycarbonate KD Photochromic PP	
	<b>Polycarbonate Transitions Signature:</b> Progressive K—Plastic KA Polycarbonate KD Photochromic PP	
<b>Somo</b> (Somo Optical)	<b>Aspheric 1.50 Plastic:</b> Plastic 1.50 – Aspheric AA	LC
	<b>Spherical 1.56 Mid Index Plastic:</b> High Index Plastic 1.53-1.60/Trivex AB	LC
	<b>Aspheric 1.56 Mid Index Plastic:</b> High Index Plastic 1.53-1.60/Trivex AB	LC
	<b>Aspheric 1.60 High Index Plastic:</b> High Index Plastic 1.53-1.60/Trivex AB	LC
<b>Spazio</b> (SOLA)	Unavailable*	

<b>Sportlife Coating</b> (North American Coating Co.)	Ski Type Coating	QR	LC
<b>Spy Optic</b>	Genuine Spy Optic Lenses brand: <b>Proprietary Genuine Brand Lens &amp; Frame.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .		
<b>Suncloud Rose</b> (Suncloud)	Genuine Suncloud Rose brand: <b>Proprietary Genuine Brand Lens &amp; Frame.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses</b> .		
<b>Suncloud-like Coating</b>	<b>Lab-duplicated Suncloud:</b> Ski Type Coating	QR	LC
<b>SunRx</b> (Vision-Ease)	<b>SunRx Mirror Coating:</b> Polarized—Plastic A Polycarbonate Mirror Coating	DA DD QP	LC
	<b>SunRx SV, D-28, 7x28:</b> Polarized—Plastic A Polycarbonate	DA DD	LC
<b>sunsync Photochromic</b> (VSP)	Photochromic <b>Note:</b> sunsync is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens enhancement code(s).	PP	
<b>Super 16</b> (Seiko)	<b>SV Spherical Trivex:</b> High Index Plastic 1.53-1.60/Trivex	AB	LC
<b>Super 16 Mx</b> (Seiko)	<b>SV Aspheric Trivex:</b> High Index Plastic 1.53-1.60/Trivex	AB	LC
<b>Super ET Coating</b> (Carl Zeiss Vision)	Anti-Reflective Coating A	QM	LC
<b>Super HiVision Coating</b> (Hoya)	Anti-Reflective Coating C	QT	
<b>Super HiVision EX3 Coating</b> (Hoya)	Anti-Reflective Coating D	QV	
<b>Super Surpass ECP Coating</b> (Seiko)	Anti-Reflective Coating C	QT	LC
<b>Super SV Diacoat</b> (Seiko)	<b>SV High Index Plastic Aspheric:</b> High Index Plastic 1.66/1.67	AH	LC
<b>Super SV 1.67 Transitions</b> (Seiko)	<b>SV 1.67 High Index Plastic Aspheric Transitions Signature:</b> High Index Plastic 1.66/1.67 Photochromic	AH PP	LC
<b>Superfocus</b> (Superfocus)	Unavailable*		
<b>Super Resistant</b> (Seiko)	Anti-Reflective Coating D	QV	LC



<b>Super Resistant Blu (Seiko)</b>	Anti-Reflective Coating D	QV	LC
<b>Superior SV (Seiko)</b>	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic	BA	LC
	<b>Digital 1.50 Plastic Polarized:</b> Digital Aspheric Lenses—Plastic Polarized	BA DA	LC
	<b>Digital 1.50 Plastic Transitions / XTRActive:</b> Digital Aspheric Lenses—Plastic Photochromic	BA PP	LC
	<b>Digital 1.50 Plastic Sensity:</b> Digital Aspheric Lenses—Plastic Photochromic	BA PP	LC
	<b>Digital 1.50 Plastic Transitions Vantage:</b> Digital Aspheric Lenses—Plastic Polarized Photochromic	BA DA PP	LC
	<b>Digital Trivex:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB	LC
	<b>Digital Trivex Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	BA BB PP	LC
	<b>Digital Trivex Sensity:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	BA BB PP	LC
	<b>Digital Trivex Polarized:</b> Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.53-1.60/Trivex	BA DA DB	LC
	<b>Digital Trivex Transitions Vantage:</b> Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.53-1.60/Trivex Photochromic	BA DA DB PP	LC
	<b>Digital Polycarbonate:</b> Digital Aspheric Lenses—Polycarbonate	BD	LC
	<b>Digital Polycarbonate Polarized:</b> Digital Aspheric Lenses—Polycarbonate Polarized	BD DA	LC
	<b>Digital Polycarbonate Sensity:</b> Digital Aspheric Lenses—Polycarbonate Photochromic	BD PP	LC

	<b>Digital Polycarbonate Transitions</b> <b>Signature / XTRActive:</b> Digital Aspheric Lenses—Polycarbonate      BD Photochromic      PP	LC
	<b>Digital Polycarbonate Transitions</b> <b>Vantage:</b> Digital Aspheric Lenses—Polycarbonate      BD Polarized      DA Photochromic      PP	LC
	<b>Digital 1.56 Mid Index Plastic:</b> Digital Aspheric Lenses—Plastic      BA High Index Plastic 1.53-1.60/Trivex      BB	LC
	<b>Digital 1.56 Mid Index Plastic Transitions</b> <b>Signature:</b> Digital Aspheric Lenses—Plastic      BA High Index Plastic 1.53-1.60/Trivex      BB Photochromic      PP	LC
	<b>Digital 1.60 High Index Plastic:</b> Digital Aspheric Lenses—Plastic      BA High Index Plastic 1.53-1.60/Trivex      BB	LC
	<b>Digital 1.60 High Index Plastic Transitions</b> <b>Signature:</b> Digital Aspheric Lenses—Plastic      BA High Index Plastic 1.53-1.60/Trivex      BB Photochromic      PP	LC
	<b>Digital 1.67 High Index Plastic:</b> Digital Aspheric Lenses—Plastic      BA High Index Plastic 1.66/1.67      BH	LC
	<b>Digital 1.67 High Index Plastic Sensity:</b> Digital Aspheric Lenses—Plastic      BA High Index Plastic 1.66/1.67      BH Photochromic      PP	LC
	<b>Digital 1.67 High Index Plastic Polarized:</b> Digital Aspheric Lenses—Plastic      BA Polarized      DA High Index Plastic 1.66/1.67      DH	LC
	<b>Digital 1.67 High Index Plastic Transitions</b> <b>Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic      BA High Index Plastic 1.66/1.67      BH Photochromic      PP	LC
	<b>Digital 1.74 High Index Plastic:</b> Digital Aspheric Lenses—Plastic      BA High Index Plastic 1.70 & Above      BJ	LC

	<b>Digital 1.74 High Index Plastic Transitions</b> <b>Signature:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & Above BJ Photochromic PP	LC
<b>Surmount/Surmount Ws 10/12/14 (Seiko)</b>	<b>1.50 Plastic:</b> Progressive O—Plastic OA	
	<b>1.50 Plastic Polarized:</b> Progressive O—Plastic OA Polarized OP	
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive O—Plastic OA Photochromic PP	
	<b>1.50 Plastic Transitions Vantage:</b> Progressive O—Plastic OA Polarized OP Photochromic PP	
	<b>1.60 Plastic High Index:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	
	<b>1.60 Plastic High Index Transitions Signature:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP	
	<b>1.67 Plastic High Index:</b> Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH	
	<b>1.67 Plastic High Index Polarized:</b> Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Polarized OP	
	<b>1.67 Plastic High Index Transitions Vantage:</b> Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Polarized OP Photochromic PP	
	<b>1.74 High Index Plastic:</b> Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ	
	<b>Polycarbonate:</b> Progressive O—Plastic OA Polycarbonate OD	
	<b>Polycarbonate Polarized:</b> Progressive O—Plastic OA Polycarbonate OD Polarized OP	

	<b>Polycarbonate Transitions Vantage:</b> Progressive O—Plastic OA Polycarbonate OD Polarized OP Photochromic PP	
	<b>Trivex:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	
	<b>Trivex Transitions Vantage:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic PP	
SV/ST28 iQ (Hoya)	<b>Digital 1.50 Plastic Aspheric:</b> Digital Aspheric Lenses—Plastic BA	LC
	<b>Digital 1.50 Plastic Aspheric Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA	LC
	<b>Digital 1.50 Plastic Aspheric Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP	LC
	<b>Digital 1.50 Plastic Aspheric Sensity:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP	LC
	<b>Digital 1.56 BluTech Indoor:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes—Solid Color MN	LC
	<b>Digital 1.56 BluTech Outdoor:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Plastic Dyes—Solid Color MN	LC
	<b>Digital 1.60 High Index Plastic Sensity:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic PP	LC
	<b>Digital 1.67 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH	LC
	<b>Digital 1.67 High Index Plastic Sensity:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic PP	LC
	<b>Digital 1.74 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & Above BJ	LC

	<b>Digital Polycarbonate:</b> Digital Aspheric Lenses—Polycarbonate	BD	LC
	<b>Digital Polycarbonate Polarized:</b> Digital Aspheric Lenses—Polycarbonate Polarized	BD DA	LC
	<b>Digital Polycarbonate Sensity:</b> Digital Aspheric Lenses—Polycarbonate Photochromic	BD PP	LC
	<b>Digital Trivex Aspheric:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB	LC
	<b>Digital Trivex Aspheric Transitions Signature:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	BA BB PP	LC
	<b>Digital Trivex Aspheric Sensity:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	BA BB PP	LC
<b>SV (Thai Optical Group)</b>	<b>Tribrid:</b> <b>High Index Plastic 1.53-1.60/Trivex</b>	AB	LC
	<b>1.74 EcoLeaf:</b> <b>Unavailable*</b>		
<b>SwissFlex (Eye-Systems)</b>	Genuine SwissFlex brand: <b>Proprietary Frame Mounting.</b> Refer to the <a href="#">Billing Procedures for Proprietary Lens and Frame Orders</a> in <b>Special Lenses.</b>		
<b>Sync III 5/9/13 (Hoya)</b>	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic	BA	
	<b>Technical Add-On A</b>	<b>TA</b>	
	<b>Digital 1.50 Plastic Polarized:</b> Digital Aspheric Lenses—Plastic Polarized	BA DA	
	<b>Technical Add-On A</b>	<b>TA</b>	
	<b>Digital 1.50 Plastic Sensity:</b> Digital Aspheric Lenses—Plastic Photochromic	BA PP	
	<b>Technical Add-On A</b>	<b>TA</b>	
	<b>Digital 1.50 Plastic Transitions Signature:</b> Digital Aspheric Lenses—Plastic Photochromic	BA PP	
	<b>Technical Add-On A</b>	<b>TA</b>	
	<b>Digital 1.50 Plastic Transitions XTRActive:</b> Digital Aspheric Lenses—Polycarbonate Photochromic	BD PP	
	<b>Technical Add-On A</b>	<b>TA</b>	

<b>Digital 1.50 Plastic Transitions Vantage:</b>	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
Photochromic	PP
<b>Technical Add-On A</b>	<b>TA</b>
<b>Digital 1.56 BluTech Indoor:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Plastic Dyes—Solid Color	MN
<b>Technical Add-On A</b>	<b>TA</b>
<b>Digital 1.60 High Index Plastic:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
<b>Technical Add-On A</b>	<b>TA</b>
<b>Digital 1.60 High Index Plastic Sensity:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Photochromic	PP
<b>Technical Add-On A</b>	<b>TA</b>
<b>Digital 1.60 High Index Plastic Transitions XTRActive:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Photochromic	PP
<b>Technical Add-On A</b>	<b>TA</b>
<b>Digital 1.67 High Index Plastic:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
<b>Technical Add-On A</b>	<b>TA</b>
<b>Digital 1.67 High Index Plastic Sensity:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic	PP
<b>Technical Add-On A</b>	<b>TA</b>
<b>Digital 1.67 High Index Plastic Transitions:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic	PP
<b>Technical Add-On A</b>	<b>TA</b>
<b>Digital 1.67 High Index Plastic Polarized:</b>	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
High Index Plastic 1.66/1.67	DH
<b>Technical Add-On A</b>	<b>TA</b>

	<b>Digital 1.74 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & Above BJ <b>Technical Add-On A</b> TA
	<b>Digital Trivex:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB <b>Technical Add-On A</b> TA
	<b>Digital Trivex Sensity:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic PP <b>Technical Add-On A</b> TA
	<b>Digital Trivex Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic PP <b>Technical Add-On A</b> TA
	<b>Digital Trivex Transitions Vantage:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.56 DB Photochromic PP <b>Technical Add-On A</b> TA
	<b>Digital Trivex Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.56 DB <b>Technical Add-On A</b> TA
	<b>Digital Polycarbonate:</b> Digital Aspheric Lenses—Polycarbonate BD <b>Technical Add-On A</b> TA
	<b>Digital Polycarbonate Sensity:</b> Digital Aspheric Lenses—Polycarbonate BD Photochromic PP <b>Technical Add-On A</b> TA
	<b>Digital Polycarbonate Polarized:</b> Digital Aspheric Lenses—Polycarbonate BD Polarized DA <b>Technical Add-On A</b> TA
<b>synchrony Access 75, 125</b> (Carl Zeiss Vision)	<b>Plastic:</b> Near Variable Focus IA
	<b>Polycarbonate:</b> Near Variable Focus IA Polycarbonate ID

<b>synchrony Easy Adapt/One (Carl Zeiss Vision)</b>	<b>1.50 Plastic:</b> Progressive J—Plastic	JA	
	<b>1.50 Plastic PhotoFusion:</b> Progressive J—Plastic Photochromic	JA PP	
	<b>1.50 Plastic Transitions Signature:</b> Progressive J—Plastic Photochromic	JA PP	
	<b>Polycarbonate:</b> Progressive J—Plastic Polycarbonate	JA JD	
	<b>Polycarbonate PhotoFusion:</b> Progressive J—Plastic Polycarbonate Photochromic	JA JD PP	
	<b>Polycarbonate Transitions Signature:</b> Progressive J—Plastic Polycarbonate Photochromic	JA JD PP	
	<b>Polycarbonate Polarized:</b> Progressive J—Plastic Polycarbonate Polarized	JA JD JP	
	<b>1.67 High Index Plastic:</b> Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH	
	<b>1.67 High Index Plastic PhotoFusion:</b> Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic	JA JH PP	
	<b>1.67 High Index Plastic Transitions Signature:</b> Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic	JA JH PP	
	<b>1.67 High Index Plastic Polarized:</b> Progressive J—Plastic High Index Plastic 1.66/1.67 Polarized	JA JH JP	
	<b>synchrony EasyView/ Instinctive (Carl Zeiss Vision)</b>	<b>1.50 Plastic:</b> Progressive K—Plastic	KA
		<b>1.50 Plastic PhotoFusion:</b> Progressive K—Plastic Photochromic	KA PP
<b>1.50 Plastic Transitions Signature:</b> Progressive K—Plastic Photochromic		KA PP	



	<b>1.50 Plastic Transitions Vantage:</b>	
	Progressive K—Plastic	KA
	Polarized	KP
	Photochromic	PP
	<b>1.50 Plastic Polarized:</b>	
	Progressive K—Plastic	KA
	Polarized	KP
	<b>Polycarbonate:</b>	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	<b>Polycarbonate PhotoFusion:</b>	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	Photochromic	PP
	<b>Polycarbonate Transitions Signature / XTRActive:</b>	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	Photochromic	PP
	<b>Polycarbonate Transitions Vantage:</b>	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	Polarized	KP
	Photochromic	PP
	<b>Polycarbonate Polarized:</b>	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	Polarized	KP
	<b>Trivex:</b>	
	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
	<b>Trivex Transitions Signature:</b>	
	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
	Photochromic	PP
	<b>Trivex Polarized:</b>	
	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
	Polarized	KP
	<b>1.60 High Index Plastic:</b>	
	Progressive K—Plastic	KA
	High Index Plastic 1.66/1.67	KB
	<b>1.60 High Index Plastic PhotoFusion:</b>	
	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
	Photochromic	PP

	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP	
	<b>1.67 High Index Plastic:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH	
	<b>1.67 High Index Plastic PhotoFusion:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic PP	
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic PP	
	<b>1.67 High Index Plastic Polarized:</b> Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Polarized KP	
	<b>1.74 High Index Plastic w/HMCX:</b> Progressive K—Plastic KA High Index Plastic 1.70 & Above KJ Anti-Reflective Coating D QV	
	<b>Trivex Polarized Photochromic:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP Photochromic PP	
<b>synchrony HDC SV (Carl Zeiss Vision)</b>	<b>Digital 1.50 Plastic:</b> LC Digital Aspheric Lenses—Plastic BA	
	<b>Digital 1.50 Plastic PhotoFusion:</b> LC Digital Aspheric Lenses—Plastic BA Photochromic PP	
	<b>Digital 1.50 Plastic Transitions Signature:</b> LC Digital Aspheric Lenses—Plastic BA Photochromic PP	
	<b>Digital 1.50 Plastic Transitions Vantage:</b> LC Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic PP	
	<b>Digital 1.50 Plastic Polarized:</b> LC Digital Aspheric Lenses—Plastic BA Polarized DA	
	<b>Digital Trivex:</b> LC Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB	

	<b>Digital Trivex Polarized:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	Polarized	DA	
	High Index Plastic 1.53-1.60/Trivex	DB	
	<b>Digital Trivex Photochromic:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.53-1.60/Trivex	BB	
	Photochromic	PP	
	<b>Digital Trivex Polarized Photochromic:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	Polarized	DA	
	High Index Plastic 1.53-1.60/Trivex	DB	
	Photochromic	PP	
	<b>Digital Polycarbonate:</b>		LC
	Digital Aspheric Lenses—Polycarbonate	BD	
	<b>Digital Polycarbonate PhotoFusion:</b>		LC
	Digital Aspheric Lenses—Polycarbonate	BD	
	Photochromic	PP	
	<b>Digital Polycarbonate Transitions / XTRActive:</b>		LC
	Digital Aspheric Lenses—Polycarbonate	BD	
	Photochromic	PP	
	<b>Digital Polycarbonate Transitions Vantage:</b>		LC
	Digital Aspheric Lenses—Polycarbonate	BD	
	Polarized	DA	
	Photochromic	PP	
	<b>Digital Polycarbonate Polarized:</b>		LC
	Digital Aspheric Lenses—Polycarbonate	BD	
	Polarized	DA	
	<b>Digital 1.60 High Index Plastic:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.53-1.60/Trivex	BB	
	<b>Digital 1.60 High Index Plastic PhotoFusion:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.53-1.60/Trivex	BB	
	Photochromic	PP	
	<b>Digital 1.60 High Index Plastic Transitions Signature:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.53-1.60/Trivex	BB	
	Photochromic	PP	
	<b>Digital 1.67 High Index Plastic:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.66/1.67	BH	

	<b>Digital 1.67 High Index Plastic</b> <b>Photochromic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic PP	LC
	<b>Digital 1.67 High Index Plastic Transitions</b> <b>Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic PP	LC
	<b>Digital 1.67 High Index Plastic Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.66/1.67 DH	LC
	<b>Digital 1.74 High Index Plastic w/ Lab</b> <b>Choice AR Category D:</b> Digital Aspheric Lenses—Plastic High Index BA High Index Plastic 1.70 & Above BJ Anti-Reflective Coating D QV	
synchrony Performance HD 13, 15, 17, 19 (Carl Zeiss Vision)	<b>1.50 Plastic:</b> Progressive F—Plastic FA	
	<b>1.50 Plastic PhotoFusion:</b> Progressive F—Plastic FA Photochromic PP	
	<b>1.50 Plastic Transitions Signature:</b> Progressive F—Plastic FA Photochromic PP	
	<b>1.50 Plastic Transitions Vantage:</b> Progressive F—Plastic FA Polarized FP Photochromic PP	
	<b>1.50 Plastic Polarized:</b> Progressive F—Plastic FA Polarized FP	
	<b>Polycarbonate:</b> Progressive F—Plastic FA Polycarbonate FD	
	<b>Polycarbonate PhotoFusion:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP	
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP	

	<b>Polycarbonate Transitions Vantage:</b>	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Polarized	FP
	Photochromic	PP
	<b>Polycarbonate Polarized:</b>	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Polarized	FP
	<b>Trivex:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	<b>Trivex Transitions Signature:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Photochromic	PP
	<b>Trivex Polarized:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Polarized	FP
	<b>1.60 High Index Plastic:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FB
	<b>1.60 High Index Plastic PhotoFusion:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Photochromic	PP
	<b>1.60 High Index Plastic Transitions Signature:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Photochromic	PP
	<b>1.67 High Index Plastic:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	<b>1.67 High Index Plastic PhotoFusion:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	Photochromic	PP
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	Photochromic	PP
	<b>1.67 High Index Plastic Polarized:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	Polarized	FP

	<b>1.74 High Index Plastic w/HMCX:</b> Progressive F—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating D	FA FJ QV
<b>synchrony Performance HDV (Carl Zeiss Vision)</b>	<b>1.50 Plastic:</b> Progressive O—Plastic	OA
	<b>1.50 Plastic PhotoFusion:</b> Progressive O—Plastic Photochromic	OA PP
	<b>1.50 Plastic Transitions Signature:</b> Progressive O—Plastic Photochromic	OA PP
	<b>1.50 Plastic Transitions Vantage:</b> Progressive O—Plastic Polarized Photochromic	OA OP PP
	<b>1.50 Plastic Polarized:</b> Progressive O—Plastic Polarized	OA OP
	<b>Polycarbonate:</b> Progressive O—Plastic Polycarbonate	OA OD
	<b>Polycarbonate PhotoFusion:</b> Progressive O—Plastic Polycarbonate Photochromic	OA OD PP
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive O—Plastic Polycarbonate Photochromic	OA OD PP
	<b>Polycarbonate Transitions Vantage:</b> Progressive O—Plastic Polycarbonate Polarized Photochromic	OA OD OP PP
	<b>Polycarbonate Polarized:</b> Progressive O—Plastic Polycarbonate Polarized	OA OD OP
	<b>Trivex:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB
	<b>Trivex Transitions Signature:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	OA OB PP

	<p><b>Trivex Polarized:</b>                      Progressive O—Plastic OA                      High Index Plastic 1.53-1.60/Trivex OB                      Polarized OP</p>
	<p><b>1.60 High Index Plastic:</b>                      Progressive O—Plastic OA                      High Index Plastic 1.66/1.67 OB</p>
	<p><b>1.60 High Index Plastic PhotoFusion:</b>                      Progressive O—Plastic OA                      High Index Plastic 1.53-1.60/Trivex OB                      Photochromic PP</p>
	<p><b>1.60 High Index Plastic Transitions Signature:</b>                      Progressive O—Plastic OA                      High Index Plastic 1.53-1.60/Trivex OB                      Photochromic PP</p>
	<p><b>1.67 High Index Plastic:</b>                      Progressive O—Plastic OA                      High Index Plastic 1.66/1.67 OH</p>
	<p><b>1.67 High Index Plastic PhotoFusion:</b>                      Progressive O—Plastic OA                      High Index Plastic 1.66/1.67 OH                      Photochromic PP</p>
	<p><b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>                      Progressive O—Plastic OA                      High Index Plastic 1.66/1.67 OH                      Photochromic PP</p>
	<p><b>1.67 High Index Plastic Polarized:</b>                      Progressive O—Plastic OA                      High Index Plastic 1.66/1.67 OH                      Polarized OP</p>
	<p><b>1.74 High Index Plastic w/HMCX:</b>                      Progressive O—Plastic OA                      High Index Plastic 1.70 &amp; Above OJ                      Anti-Reflective Coating D QV</p>
T	
TACT BKS 40/60 (Hoya)	<p><b>1.50 Plastic:</b>                      Near Variable Focus IA</p>
	<p><b>1.50 Plastic Sensity:</b>                      Near Variable Focus IA                      Photochromic PP</p>
	<p><b>1.56 BluTech Indoor:</b>                      Near Variable Focus IA                      High Index Plastic 1.53-1.60/Trivex IB                      Plastic Dyes—Solid Color MN</p>

	<b>1.60 High Index Plastic:</b> Near Variable Focus High Index Plastic 1.53-1.60/Trivex	IA IB	
	<b>1.60 High Index Plastic Sensity:</b> Near Variable Focus High Index Plastic 1.53-1.60/Trivex Photochromic – Plastic B	IA IB PP	
	<b>1.67 High Index Plastic Sensity:</b> Near Variable Focus High Index Plastic 1.66/1.67 Photochromic	IA II PP	
	<b>Polycarbonate:</b> Near Variable Focus Polycarbonate	IA ID	
	<b>Polycarbonate Sensity:</b> Near Variable Focus Polycarbonate Photochromic – Plastic B	IA ID PP	
	<b>Trivex:</b> Near Variable Focus High Index Plastic 1.53-1.60/Trivex	IA IB	
	<b>Trivex Sensity:</b> Near Variable Focus High Index Plastic 1.53-1.60/Trivex Photochromic – Plastic B	IA IB PP	
<b>TD2 (Essilor)</b>	Scratch Resistant Coating B+	QS	LC
<b>TechShield (VSP)</b>	Anti-Reflective Coating B	QN	
<b>TechShield UVR (VSP)</b>	Anti-Reflective Coating B UV Protection - Backside	QN BV	
<b>TechShield Blue UVR (VSP)</b>	Anti-Reflective Coating D UV Protection - Backside	QV BV	
<b>TechShield Elite (VSP)</b>	Anti-Reflective Coating D	QV	
<b>TechShield Elite UVR (VSP)</b>	Anti-Reflective Coating D UV Protection - Backside	QV BV	
<b>TechShield Plus (VSP)</b>	Anti-Reflective Coating C	QT	
<b>TechShield Plus UVR (VSP)</b>	Anti-Reflective Coating C UV Protection - Backside	QT BV	
<b>Tegra (Vision-Ease)</b>	<b>Aspheric Polycarbonate:</b> Polycarbonate	AD	LC
<b>Therminon (Blue Tint)</b>	Glass Tints Solid	MR	LC
<b>Thin &amp; Dark (Vision-Ease)</b>	Photochromic—Glass A	PM	



<b>Thindex</b> (Vision-Ease)	<b>1.70 High Index Plastic Aspheric:</b> High Index Plastic 1.70 & Above	AJ	LC
<b>Thin-N-Lite Lenses</b> (Essilor)	<b>1.60 High Index Plastic Spherical:</b> High Index Plastic 1.53-1.60/Trivex	AB	LC
	<b>1.60 High Index Plastic Aspheric:</b> High Index Plastic 1.53-1.60/Trivex	AB	LC
	<b>1.67 High Index Plastic Spherical:</b> High Index Plastic 1.66/1.67	AH	LC
	<b>1.67 High Index Plastic Aspheric:</b> High Index Plastic 1.66/1.67	AH	LC
	<b>1.74 High Index Plastic Aspheric w/applicable AR:</b> High Index Plastic 1.70 & Above	AJ	LC
	<a href="#">Crizal Alize UV</a> or <a href="#">Crizal Avance UV</a>		
<b>Transdura</b> (Select Optical)	Anti-Reflective Coating C	QT	LC
<b>Trilogy</b> (Younger)	<b>Aspheric/Spherical Single Vision Trivex:</b> High Index Plastic 1.53-1.60/Trivex	AB	LC
	<b>FT28 Trivex Spherical:</b> High Index Plastic 1.53-1.60/Trivex	AB	LC
	<b>FT28 Trivex Spherical Transitions Signature:</b> High Index Plastic 1.53-1.60/Trivex Photochromic	AB PP	LC
<b>Transitions Signature Photochromic</b> (PPG)	Photochromic Note: Transitions is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens enhancement code(s).	PP	
<b>Transitions Vantage Photochromic</b> (PPG)	Photochromic Polarized—Plastic Note: Transitions is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens enhancement code(s). When available on progressive lenses, the applicable polarized progressive code, dependent on progressive category, should be used in place of code DA.	PP DA	
<b>Transitions XTRActive Photochromic</b> (PPG)	Photochromic Note: Transitions is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens enhancement code(s).	PP	
<b>TruClear/TruClear HD</b> (Essilor)	Unavailable*		
<b>U</b>			
<b>Ultimate B 14, 15, 16, 17, 18, 19, 20</b> (IOT)	<b>1.50 Plastic:</b> <b>Progressive K—Plastic</b>	KA	CM

<b>1.50 Plastic sunsync:</b> Progressive K—Plastic Photochromic	KA PP	CM
<b>1.50 Plastic Polarized:</b> Progressive K—Plastic Polarized	KA KP	CM
<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive K—Plastic Photochromic	KA PP	CM
<b>1.50 Plastic Transitions DriveWear / Vantage:</b> Progressive K—Plastic Polarized Photochromic	KA KP PP	CM
<b>1.56 Mid Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	CM
<b>1.56 Mid Index Plastic Polarized:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	KA KB KP	CM
<b>1.56 Mid Index Plastic Transitions Signature:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	KA KB PP	CM
<b>1.56 BluTech Indoor:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	KA KB MN	CM
<b>1.56 BluTech Outdoor:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Plastic Dyes—Solid Color	KA KB KP MN	CM
<b>1.60 High Index Plastic:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	CM
<b>1.60 High Index Plastic Polarized:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	KA KB KP	CM
<b>1.60 High Index Plastic sunsync:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	KA KB PP	CM



	<b>Polycarbonate Transitions DriveWear / Vantage:</b> Progressive K—Plastic Polycarbonate Polarized Photochromic	KA KD KP PP	CM
	<b>Trivex:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	CM
	<b>Trivex Polarized:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	KA KB KP	CM
	<b>Trivex sunsync:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	KA KB PP	CM
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	KA KB PP	CM
	<b>Trivex Transitions Vantage:</b> Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic	KA KB KP PP	CM
<b>Ultra</b> (Walman Optical)	Anti-Reflective Coating C	QT	LC
<b>Ultrathin 1.66 AR</b> (Pentax)	<b>1.67 High Index Plastic Aspheric:</b> High Index Plastic 1.66/1.67 Anti-Reflective Coating A	AH QM	LC
<b>Ultra Polylite</b> (Columbian Bifocal)	Polycarbonate High Luster Edge Polish	AD SP	LC
<b>Ultra Ray Coating</b> (North American Coating Co.)	Ski Type Coating	QR	LC
<b>UNITY Classic Coating</b> (VSP)	Anti-Reflective Coating B	QN	
<b>UNITY Classic UVR Coating</b> (VSP)	Anti-Reflective Coating B UV Protection - Backside	QN BV	
<b>UNITY Elite Coating</b> (VSP)	Anti-Reflective Coating D	QV	
<b>UNITY Elite UVR Coating</b> (VSP)	Anti-Reflective Coating D UV Protection - Backside	QV BV	
<b>UNITY HC</b> (VSP)	Scratch Resistant Coating B	QS	
<b>UNITY Plus Coating</b> (VSP)	Anti-Reflective Coating C	QT	

<b>UNITY Plus UVR Coating (VSP)</b>	Anti-Reflective Coating C UV Protection - Backside	QT BV
<b>UNITY PLx 13/15/17/19 (VSP)</b>	<b>1.50 Plastic:</b> Progressive F—Plastic	FA
	<b>1.50 Plastic sunsync / sunsync Drive XT:</b> Progressive F—Plastic Photochromic	FA PP
	<b>1.50 Plastic PhotoFusion:</b> Progressive F—Plastic Photochromic	FA PP
	<b>1.50 Plastic Polarized:</b> Progressive F—Plastic Polarized	FA FP
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive F—Plastic Photochromic	FA PP
	<b>1.50 Plastic Transitions DriveWear / Vantage:</b> Progressive F—Plastic Polarized Photochromic	FA FP PP
	<b>1.50 Plastic Sensity:</b> Progressive F—Plastic Photochromic	FA PP
	<b>1.56 BluTech Indoor:</b> Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	FA FB MN
	<b>1.56 BluTech Outdoor:</b> Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Plastic Dyes—Solid Color	FA FB FP MN
	<b>1.60 High Index Plastic:</b> Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	<b>1.60 High Index Plastic Polarized:</b> Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	FA FB FP
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	FA FB PP

<b>1.67 High Index Plastic:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
<b>1.67 High Index Plastic PhotoFusion:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic	PP
<b>1.67 High Index Plastic Polarized:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Polarized	FP
<b>1.67 High Index Plastic sunsync / sunsync Drive XT:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic	PP
<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic	PP
<b>1.67 High Index Plastic Sensity:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic	PP
<b>1.74 High Index Plastic:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
<b>Polycarbonate:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
<b>Polycarbonate PhotoFusion:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic	PP
<b>Polycarbonate Polarized:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
<b>Polycarbonate sunsync / sunsync Drive XT:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic	PP
<b>Polycarbonate Transitions Signature / XTRActive:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic	PP

	<p><b>Polycarbonate Transitions DriveWear / Vantage:</b>                      Progressive F—Plastic FA                      Polycarbonate FD                      Polarized FP                      Photochromic PP</p>	
	<p><b>Polycarbonate Sensity:</b>                      Progressive F—Plastic FA                      Polycarbonate FD                      Photochromic PP</p>	
	<p><b>Trivex:</b>                      Progressive F—Plastic FA                      High Index Plastic 1.53-1.60/Trivex FB</p>	
	<p><b>Trivex Polarized:</b>                      Progressive F—Plastic FA                      High Index Plastic 1.53-1.60/Trivex FB                      Polarized FP</p>	
	<p><b>Trivex sunsync / sunsync Drive XT:</b>                      Progressive F—Plastic FA                      High Index Plastic 1.53-1.60/Trivex FB                      Photochromic PP</p>	
	<p><b>Trivex Transitions Signature / XTRActive:</b>                      Progressive F—Plastic FA                      High Index Plastic 1.53-1.60/Trivex FB                      Photochromic PP</p>	
	<p><b>Trivex Transitions Vantage:</b>                      Progressive F—Plastic FA                      High Index Plastic 1.53-1.60/Trivex FB                      Polarized FP                      Photochromic PP</p>	
	<p><b>Trivex Sensity:</b>                      Progressive F—Plastic FA                      High Index Plastic 1.53-1.60/Trivex FB                      Photochromic PP</p>	
<p><b>UNITY PLxtra</b>  <b>12/14/16/18/20 (VSP)</b></p>	<p><b>1.50 Plastic:</b>                      Progressive O—Plastic OA</p>	<p>CM</p>
	<p><b>1.50 Plastic Polarized:</b>                      Progressive O—Plastic OA                      Polarized OP</p>	<p>CM</p>
	<p><b>1.50 Plastic sunsync / sunsync Drive XT:</b>                      Progressive O—Plastic OA                      Photochromic PP</p>	<p>CM</p>
	<p><b>1.50 Plastic Transitions Signature / XTRActive:</b>                      Progressive O—Plastic OA                      Photochromic PP</p>	<p>CM</p>

	<b>1.50 Plastic Transitions DriveWear / Vantage:</b>		CM
	Progressive O—Plastic	OA	
	Polarized	OP	
	Photochromic	PP	
	<b>1.50 Plastic Sensity:</b>		CM
	Progressive O—Plastic	OA	
	Photochromic	PP	
	<b>1.56 BluTech Indoor:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Plastic Dyes—Solid Color	MN	
	<b>1.56 BluTech Outdoor:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Polarized	OP	
	Plastic Dyes—Solid Color	MN	
	<b>1.60 High Index Plastic:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	<b>1.60 High Index Plastic Polarized:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Polarized	OP	
	<b>1.60 High Index Plastic Transitions Signature:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Photochromic	PP	
	<b>1.67 High Index Plastic:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	<b>1.67 High Index Plastic Polarized:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Polarized	OP	
	<b>1.67 High Index Plastic sunsync / sunsync Drive XT:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Photochromic	PP	
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Photochromic	PP	



	<b>1.67 High Index Plastic Sensity:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Photochromic	PP	
	<b>1.74 High Index Plastic:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.70 & Above	OJ	
	<b>Polycarbonate:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	<b>Polycarbonate Polarized:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	<b>Polycarbonate sunsync / sunsync Drive XT:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic	PP	
	<b>Polycarbonate Transitions Signature / XTRActive:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic	PP	
	<b>Polycarbonate Transitions DriveWear / Vantage:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	Photochromic	PP	
	<b>Polycarbonate Sensity:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic	PP	
	<b>Trivex:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	<b>Trivex Polarized:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Polarized	OP	
	<b>Trivex sunsync / sunsync Drive XT:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Photochromic	PP	
	<b>Trivex Transitions Signature / XTRActive:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Photochromic	PP	

	<b>Trivex Transitions Vantage:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic PP	CM
	<b>Trivex Sensity:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP	CM
<b>UNITY PLxtreme 15/18 (VSP)</b>	<b>1.50 Plastic:</b> Progressive O—Plastic OA	CM
	<b>1.50 Plastic Polarized:</b> Progressive O—Plastic OA Polarized OP	CM
	<b>1.50 Plastic sunsync / sunsync Drive XT:</b> Progressive O—Plastic OA Photochromic PP	CM
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive O—Plastic OA Photochromic PP	CM
	<b>1.50 Plastic Transitions DriveWear / Vantage:</b> Progressive O—Plastic OA Polarized OP Photochromic PP	CM
	<b>1.50 Plastic Sensity:</b> Progressive O—Plastic OA Photochromic PP	CM
	<b>1.56 BluTech Indoor:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN	CM
	<b>1.56 BluTech Outdoor:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN	CM
	<b>1.60 High Index Plastic:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	<b>1.60 High Index Plastic Polarized:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP	CM

	<b>1.60 High Index Plastic Transitions</b>		CM
	<b>Signature:</b>		
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Photochromic	PP	
	<b>1.67 High Index Plastic:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	<b>1.67 High Index Plastic Polarized:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Polarized	OP	
	<b>1.67 High Index Plastic sunsync / sunsync Drive XT:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Photochromic	PP	
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Photochromic	PP	
	<b>1.67 High Index Plastic Sensity:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Photochromic	PP	
	<b>Polycarbonate:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	<b>Polycarbonate Polarized:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	<b>Polycarbonate sunsync / sunsync Drive XT:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic	PP	
	<b>Polycarbonate Transitions Signature / XTRActive:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic	PP	
	<b>Polycarbonate Transitions DriveWear / Vantage:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	Photochromic	PP	

	<b>Polycarbonate Sensity:</b> Progressive O—Plastic OA Polycarbonate OD Photochromic PP CM
	<b>Trivex:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB CM
	<b>Trivex Polarized:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP CM
	<b>Trivex sunsync / sunsync Drive XT:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP CM
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP CM
	<b>Trivex Transitions Vantage:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic PP CM
	<b>Trivex Sensity:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP CM
UNITY SVx (VSP)	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic BA
	<b>Digital 1.50 Plastic Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA
	Digital 1.50 Plastic <b>sunsync / sunsync Plus / sunsync Drive XT:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP
	<b>Digital 1.50 Plastic Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP
	<b>Digital 1.50 Plastic Transitions DriveWear / Vantage:</b> Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic PP

	<b>Digital 1.50 Plastic Sensity:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP
	<b>Digital 1.56 BluTech Indoor:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes—Solid Color MN
	<b>Digital 1.56 BluTech Outdoor:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Plastic Dyes—Solid Color MN
	<b>Digital 1.60 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB
	<b>Digital 1.60 High Index Plastic Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB
	<b>Digital 1.60 High Index Plastic Transitions Signature:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic PP
	<b>Digital 1.67 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH
	<b>Digital 1.67 High Index Plastic Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.66/1.67 DH
	<b>Digital 1.67 High Index Plastic sunsync / sunsync Plus / sunsync Drive XT:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic PP
	<b>Digital 1.67 High Index Plastic Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic PP
	<b>Digital 1.67 High Index Plastic Sensity:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic PP
	<b>Digital 1.74 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & Above BJ

	<b>Digital Polycarbonate:</b> Digital Aspheric Lenses—Polycarbonate	BD
	<b>Digital Polycarbonate Polarized:</b> Digital Aspheric Lenses—Polycarbonate Polarized	BD DA
	Digital Polycarbonate <b>sunsync / sunsync Plus / sunsync Drive XT:</b> Digital Aspheric Lenses—Polycarbonate Photochromic	BD PP
	<b>Digital Polycarbonate Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Polycarbonate Photochromic	BD PP
	<b>Digital Polycarbonate Transitions DriveWear / Vantage:</b> Digital Aspheric Lenses—Polycarbonate Polarized Photochromic	BD DA PP
	<b>Digital Polycarbonate Sensity:</b> Digital Aspheric Lenses—Polycarbonate Photochromic	BD PP
	<b>Digital Trivex:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB
	<b>Digital Trivex sunsync / sunsync Drive XT:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	BA BB PP
	<b>Digital Trivex Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	BA BB PP
	<b>Digital Trivex Transitions Vantage:</b> Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.53-1.60/Trivex Photochromic	BA DA DB PP
	<b>Digital Trivex Sensity:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	BA BB PP
<b>UNITY SVxtra (VSP)</b>	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic	BA
	<b>Digital 1.50 Plastic Polarized:</b> Digital Aspheric Lenses—Plastic Polarized	BA DA

	<b>Digital 1.50 Plastic sunsync / sunsync Plus / sunsync Drive XT:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP
	<b>Digital 1.50 Plastic Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP
	<b>Digital 1.50 Plastic Transitions DriveWear / Vantage:</b> Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic PP
	<b>Digital 1.50 Plastic Sensity:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP
	<b>Digital 1.56 BluTech Indoor:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes—Solid Color MN
	<b>Digital 1.56 BluTech Outdoor:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Plastic Dyes—Solid Color MN
	<b>Digital 1.60 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB
	<b>Digital 1.60 High Index Plastic Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB
	<b>Digital 1.60 High Index Plastic Transitions Signature:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic PP
	<b>Digital 1.67 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH
	<b>Digital 1.67 High Index Plastic Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.66/1.67 DH

<b>Digital 1.67 High Index Plastic sunsync / sunsync Plus / sunsync Drive XT:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic	PP
<b>Digital 1.67 High Index Plastic Transitions Signature / XTRActive:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic	PP
<b>Digital 1.67 High Index Plastic Sensity:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic	PP
<b>Digital 1.74 High Index Plastic:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.70 & Above	BJ
<b>Digital Polycarbonate:</b>	
Digital Aspheric Lenses—Polycarbonate	BD
<b>Digital Polycarbonate Polarized:</b>	
Digital Aspheric Lenses—Polycarbonate Polarized	BD DA
<b>Digital Polycarbonate sunsync / sunsync Plus / sunsync Drive XT:</b>	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic	PP
<b>Digital Polycarbonate Transitions Signature / XTRActive:</b>	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic	PP
<b>Digital Polycarbonate Transitions DriveWear / Vantage:</b>	
Digital Aspheric Lenses—Polycarbonate	BD
Polarized	DA
Photochromic	PP
<b>Digital Polycarbonate Sensity:</b>	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic	PP
<b>Digital Trivex:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
<b>Digital Trivex sunsync / sunsync Drive XT:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Photochromic	PP



	<p><b>Digital Trivex Transitions Signature / XTRActive:</b>                      Digital Aspheric Lenses—Plastic BA                      High Index Plastic 1.53-1.60/Trivex BB                      Photochromic PP</p>
	<p><b>Digital Trivex Transitions Vantage:</b>                      Digital Aspheric Lenses—Plastic BA                      Polarized DA                      High Index Plastic 1.53-1.60/Trivex DB                      Photochromic PP</p>
	<p><b>Digital Trivex Sensity:</b>                      Digital Aspheric Lenses—Plastic BA                      High Index Plastic 1.53-1.60/Trivex BB                      Photochromic PP</p>
<p><b>UNITY SVxtreme (VSP)</b></p>	<p><b>Digital 1.50 Plastic:</b>                      Digital Aspheric Lenses—Plastic BA</p>
	<p><b>Digital 1.50 Plastic Polarized:</b>                      Digital Aspheric Lenses—Plastic BA                      Polarized DA</p>
	<p><b>Digital 1.50 Plastic sunsync / sunsync Plus / sunsync Drive XT:</b>                      Digital Aspheric Lenses—Plastic BA                      Photochromic PP</p>
	<p><b>Digital 1.50 Plastic Transitions Signature / XTRActive:</b>                      Digital Aspheric Lenses—Plastic BA                      Photochromic PP</p>
	<p><b>Digital 1.50 Plastic Transitions DriveWear / Vantage:</b>                      Digital Aspheric Lenses—Plastic BA                      Polarized DA                      Photochromic PP</p>
	<p><b>Digital 1.50 Plastic Sensity:</b>                      Digital Aspheric Lenses—Plastic BA                      Photochromic PP</p>
	<p><b>Digital 1.56 BluTech Indoor:</b>                      Digital Aspheric Lenses—Plastic BA                      High Index Plastic 1.53-1.60/Trivex BB                      Plastic Dyes—Solid Color MN</p>
	<p><b>Digital 1.56 BluTech Outdoor:</b>                      Digital Aspheric Lenses—Plastic BA                      Polarized DA                      High Index Plastic 1.53-1.60/Trivex DB                      Plastic Dyes—Solid Color MN</p>
	<p><b>Digital 1.60 High Index Plastic:</b>                      Digital Aspheric Lenses—Plastic BA                      High Index Plastic 1.53-1.60/Trivex BB</p>

<b>Digital 1.60 High Index Plastic Polarized:</b>	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
High Index Plastic 1.53-1.60/Trivex	DB
<b>Digital 1.60 High Index Plastic Transitions Signature:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Photochromic	PP
<b>Digital 1.67 High Index Plastic:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
<b>Digital 1.67 High Index Plastic Polarized:</b>	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
High Index Plastic 1.66/1.67	DH
<b>Digital 1.67 High Index Plastic sunsync / sunsync Plus / sunsync Drive XT:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic	PP
<b>Digital 1.67 High Index Plastic Sensity:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic	PP
<b>Digital 1.67 High Index Plastic Transitions Signature / XTRActive:</b>	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic	PP
<b>Digital Polycarbonate:</b>	
Digital Aspheric Lenses—Polycarbonate	BD
<b>Digital Polycarbonate Polarized:</b>	
Digital Aspheric Lenses—Polycarbonate	BD
Polarized	DA
<b>Digital Polycarbonate sunsync / sunsync Plus / sunsync Drive XT:</b>	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic	PP
<b>Digital Polycarbonate Transitions Signature / XTRActive:</b>	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic	PP
<b>Digital Polycarbonate Sensity:</b>	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic	PP

	<p><b>Digital Polycarbonate Transitions DriveWear / Vantage:</b>                  Digital Aspheric Lenses—Polycarbonate      BD                  Polarized      DA                  Photochromic      PP</p>
	<p><b>Digital Trivex:</b>                  Digital Aspheric Lenses—Plastic      BA                  High Index Plastic 1.53-1.60/Trivex      BB</p>
	<p><b>Digital Trivex sunsync / sunsync Drive XT:</b>                  Digital Aspheric Lenses—Plastic      BA                  High Index Plastic 1.53-1.60/Trivex      BB                  Photochromic      PP</p>
	<p><b>Digital Trivex Transitions Signature / XTRActive:</b>                  Digital Aspheric Lenses—Plastic      BA                  High Index Plastic 1.53-1.60/Trivex      BB                  Photochromic      PP</p>
	<p><b>Digital Trivex Transitions Vantage:</b>                  Digital Aspheric Lenses—Plastic      BA                  Polarized      DA                  High Index Plastic 1.53-1.60/Trivex      DB                  Photochromic      PP</p>
	<p><b>Digital Trivex Sensity:</b>                  Digital Aspheric Lenses—Plastic      BA                  High Index Plastic 1.53-1.60/Trivex      BB                  Photochromic      PP</p>
<b>UNITY Via (VSP)</b>	<p><b>1.50 Plastic:</b>                  Progressive F—Plastic      FA</p>
	<p><b>1.50 Plastic sunsync / sunsync Plus / sunsync Drive XT:</b>                  Progressive F—Plastic      FA                  Photochromic      PP</p>
	<p><b>1.50 Plastic PhotoFusion:</b>                  Progressive F—Plastic      FA                  Photochromic      PP</p>
	<p><b>1.50 Plastic Polarized:</b>                  Progressive F—Plastic      FA                  Polarized      FP</p>
	<p><b>1.50 Plastic Transitions Signature / XTRActive:</b>                  Progressive F—Plastic      FA                  Photochromic      PP</p>
	<p><b>1.50 Plastic Transitions DriveWear / Vantage:</b>                  Progressive F—Plastic      FA                  Polarized      FP                  Photochromic      PP</p>

<b>1.50 Plastic Sensity:</b>	
Progressive F—Plastic	FA
Photochromic	PP
<b>1.60 High Index Plastic:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
<b>1.60 High Index Plastic Polarized:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Polarized	FP
<b>1.60 High Index Plastic Transitions Signature:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic	PP
<b>1.67 High Index Plastic:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
<b>1.67 High Index Plastic PhotoFusion:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic	PP
<b>1.67 High Index Plastic Polarized:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Polarized	FP
<b>1.67 High Index Plastic sunsync / sunsync Plus / sunsync Drive XT:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic	PP
<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic	PP
<b>1.67 High Index Plastic Sensity:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic	PP
<b>1.74 High Index Plastic:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
<b>Polycarbonate:</b>	
Progressive F—Plastic	FA
Polycarbonate	FD

	<b>Polycarbonate PhotoFusion:</b>	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Photochromic	PP
	<b>Polycarbonate Polarized:</b>	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Polarized	FP
	<b>Polycarbonate sunsync / sunsync Plus / sunsync Drive XT:</b>	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Photochromic	PP
	<b>Polycarbonate Transitions Signature / XTRActive:</b>	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Photochromic	PP
	<b>Polycarbonate Transitions DriveWear / Vantage:</b>	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Polarized	FP
	Photochromic	PP
	<b>Polycarbonate Sensity:</b>	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Photochromic	PP
	<b>Trivex:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	<b>Trivex Polarized:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Polarized	FP
	<b>Trivex sunsync / sunsync Drive XT:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Photochromic	PP
	<b>Trivex Transitions Signature / XTRActive:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Photochromic	PP
	<b>Trivex Transitions Vantage:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Polarized	FP
	Photochromic	PP

	<b>Trivex Sensity:</b> Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	FA FB PP	
<b>UNITY Via Elite (VSP)</b>	<b>1.50 Plastic:</b> Progressive N—Plastic	NA	CM
	<b>1.50 Plastic sunsync / sunsync Plus / sunsync Drive XT:</b> Progressive N—Plastic Photochromic	NA PP	CM
	<b>1.50 Plastic PhotoFusion:</b> Progressive N—Plastic Photochromic	NA PP	CM
	<b>1.50 Plastic Polarized:</b> Progressive N—Plastic Polarized	NA NP	CM
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive N—Plastic Photochromic	NA PP	CM
	<b>1.50 Plastic Transitions DriveWear / Vantage:</b> Progressive N—Plastic Polarized Photochromic	NA NP PP	CM
	<b>1.50 Plastic Sensity:</b> Progressive N—Plastic Photochromic	NA PP	CM
	<b>1.60 High Index Plastic:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM
	<b>1.60 High Index Plastic Polarized:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	NA NB NP	CM
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	NA NB PP	CM
	<b>1.67 High Index Plastic:</b> Progressive N—Plastic High Index Plastic 1.66/1.67	NA NH	CM
	<b>1.67 High Index Plastic PhotoFusion:</b> Progressive N—Plastic High Index Plastic 1.66/1.67 Photochromic	NA NH PP	CM

	<b>1.67 High Index Plastic Polarized:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	Polarized	NP	
	<b>1.67 High Index Plastic sunsync / sunsync Plus / sunsync Drive XT:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	Photochromic	PP	
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	Photochromic	PP	
	<b>1.67 High Index Plastic Sensity:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	Photochromic	PP	
	<b>1.74 High Index Plastic:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.70 & Above	NJ	
	<b>Polycarbonate:</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	<b>Polycarbonate PhotoFusion:</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Photochromic	PP	
	<b>Polycarbonate Polarized:</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Polarized	NP	
	<b>Polycarbonate sunsync / sunsync Plus / sunsync Drive XT:</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Photochromic	PP	
	<b>Polycarbonate Transitions Signature / XTRActive:</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Photochromic	PP	
	<b>Polycarbonate Transitions DriveWear / Vantage:</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Polarized	NP	
	Photochromic	PP	

	<b>Polycarbonate Sensity:</b> Progressive N—Plastic NA Polycarbonate ND Photochromic PP	CM
	<b>Trivex:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	<b>Trivex Polarized:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP	CM
	<b>Trivex sunsync / sunsync Drive XT:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic PP	CM
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic PP	CM
	<b>Trivex Transitions Vantage:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP Photochromic PP	CM
	<b>Trivex Sensity:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic PP	CM
<b>UNITY Via Plus/Mobile/Wrap (VSP)</b>	<b>1.50 Plastic:</b> Progressive O—Plastic OA	CM
	<b>1.50 Plastic sunsync / sunsync Plus / sunsync Drive XT:</b> Progressive O—Plastic OA Photochromic PP	CM
	<b>1.50 Plastic PhotoFusion:</b> Progressive O—Plastic OA Photochromic PP	CM
	<b>1.50 Plastic Polarized:</b> Progressive O—Plastic OA Polarized OP	CM
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive O—Plastic OA Photochromic PP	CM



	<b>1.50 Plastic Transitions DriveWear / Vantage:</b> Progressive O—Plastic Polarized Photochromic	OA OP PP	CM
	<b>1.50 Plastic Sensity:</b> Progressive O—Plastic Photochromic	OA PP	CM
	<b>1.60 High Index Plastic:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB	CM
	<b>1.60 High Index Plastic Polarized:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	OA OB OP	CM
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	OA OB PP	CM
	<b>1.67 High Index Plastic:</b> Progressive O—Plastic High Index Plastic 1.66/1.67	OA OH	CM
	<b>1.67 High Index Plastic PhotoFusion:</b> Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic	OA OH PP	CM
	<b>1.67 High Index Plastic Polarized:</b> Progressive O—Plastic High Index Plastic 1.66/1.67 Polarized	OA OH OP	CM
	<b>1.67 High Index Plastic sunsync / sunsync Plus / sunsync Drive XT:</b> Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic	OA OH PP	CM
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b> Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic	OA OH PP	CM
	<b>1.67 High Index Plastic Sensity:</b> Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic	OA OH PP	CM
	<b>1.74 High Index Plastic:</b> Progressive O—Plastic High Index Plastic 1.70 & Above	OA OJ	CM

<b>Polycarbonate:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
<b>Polycarbonate PhotoFusion:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Photochromic	PP	
<b>Polycarbonate Polarized:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
<b>Polycarbonate sunsync / sunsync Plus / sunsync Drive XT:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Photochromic	PP	
<b>Polycarbonate Transitions Signature / XTRActive:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Photochromic	PP	
<b>Polycarbonate Transitions DriveWear / Vantage:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Photochromic	PP	
<b>Polycarbonate Sensity:</b>		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Photochromic	PP	
<b>Trivex:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
<b>Trivex Polarized:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Polarized	OP	
<b>Trivex sunsync / sunsync Drive XT:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Photochromic	PP	
<b>Trivex Transitions Signature / XTRActive:</b>		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Photochromic	PP	

	<b>Trivex Transitions Vantage:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic	OA OB OP PP	CM
	<b>Trivex Sensity:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	OA OB PP	CM
<b>UNITY Via OfficePro 5 ft, 10 ft (VSP)</b>	<b>1.50 Plastic:</b> Near Variable Focus	IA	
	<b>1.50 Plastic sunsync:</b> Near Variable Focus Photochromic	IA PP	
	<b>1.50 Plastic Polarized:</b> Near Variable Focus Polarized	IA DA	
	<b>1.60 High Index Plastic:</b> Near Variable Focus High Index Plastic 1.53-1.60/Trivex	IA IB	
	<b>1.60 High Index Plastic sunsync:</b> Near Variable Focus High Index Plastic 1.53-1.60/Trivex Photochromic – Plastic B	IA IB PP	
	<b>1.60 High Index Plastic Polarized:</b> Near Variable Focus High Index Plastic 1.53-1.60/Trivex Polarized	IA DB DA	
	<b>1.67 High Index Plastic:</b> Near Variable Focus High-Index Plastic 1.66/1.67	IA II	
	<b>1.67 High Index Plastic sunsync:</b> Near Variable Focus High-Index Plastic 1.66/1.67 Photochromic – Plastic B	IA II PP	
	<b>1.67 High Index Plastic Polarized:</b> Near Variable Focus High-Index Plastic 1.66/1.67 Polarized	IA DH DA	
	<b>Polycarbonate:</b> Near Variable Focus Polycarbonate	IA ID	
	<b>Polycarbonate sunsync:</b> Near Variable Focus Polycarbonate Photochromic	IA ID PP	

	<b>Polycarbonate Polarized:</b> Near Variable Focus IA Polycarbonate DD Polarized DA
	<b>Trivex:</b> Near Variable Focus IA High Index Plastic 1.53-1.60/Trivex IB
	<b>Trivex sunsync:</b> Near Variable Focus IA High Index Plastic 1.53-1.60/Trivex IB Photochromic PP
	<b>Trivex Polarized:</b> Near Variable Focus IA High Index Plastic 1.53-1.60/Trivex DB Polarized DA
<b>Universal B 14, 16, 18, 20 (IOT)</b>	<b>1.50 Plastic:</b> Progressive K—Plastic KA
	<b>1.50 Plastic sunsync:</b> Progressive K—Plastic KA Photochromic PP
	<b>1.50 Plastic PhotoFusion:</b> Progressive K—Plastic KA Photochromic PP
	<b>1.50 Plastic Photochromic / Transitions Signature / XTRActive:</b> Progressive K—Plastic KA Photochromic PP
	<b>1.50 Plastic Polarized:</b> Progressive K—Plastic KA Polarized KP
	<b>1.50 Plastic Transitions DriveWear / Vantage:</b> Progressive K—Plastic KA Polarized KP Photochromic PP
	<b>1.60 High Index Plastic:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	<b>1.60 High Index Plastic sunsync:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP
	<b>1.60 High Index Plastic Photochromic / Transitions Signature:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP

<b>1.60 High Index Plastic Polarized:</b>	
Progressive K—Plastic	KA
High Index Plastic 1.53-1.60/Trivex Polarized	KB KP
<b>1.67 High Index Plastic:</b>	
Progressive K—Plastic	KA
High Index Plastic 1.66/1.67	KH
<b>1.67 High Index Plastic PhotoFusion:</b>	
Progressive K—Plastic	KA
High Index Plastic 1.66/1.67	KH
Photochromic	PP
<b>1.67 High Index Plastic Photochromic / Transitions Signature / XTRActive:</b>	
Progressive K—Plastic	KA
High Index Plastic 1.66/1.67	KH
Photochromic	PP
<b>1.67 High Index Plastic Polarized:</b>	
Progressive K—Plastic	KA
High Index Plastic 1.66/1.67	KH
Polarized	KP
<b>1.74 High Index Plastic:</b>	
Progressive K—Plastic	KA
High Index Plastic 1.70 & Above	KJ
<b>Polycarbonate:</b>	
Progressive K—Plastic	KA
Polycarbonate	KD
<b>Polycarbonate sunsync:</b>	
Progressive K—Plastic	KA
Polycarbonate	KD
Photochromic	PP
<b>Polycarbonate PhotoFusion:</b>	
Progressive K—Plastic	KA
Polycarbonate	KD
Photochromic	PP
<b>Polycarbonate Photochromic / Transitions Signature / XTRActive:</b>	
Progressive K—Plastic	KA
Polycarbonate	KD
Photochromic	PP
<b>Polycarbonate Polarized:</b>	
Progressive K—Plastic	KA
Polycarbonate	KD
Polarized	KP

	<b>Polycarbonate Transitions DriveWear</b> <b>Vantage:</b> Progressive K—Plastic KA Polycarbonate KD Polarized KP Photochromic PP		
	<b>Trivex:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB		
	<b>Trivex sunsync:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP		
	<b>Trivex Photochromic / Transitions Signature / XTRActive:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic PP		
	<b>Trivex Transitions Vantage:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP Photochromic PP		
	<b>Trivex Polarized:</b> Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized FP		
<b>UTMC Coating (SOLA)</b>	Anti-Reflective Coating B	QN	LC
v			
<b>Varilux Comfort (Essilor)</b>	<b>1.60 High Index Clear Glass:</b> Progressive J—Glass/High Index Glass JE		
	<b>1.60 High Index Glass Photochromic:</b> Progressive J—Glass/High Index Glass JE Photochromic—Glass A PM		
<b>Varilux Comfort 2 (Essilor)</b>	<b>1.50 Plastic:</b> Progressive J—Plastic JA		
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive J—Plastic JA Photochromic PP		
	<b>1.60 High Index Plastic:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB		

	<b>1.60 High Index Plastic Transitions</b> <b>Signature:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic PP
	<b>1.67 High Index Plastic:</b> Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
	<b>1.67 High Index Plastic Transitions</b> <b>Signature/XTRActive:</b> Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic PP
	<b>Airwear:</b> Progressive J—Plastic JA Polycarbonate JD
	<b>Airwear Polarized:</b> Progressive J—Plastic JA Polycarbonate JD Polarized JP
	<b>Airwear Transitions Signature / XTRActive:</b> Progressive J—Plastic JA Polycarbonate JD Photochromic PP
Varilux Comfort W2+ (Essilor)	<b>1.50 Plastic:</b> Progressive F—Plastic FA
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive F—Plastic FA Photochromic PP
	<b>1.50 Plastic Polarized:</b> Progressive F—Plastic FA Polarized FP
	<b>1.60 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	<b>1.60 High Index Plastic Transitions</b> <b>Signature:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic PP
	<b>1.67 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH

	<p><b>1.67 High Index Plastic Transitions</b></p> <p><b>Signature:</b>                      Progressive F—Plastic FA                      High Index Plastic 1.66/1.67 FH                      Photochromic PP</p>	
	<p><b>1.67 High Index Plastic Polarized:</b></p> <p>Progressive F—Plastic FA                      High Index Plastic 1.66/1.67 FH                      Polarized FP</p>	
	<p><b>Polycarbonate:</b></p> <p>Progressive F—Plastic FA                      Polycarbonate FD</p>	
	<p><b>Polycarbonate Polarized:</b></p> <p>Progressive F—Plastic FA                      Polycarbonate FD                      Polarized FP</p>	
	<p><b>Polycarbonate Transitions Signature / XTRActive:</b></p> <p>Progressive F—Plastic FA                      Polycarbonate FD                      Photochromic PP</p>	
	<p><b>Trivex:</b></p> <p>Progressive F—Plastic FA                      High Index Plastic 1.53-1.60/Trivex FB</p>	
	<p><b>Trivex Transitions Signature:</b></p> <p>Progressive F—Plastic FA                      High Index Plastic 1.53-1.60/Trivex FB                      Photochromic PP</p>	
Varilux Comfort W2+ FIT (Essilor)	<p><b>1.50 Plastic:</b></p> <p>Progressive O—Plastic OA</p>	CM
	<p><b>1.50 Plastic Transitions Signature / XTRActive:</b></p> <p>Progressive O—Plastic OA                      Photochromic PP</p>	CM
	<p><b>1.50 Plastic Polarized</b></p> <p>Progressive O—Plastic OA                      Polarized OP</p>	CM
	<p><b>1.60 High Index Plastic:</b></p> <p>Progressive O—Plastic OA                      High Index Plastic 1.53-1.60/Trivex OB</p>	CM
	<p><b>1.60 High Index Plastic Transitions Signature:</b></p> <p>Progressive O—Plastic OA                      High Index Plastic 1.53-1.60/Trivex OB                      Photochromic PP</p>	CM
	<p><b>1.67 High Index Plastic:</b></p> <p>Progressive O—Plastic OA                      High Index Plastic 1.66/1.67 OH</p>	CM



	<b>1.67 High Index Plastic Transitions</b> <b>Signature:</b> Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic PP	CM
	<b>1.67 High Index Plastic Polarized:</b> Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Polarized OP	CM
	<b>Polycarbonate:</b> Progressive O—Plastic OA Polycarbonate OD	CM
	<b>Polycarbonate Polarized:</b> Progressive O—Plastic OA Polycarbonate OD Polarized OP	CM
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive O—Plastic OA Polycarbonate OD Photochromic PP	CM
	<b>Trivex:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP	CM
Varilux Comfort 2 DRx/Short (Essilor)	<b>1.50 Plastic:</b> Progressive F—Plastic FA	
	<b>1.50 Plastic Polarized:</b> Progressive F—Plastic FA Polarized FP	
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive F—Plastic FA Photochromic PP	
	<b>1.60 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic PP	
	<b>1.67 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH	

	<b>1.67 High Index Plastic Polarized:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Polarized FP
	<b>1.67 High Index Plastic Transitions Signature /XTRActive:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP
	<b>1.74 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ
	<b>1.74 High Index Plastic Photochromic w/ applicable AR:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti Reflective Coating D QV UV Protection - Backside BV  Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV
	<b>Airwear:</b> Progressive F—Plastic FA Polycarbonate FD
	<b>Airwear Polarized:</b> Progressive F—Plastic FA Polycarbonate FD Polarized FP
	<b>Airwear Transitions Signature / XTRActive:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP
	<b>Trivex:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	<b>Trivex Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic PP
<b>Varilux Comfort 2 Enhanced</b> (Essilor)	<b>1.50 Plastic:</b> Progressive F—Plastic FA
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive F—Plastic FA Photochromic PP

	<b>1.60 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic PP
	<b>1.67 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	<b>1.67 High Index Plastic Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP
	<b>Airwear:</b> Progressive F—Plastic FA Polycarbonate FD
	<b>Airwear Polarized:</b> Progressive F—Plastic FA Polycarbonate FD Polarized FP
	<b>Airwear Transitions Signature / XTRActive:</b> Progressive F—Plastic FA Polycarbonate FD Photochromic PP
	<b>Varilux Comfort 2 Short (Essilor)</b>
<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive J—Plastic JA Photochromic PP	
<b>1.60 High Index Plastic:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB	
<b>1.60 High Index Plastic Transitions Signature:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic PP	
<b>1.67 High Index Plastic:</b> Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH	

	<b>1.67 High Index Plastic Transitions</b>	
	<b>Signature:</b>	
	Progressive J—Plastic	JA
	High Index Plastic 1.66/1.67	JH
	Photochromic	PP
	<b>Polycarbonate:</b>	
	Progressive J—Plastic	JA
	Polycarbonate	JD
	<b>Polycarbonate Polarized:</b>	
	Progressive J—Plastic	JA
	Polycarbonate	JD
	Polarized	JP
	<b>Polycarbonate Transitions Signature / XTRActive:</b>	
	Progressive J—Plastic	JA
	Polycarbonate	JD
	Photochromic	PP
<b>Varilux Comfort 2 Short DRx (Essilor)</b>	<b>1.50 Plastic:</b>	
	Progressive F—Plastic	FA
	<b>1.50 Plastic Transitions Signature / XTRActive:</b>	
	Progressive F—Plastic	FA
	Photochromic	PP
	<b>1.60 High Index Plastic:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	<b>1.60 High Index Plastic Transitions</b>	
	<b>Signature:</b>	
	Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB	
Photochromic	PP	
<b>1.67 High Index Plastic:</b>		
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
<b>1.67 High Index Plastic Transitions</b>		
<b>Signature:</b>		
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
Photochromic	PP	
<b>Airwear:</b>		
Progressive F—Plastic	FA	
Polycarbonate	FD	
<b>Airwear Transitions Signature:</b>		
Progressive F—Plastic	FA	
Polycarbonate	FD	
Photochromic	PP	
<b>Trivex:</b>		
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	

	<b>Trivex Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic PP
<b>Varilux Ellipse</b> (Essilor)	<b>1.50 Plastic:</b> Progressive J—Plastic JA
	<b>1.60Thin &amp; Lite:</b> Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	<b>1.67 Thin &amp; Lite:</b> Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
	<b>Airwear:</b> Progressive J—Plastic JA Polycarbonate JD
	<b>Airwear Polarized:</b> Progressive J—Plastic JA Polycarbonate JD Polarized JP
<b>Varilux Physio</b> (Essilor)	<b>1.50 Plastic:</b> Progressive F—Plastic FA
	<b>1.50 Plastic Transitions Signature:</b> Progressive F—Plastic FA Photochromic PP
	<b>1.50 Plastic Polarized:</b> Progressive F—Plastic FA Polarized FP
	<b>1.60 High Index Plastic:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic PP
	<b>1.67 Thin &amp; Lite:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	<b>1.67 Thin &amp; Lite Transitions Signature:</b> Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic PP
	<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating C QT Crizal Alize UV BV

	<p><b>1.74 High Index Plastic w/ applicable AR:</b></p> <p>Progressive F—Plastic FA  High Index Plastic 1.70 &amp; Above FJ  Anti-Reflective Coating D QV  UV Protection--Backside BV</p> <p>Crizal Avance UV, Crizal Previncia and  Crizal Sapphire 360 UV</p>
	<p><b>Airwear:</b></p> <p>Progressive F—Plastic FA  Polycarbonate FD</p>
	<p><b>Airwear Transitions Signature / XTRActive:</b></p> <p>Progressive F—Plastic FA  Polycarbonate FD  Photochromic PP</p>
	<p><b>Airwear Polarized:</b></p> <p>Progressive F—Plastic FA  Polycarbonate FD  Polarized FP</p>
	<p><b>Trivex:</b></p> <p>Progressive F—Plastic FA  High Index Plastic 1.53-1.60/Trivex FB</p>
	<p><b>Trivex Transitions Signature:</b></p> <p>Progressive F—Plastic FA  High Index Plastic 1.53-1.60/Trivex FB  Photochromic PP</p>
<b>Varilux Physio W3+ (Essilor)</b>	<p><b>1.50 Plastic:</b></p> <p>Progressive O—Plastic OA</p>
	<p><b>1.50 Plastic Polarized:</b></p> <p>Progressive F—Plastic OA  Polarized OP</p>
	<p><b>1.50 Plastic Transitions Signature:</b></p> <p>Progressive O—Plastic OA  Photochromic PP</p>
	<p><b>1.60 High Index Plastic:</b></p> <p>Progressive O—Plastic OA  High Index Plastic 1.53-1.60/Trivex OB</p>
	<p><b>1.60 High Index Plastic Transitions Signature:</b></p> <p>Progressive O—Plastic OA  High Index Plastic 1.53-1.60/Trivex OB  Photochromic PP</p>
	<p><b>1.67 High Index Plastic:</b></p> <p>Progressive O—Plastic OA  High Index Plastic 1.66/1.67 OH</p>

<p><b>1.67 High Index Plastic Transitions</b>  <b>Signature / XTRActive:</b>                  Progressive O—Plastic OA                  High Index Plastic 1.66/1.67 OH                  Photochromic PP</p>
<p><b>1.67 High Index Plastic Polarized:</b>                  Progressive O—Plastic OA                  High Index Plastic 1.66/1.67 OH                  Polarized OP</p>
<p><b>1.74 High Index Plastic:</b>                  Progressive O—Plastic OA                  High Index Plastic 1.70 &amp; Above OJ</p>
<p><b>1.74 High Index Plastic Transitions</b>  <b>Signature:</b>                  Progressive O—Plastic OA                  High Index Plastic 1.70 &amp; Above OJ                  Photochromic PP</p>
<p><b>1.74 High Index Plastic w/ applicable AR:</b>                  Progressive O --Plastic OA                  High Index Plastic 1.70 &amp; Above OJ                  Anti Reflective Coating D QV                  UV Protection - Backside BV</p> <p>Crizal Avance UV, Crizal Previncia and                  Crizal Sapphire 360 UV</p>
<p><b>1.74 High Index Plastic Photochromic w/                  applicable AR:</b>                  Progressive O --Plastic OA                  High Index Plastic 1.70 &amp; Above OJ                  Photochromic – Plastic B PP                  Anti Reflective Coating D QV                  UV Protection - Backside BV</p> <p>Crizal Avance UV, Crizal Previncia and                  Crizal Sapphire 360 UV</p>
<p><b>Polycarbonate:</b>                  Progressive O—Plastic OA                  Polycarbonate OD</p>
<p><b>Polycarbonate Polarized:</b>                  Progressive O—Plastic OA                  Polycarbonate OD                  Polarized OP</p>
<p><b>Polycarbonate Transitions Signature /                  XTRActive:</b>                  Progressive O—Plastic OA                  Polycarbonate OD                  Photochromic PP</p>

	<b>Trivex:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP	
<b>Varilux Physio W3+ FIT</b> (Essilor)	<b>1.50 Plastic:</b> Progressive N —Plastic NA	CM
	<b>1.50 Plastic Polarized:</b> Progressive F—Plastic NA Polarized NP	CM
	<b>1.50 Plastic Transitions Signature:</b> Progressive N —Plastic NA Photochromic PP	CM
	<b>1.60 High Index Plastic:</b> Progressive N —Plastic NA High Index Plastic 1.66/1.67 NB	CM
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive N —Plastic NA High Index Plastic 1.66/1.67 NB Photochromic PP	CM
	<b>1.67 High Index Plastic:</b> Progressive N —Plastic NA High Index Plastic 1.66/1.67 NH	CM
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b> Progressive N —Plastic NA High Index Plastic 1.66/1.67 NH Photochromic PP	CM
	<b>1.67 High Index Plastic Polarized:</b> Progressive N —Plastic NA High Index Plastic 1.66/1.67 NH Polarized NP	CM
	<b>1.74 High Index Plastic:</b> Progressive N—Plastic NA High Index Plastic 1.70 & Above NJ	CM
	<b>1.74 High Index Plastic Transitions Signature:</b> Progressive N—Plastic NA High Index Plastic 1.70 & Above NJ Photochromic PP	CM



	<p><b>1.74 High Index Plastic Transitions</b> <span style="float: right;">CM</span></p> <p><b>Signature w/ applicable AR:</b></p> <p>Progressive N—Plastic <span style="float: right;">NA</span>                  High Index Plastic 1.70 &amp; Above <span style="float: right;">NJ</span>                  Anti Reflective Coating D <span style="float: right;">QV</span>                  UV Protection - Backside <span style="float: right;">BV</span></p> <p>Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV</p>
	<p><b>1.74 High Index Plastic Photochromic Transitions Signature w/ applicable AR:</b> <span style="float: right;">CM</span></p> <p>Progressive N—Plastic <span style="float: right;">NA</span>                  High Index Plastic 1.70 &amp; Above <span style="float: right;">NJ</span>                  Photochromic <span style="float: right;">PP</span>                  Anti Reflective Coating D <span style="float: right;">QV</span>                  UV Protection - Backside <span style="float: right;">BV</span></p> <p>Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV</p>
	<p><b>Polycarbonate:</b> <span style="float: right;">CM</span></p> <p>Progressive N —Plastic <span style="float: right;">NA</span>                  Polycarbonate <span style="float: right;">ND</span></p>
	<p><b>Polycarbonate Polarized:</b> <span style="float: right;">CM</span></p> <p>Progressive N—Plastic <span style="float: right;">NA</span>                  Polycarbonate <span style="float: right;">ND</span>                  Polarized <span style="float: right;">NP</span></p>
	<p><b>Polycarbonate Transitions Signature / XTRActive:</b> <span style="float: right;">CM</span></p> <p>Progressive N —Plastic <span style="float: right;">NA</span>                  Polycarbonate <span style="float: right;">ND</span>                  Photochromic <span style="float: right;">PP</span></p>
	<p><b>Trivex:</b> <span style="float: right;">CM</span></p> <p>Progressive N—Plastic <span style="float: right;">NA</span>                  High Index Plastic 1.53-1.60/Trivex <span style="float: right;">NB</span></p>
	<p><b>Trivex Transitions Signature / XTRActive:</b> <span style="float: right;">CM</span></p> <p>Progressive N—Plastic <span style="float: right;">NA</span>                  High Index Plastic 1.53-1.60/Trivex <span style="float: right;">NB</span>                  Photochromic <span style="float: right;">PP</span></p>
<b>Varilux Physio DRx/Short (Essilor)</b>	<p><b>1.50 Plastic:</b></p> <p>Progressive F—Plastic <span style="float: right;">FA</span></p>
	<p><b>1.50 Plastic Transitions Signature / XTRActive:</b></p> <p>Progressive F—Plastic <span style="float: right;">FA</span>                  Photochromic <span style="float: right;">PP</span></p>
	<p><b>1.50 Plastic Polarized:</b></p> <p>Progressive F—Plastic <span style="float: right;">FA</span>                  Polarized <span style="float: right;">FP</span></p>

<b>1.50 Plastic Transitions Vantage:</b>	
Progressive F—Plastic	FA
Polarized	FP
Photochromic	PP
<b>1.60 High Index Plastic:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
<b>1.60 High Index Plastic Transitions Signature:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic	PP
<b>1.67 High Index Plastic:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic	PP
<b>1.67 High Index Plastic Polarized:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Polarized	FP
<b>1.74 High Index Plastic w/ applicable AR:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
Anti-Reflective Coating C	QT
<a href="#">Crizal Alize UV</a>	BV
<b>1.74 High Index Plastic Transitions Signature w/ applicable AR:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
Anti-Reflective Coating C	QT
Photochromic	PP
<a href="#">Crizal Alize UV</a>	BV
<b>1.74 High Index Plastic w/ applicable AR:</b>	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
Anti-Reflective Coating D	QV
UV Protection--Backside	BV
<a href="#">Crizal Avance UV</a> , <a href="#">Crizal Previncia</a> and <a href="#">Crizal Sapphire 360 UV</a>	

	<p><b>1.74 High Index Plastic w/ applicable AR:</b></p> <p>Progressive F—Plastic FA  High Index Plastic 1.70 &amp; Above FJ  Anti-Reflective Coating D QV  Photochromic PP  UV Protection--Backside BV</p> <p><a href="#">Crizal Avance UV</a>, <a href="#">Crizal Previncia</a> and <a href="#">Crizal Sapphire 360 UV</a></p>
	<p><b>Airwear:</b></p> <p>Progressive F—Plastic FA  Polycarbonate FD</p>
	<p><b>Airwear Transitions Signature / XTRActive:</b></p> <p>Progressive F—Plastic FA  Polycarbonate FD  Photochromic PP</p>
	<p><b>Airwear Polarized:</b></p> <p>Progressive F—Plastic FA  Polycarbonate FD  Polarized FP</p>
	<p><b>Airwear Transitions Vantage:</b></p> <p>Progressive F—Plastic FA  Polycarbonate FD  Polarized FP  Photochromic PP</p>
	<p><b>Trivex:</b></p> <p>Progressive F—Plastic FA  High Index Plastic 1.53-1.60/Trivex FB</p>
	<p><b>Trivex Transitions Signature / XTRActive:</b></p> <p>Progressive F—Plastic FA  High Index Plastic 1.53-1.60/Trivex FB  Photochromic PP</p>
<b>Varilux Physio Enhanced</b> (Essilor)	<p><b>1.50 Plastic:</b></p> <p>Progressive O—Plastic OA</p>
	<p><b>1.50 Plastic Transitions Signature:</b></p> <p>Progressive O—Plastic OA  Photochromic PP</p>
	<p><b>1.50 Plastic Polarized:</b></p> <p>Progressive O—Plastic OA  Polarized OP</p>
	<p><b>1.60 High Index Plastic:</b></p> <p>Progressive O—Plastic OA  High Index Plastic 1.53-1.60/Trivex OB</p>

	<p><b>1.60 High Index Plastic Transitions</b></p> <p><b>Signature:</b></p> <p>Progressive O—Plastic OA  High Index Plastic 1.53-1.60/Trivex OB  Photochromic PP</p>
	<p><b>1.67Thin &amp; Lite:</b></p> <p>Progressive O—Plastic OA  High Index Plastic 1.66/1.67 OH</p>
	<p><b>1.67 Thin &amp; Lite Transitions Signature:</b></p> <p>Progressive O—Plastic OA  High Index Plastic 1.66/1.67 OH  Photochromic PP</p>
	<p><b>1.74 High Index Plastic w/ applicable AR:</b></p> <p>Progressive O—Plastic OA  High Index Plastic 1.70 &amp; Above OJ  Anti-Reflective Coating C QT  <a href="#">Crizal Alize UV</a> BV</p>
	<p><b>1.74 High Index Plastic Photochromic Transitions Signature w/ applicable AR:</b></p> <p>Progressive O—Plastic OA  High Index Plastic 1.70 &amp; Above OJ  Anti-Reflective Coating C QT  Photochromic PP  <a href="#">Crizal Alize UV</a> BV</p>
	<p><b>1.74 High Index Plastic w/ applicable AR:</b></p> <p>Progressive O—Plastic OA  High Index Plastic 1.70 &amp; Above OJ  Anti-Reflective Coating D QV  UV Protection--Backside BV</p> <p><a href="#">Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV</a></p>
	<p><b>1.74 High Index Plastic Photochromic w/ applicable AR:</b></p> <p>Progressive O—Plastic OA  High Index Plastic 1.70 &amp; Above OJ  Anti-Reflective Coating D QV  Photochromic PP  UV Protection--Backside BV</p> <p><a href="#">Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV</a></p>
	<p><b>Airwear:</b></p> <p>Progressive O—Plastic OA  Polycarbonate OD</p>

	<b>Airwear Polarized:</b> Progressive O—Plastic OA Polycarbonate OD Polarized OP	
	<b>Airwear Transitions Signature / XTRActive:</b> Progressive O—Plastic OA Polycarbonate OD Photochromic PP	
	<b>Trivex:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	
	<b>Trivex Transitions Signature / XTRActive:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP	
<b>Varilux Physio Enhanced Azio (Essilor)</b>	Unavailable*	
<b>Varilux Physio Enhanced Fit (Essilor)</b>	<b>1.50 Plastic:</b> Progressive N—Plastic NA	CM
	<b>1.50 Plastic Transitions Signature:</b> Progressive N—Plastic NA Photochromic PP	CM
	<b>1.50 Plastic Polarized:</b> Progressive N—Plastic NA Polarized NP	CM
	<b>1.60 High Index Plastic:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	<b>1.60 High Index Plastic Transitions Signature:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic PP	CM
	<b>1.67 Thin &amp; Lite:</b> Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH	CM
	<b>1.67 Thin &amp; Lite Transitions Signature:</b> Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic PP	CM
	<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive N—Plastic NA High Index Plastic 1.70 & Above NJ Anti-Reflective Coating C QT Crizal Alize UV BV	

	<p><b>1.74 High Index Plastic Photochromic Transitions Signature w/ applicable AR:</b></p> <p>Progressive N—Plastic NA  High Index Plastic 1.70 &amp; Above NJ  Anti-Reflective Coating C QT  Photochromic PP  Crizal Alize UV BV</p>	
	<p><b>1.74 High Index Plastic w/ applicable AR:</b></p> <p>Progressive N—Plastic NA  High Index Plastic 1.70 &amp; Above NJ  Anti-Reflective Coating D QV  UV Protection--Backside BV</p> <p>Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV</p>	
	<p><b>1.74 High Index Plastic Photochromic w/ applicable AR:</b></p> <p>Progressive N—Plastic NA  High Index Plastic 1.70 &amp; Above NJ  Anti-Reflective Coating D QV  Photochromic PP  UV Protection--Backside BV</p> <p>Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV</p>	
	<p><b>Airwear:</b></p> <p>Progressive N—Plastic NA  Polycarbonate ND</p>	CM
	<p><b>Airwear Polarized:</b></p> <p>Progressive N—Plastic NA  Polycarbonate ND  Polarized NP</p>	CM
	<p><b>Airwear Transitions Signature / XTRActive:</b></p> <p>Progressive N—Plastic NA  Polycarbonate ND  Photochromic PP</p>	CM
	<p><b>Trivex:</b></p> <p>Progressive N—Plastic NA  High Index Plastic 1.53-1.60/Trivex NB</p>	CM
	<p><b>Trivex Transitions Signature / XTRActive:</b></p> <p>Progressive N—Plastic NA  High Index Plastic 1.53-1.60/Trivex NB  Photochromic PP</p>	CM
Varilux Physio Enhanced India (Essilor)	Unavailable*	

<b>Varilux Physio Short</b> (Essilor)	<b>1.50 Plastic:</b> Progressive F—Plastic	FA
	<b>1.50 Plastic Transitions Signature:</b> Progressive F—Plastic Photochromic	FA PP
	<b>1.60 High Index Plastic:</b> Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	<b>1.60 High Index Plastic Transitions:</b> Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	FA FB PP
	<b>1.67 Thin &amp; Lite:</b> Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	<b>1.67 Thin &amp; Lite Transitions Signature:</b> Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic	FA FH PP
	<b>Airwear:</b> Progressive F—Plastic Polycarbonate	FA FD
	<b>Airwear Transitions Signature:</b> Progressive F—Plastic Polycarbonate Photochromic	FA FD PP
	<b>Trivex:</b> Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	<b>Varilux Physio 360</b> (Essilor)	<b>1.50 Plastic:</b> Progressive O—Plastic
<b>1.50 Plastic Polarized:</b> Progressive O—Plastic Polarized		OA OP
<b>1.60 High Index Plastic:</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex		OA OB
<b>1.67 High Index Plastic:</b> Progressive O—Plastic High Index Plastic 1.66/1.67		OA OH
<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive O—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating C Crizal Alize UV		OA OJ QT BV

	<p><b>1.74 High Index Plastic w/ applicable AR:</b>  Progressive O—Plastic OA  High Index Plastic 1.70 &amp; Above OJ  Anti-Reflective Coating D QV  UV Protection--Backside BV</p> <p><a href="#">Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV</a></p>
	<p><b>Polycarbonate:</b>  Progressive O—Plastic OA  Polycarbonate OD</p>
	<p><b>Polycarbonate Polarized:</b>  Progressive O—Plastic OA  Polycarbonate OD  Polarized OP</p>
<b>Varilux Physio Short 360</b> (Essilor)	<p><b>1.67 High Index Plastic:</b>  Progressive O—Plastic OA  High Index Plastic 1.66/1.67 OH</p>
	<p><b>Polycarbonate:</b>  Progressive O—Plastic OA  Polycarbonate OD</p>
<b>Varilux S 4D</b> (Essilor)	Unavailable*
<b>Varilux S DesignTechnology</b> (Essilor)	<p><b>1.50 Plastic:</b>  Progressive O—Plastic OA</p>
	<p><b>1.50 Plastic Polarized:</b>  Progressive O—Plastic OA  Polarized OP</p>
	<p><b>1.50 Plastic Transitions Signature / XTRActive:</b>  Progressive O—Plastic OA  Photochromic PP</p> <p><a href="#">Crizal Alize UV</a> or <a href="#">Crizal Avance UV</a></p>
	<p><b>1.67 High Index Plastic:</b>  Progressive O—Plastic OA  High Index Plastic 1.66/1.67 OH</p>
	<p><b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>  Progressive O—Plastic OA  High Index Plastic 1.66/1.67 OH  Photochromic PP</p>
	<p><b>1.74 High Index Plastic w/ applicable AR:</b>  Progressive O—Plastic OA  High Index Plastic 1.70 &amp; Above OJ  Anti-Reflective Coating C QT  <a href="#">Crizal Alize UV</a> BV</p>



	<b>1.74 High Index Plastic Photochromic Transitions Signature w/ applicable AR:</b> Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Anti-Reflective Coating C QT Photochromic PP Crizal Alize UV BV	
	<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Anti-Reflective Coating D QV UV Protection--Backside BV  Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV	
	<b>1.74 High Index Plastic Photochromic w/ applicable AR:</b> Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Anti-Reflective Coating D QV Photochromic PP UV Protection--Backside BV  Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV	
	<b>Airwear:</b> Progressive O—Plastic OA Polycarbonate OD	
	<b>Airwear Polarized:</b> Progressive O—Plastic OA Polycarbonate OD Polarized OP	
	<b>Airwear Transitions Signature / XTRActive:</b> Progressive O—Plastic OA Polycarbonate OD Photochromic PP	
	<b>Trivex:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	
	<b>Trivex Transitions Signature:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP	
<b>Varilux S Fit Technology</b> (Essilor)	<b>1.50 Plastic:</b> Progressive N —Plastic NA	CM

	<b>1.50 Plastic Polarized:</b> Progressive N—Plastic Polarized	NA NP	CM
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive N —Plastic Photochromic  <a href="#">Crizal Alize UV</a> or <a href="#">Crizal Avance UV</a>	NA PP	CM
	<b>1.67 High Index Plastic:</b> Progressive N —Plastic High Index Plastic 1.66/1.67	NA NH	CM
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b> Progressive N —Plastic High Index Plastic 1.66/1.67 Photochromic	NA NH PP	CM
	<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive N—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating C <a href="#">Crizal Alize UV</a>	NA NJ QT BV	CM
	<b>1.74 High Index Plastic Photochromic Transitions Signature w/ applicable AR:</b> Progressive N—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating C Photochromic <a href="#">Crizal Alize UV</a>	NA NJ QT PP BV	CM
	<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive N—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating D UV Protection--Backside  <a href="#">Crizal Avance UV</a> , <a href="#">Crizal Previncia</a> and <a href="#">Crizal Sapphire 360 UV</a>	NA NJ QV BV	CM
	<b>1.74 High Index Plastic Photochromic w/ applicable AR:</b> Progressive N—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating D Photochromic UV Protection--Backside  <a href="#">Crizal Avance UV</a> , <a href="#">Crizal Previncia</a> and <a href="#">Crizal Sapphire 360 UV</a>	NA NJ QV PP BV	CM

	<b>Polycarbonate:</b> Progressive N—Plastic NA Polycarbonate ND 	CM
	<b>Polycarbonate Polarized:</b> Progressive N—Plastic NA Polycarbonate ND Polarized NP 	CM
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive N—Plastic NA Polycarbonate ND Photochromic PP 	CM
	<b>Trivex:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB 	CM
	<b>Trivex Transitions Signature:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic PP 	CM
<b>Varilux X Design Technology (Essilor)</b>	<b>1.50 Plastic:</b> Progressive O—Plastic OA 	CM
	<b>1.50 Plastic Polarized:</b> Progressive O—Plastic OA Polarized OP 	CM
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive O—Plastic OA Photochromic PP  <a href="#">Crizal Alize UV</a> or <a href="#">Crizal Avance UV</a> 	CM
	<b>Polycarbonate</b> Progressive O—Plastic OA Polycarbonate OD 	CM
	<b>Polycarbonate Polarized:</b> Progressive O—Plastic OA Polycarbonate OD Polarized OP 	CM
	<b>Polycarbonate Transitions Signature /XTRActive:</b> Progressive O—Plastic OA Polycarbonate OD Photochromic PP 	CM
	<b>Trivex</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB 	CM

	<b>Trivex Transitions Signature</b> Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic	OA OB PP	CM
	<b>1.67 High Index Plastic</b> Progressive O—Plastic High Index Plastic 1.66/1.67	OA OH	CM
	<b>1.67 High Index Plastic Transition Signature</b> Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic	OA OH PP	CM
	<b>1.74 High Index Plastic</b> Progressive O—Plastic High Index Plastic 1.70 & above	OA OJ	CM
	<b>1.74 High Index Plastic w/ applicable AR:</b> Progressive O --Plastic High Index Plastic 1.70 & Above Anti Reflective Coating D UV Protection - Backside  Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV	OA OJ QV BV	CM
	<b>1.74 High Index Plastic Photochromic w/ applicable AR:</b> Progressive O --Plastic High Index Plastic 1.70 & Above Photochromic – Plastic B Anti Reflective Coating D UV Protection - Backside  Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV	OA OJ PP QV BV	CM
<b>Varilux X Fit Technology (Essilor)</b>	<b>1.50 Plastic</b> Progressive N—Plastic	NA	<b>CM</b>
	<b>1.50 Plastic Polarized</b> Progressive N—Plastic Polarized	NA NP	CM
	<b>1.50 Plastic Transitions Signature/XTRActive</b> Progressive N—Plastic Photochromic	NA PP	CM
	<b>Polycarbonate</b> Progressive N—Plastic Polycarbonate	NA ND	CM

	<b>Polycarbonate Polarized</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Polarized	NP	
	<b>Polycarbonate Transitions Signature</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Photochromic	PP	
	<b>Trivex</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	<b>Trivex Transitions Signature</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	Photochromic	PP	
	<b>1.67 High Index</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	<b>1.67 High Index Plastic Transitions Signature/XTRActive</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	Photochromic	PP	
	<b>1.74 High Index Plastic</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.70 & above	NJ	
	<b>1.74 High Index Plastic Transitions Signature w/ applicable AR:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.70 & Above	NJ	
	Anti Reflective Coating D	QV	
	UV Protection - Backside	BV	
	Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV		
	<b>1.74 High Index Plastic Photochromic Transitions Signature w/ applicable AR:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.70 & Above	NJ	
	Photochromic	PP	
	Anti Reflective Coating D	QV	
	UV Protection - Backside	BV	
	Crizal Avance UV, Crizal Previncia and Crizal Sapphire 360 UV		

	<b>Polycarbonate Transitions Signature</b> Progressive N—Plastic Polycarbonate Photochromic	NA ND PP	CM
<b>VDT</b>	See <a href="#">CRT (VDT) Coating</a>		
<b>VIP (Carl Zeiss Vision)</b>	<b>1.50 Plastic:</b> Progressive K—Plastic	KA	
	<b>1.50 Plastic PhotoFusion:</b> Progressive K—Plastic Photochromic	KA PP	
	<b>1.50 Plastic Transitions Signature:</b> Progressive K—Plastic Photochromic	KA PP	
	<b>Polycarbonate:</b> Progressive K—Plastic Polycarbonate	KA KD	
	<b>Polycarbonate PhotoFusion:</b> Progressive K—Plastic Polycarbonate Photochromic	KA KD PP	
	<b>Polycarbonate Transitions Signature:</b> Progressive K—Plastic Polycarbonate Photochromic	KA KD PP	
	<b>Clear Glass:</b> Progressive K—Glass/High Index Glass	KE	
	<b>Photochromic Glass:</b> Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM	
<b>Vision Ease Photochromic (Vision Ease)</b>	Photochromic Note: Vision Ease Photochromic is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens enhancement code(s).	PP	
<b>Vivid AR (Vision-Ease Lens)</b>	Anti-Reflective Coating C	QT	LC
<b>Vivix Coating (I-Coat)</b>	Anti-Reflective Coating B	QN	LC
<b>Vivix I C No Fog (I-Coat)</b>	Unavailable*		
<b>Vivix Stainless LUV Coating (I-Coat)</b>	Anti-Reflective Coating C UV Protection - Backside	QT BV	
<b>ViZio (SOLA)</b>	<b>1.67 High Index Plastic Aspheric with UTMC:</b> High Index Plastic 1.66/1.67 Anti-Reflective Coating B	AH QN	LC

w		
<b>Wrap Solutions</b> (KB Co)	Single Vision: Unavailable* Progressive: See <a href="#">EOS Wrap</a> .	
<b>WrapTech</b> (Seiko)	Unavailable*	
x		
<b>X-Cel 8 x 35</b> (X-Cel)	<b>1.54 Mid Index Plastic Transitions Signature:</b> High Index Plastic 1.53-1.60/Trivex Photochromic	AB PP LC
<b>Xperio SV Lenses</b>	<b>1.50 SV Plastic Spherical:</b> Polarized—Plastic A	DA LC
	<b>1.60 SV High Index Plastic Spherical:</b> Polarized—Plastic A High Index Plastic 1.53-1.60/Trivex	DA DB LC
	<b>1.60 SV High Index Plastic:</b> Polarized—Plastic A High Index Plastic 1.66/1.67	DA DH LC
	<b>1.67 SV High Index Plastic Aspheric:</b> Digital Aspheric Lenses—Plastic Polarized—Plastic A High Index Plastic 1.66/1.67	BA DA DH LC
	<b>Polycarbonate SV Aspheric:</b> Digital Aspheric Lenses—Polycarbonate Polarized	BD DA LC
	<b>Polycarbonate SV Spherical/Aspheric:</b> Polarized—Plastic A Polycarbonate	DA DD LC
	<b>Xperio UV</b> (Essilor)	Anti-Reflective Coating C
y		
<b>Younger DriveWear</b> (Younger)	<b>Single Vision/FT28 DriveWear:</b> Polarized—Plastic A Photochromic	DA PP
	<b>Polycarbonate SV DriveWear:</b> Polarized—Plastic A Polycarbonate Photochromic	DA DD PP
<b>Younger SV/BF/TF Lenses</b> (Younger)	<b>Spherical SV/FT28/28 Plastic 1.50 Transitions XTRActive:</b> Photochromic	PP LC
	<b>1.56 SV Spherical Transitions Signature:</b> High Index Plastic 1.53-1.60/Trivex Photochromic	AB PP LC
	<b>1.67 SV MR10 Spherical Transitions XTRActive:</b> High Index Plastic 1.66/1.67 Photochromic	AH PP LC

	<b>Polycarbonate FT28 Transitions</b>		LC
	<b>Signature:</b> Polycarbonate Photochromic	AD PP	
<b>Your Eyes</b> (Katz and Klein)	Anti-Reflective Coating B	QN	LC
<b>z</b>			
<b>ZEISS 3D SV</b> (Carl Zeiss Vision)	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic	BA	LC
	<b>Digital 1.50 Plastic Photochromic</b> Digital Aspheric Lenses—Plastic Photochromic	BA PP	LC
	<b>Digital 1.50 Plastic Polarized:</b> Digital Aspheric Lenses—Plastic Polarized	BA DA	LC
	<b>Digital 1.50 Plastic Transitions Signature:</b> Digital Aspheric Lenses—Plastic Photochromic	BA PP	LC
	<b>Digital 1.60 High Index Plastic:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB	LC
	<b>Digital 1.60 High Index Plastic Photochromic:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67 Photochromic	BA BH PP	LC
	<b>Digital 1.60 High Index Plastic Transitions Signature:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67 Photochromic	BA BH PP	LC
	<b>Digital 1.67 High Index Plastic:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67	BA BH	LC
	<b>Digital 1.74 High Index Plastic w/ PureCoat AR:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating D	BA BJ QV	LC
	<b>Digital Polycarbonate:</b> Digital Aspheric Lenses—Polycarbonate	BD	LC
	<b>Digital Polycarbonate Photochromic:</b> Digital Aspheric Lenses—Polycarbonate Photochromic	BD PP	LC
	<b>Digital Polycarbonate Polarized:</b> Digital Aspheric Lenses—Polycarbonate Polarized	BD DA	LC



	<b>Digital Polycarbonate Transitions</b> <b>Signature:</b> Digital Aspheric Lenses—Polycarbonate      BD Photochromic      PP	LC
	<b>Digital Trivex:</b> Digital Aspheric Lenses—Plastic      BA High Index Plastic 1.53-1.60/Trivex      BB	LC
	<b>Digital Trivex Transitions Signature:</b> Digital Aspheric Lenses—Plastic      BA High Index Plastic 1.53-1.60/Trivex      BB Photochromic      PP	LC
	<b>Digital Trivex Photochromic:</b> Digital Aspheric Lenses—Plastic      BA High Index Plastic 1.53-1.60/Trivex      BB Photochromic      PP	LC
	<b>Digital Trivex Polarized:</b> Digital Aspheric Lenses—Plastic      BA Polarized—Plastic A      DA High Index Plastic 1.53-1.60/Trivex      DB	LC
	<b>Digital Trivex Polarized Photochromic:</b> Digital Aspheric Lenses—Plastic      BA Polarized—Plastic A      DA High Index Plastic 1.53-1.60/Trivex      DB Photochromic      PP	LC
ZEISS Choice 13, 15, 17, 19 (Carl Zeiss Vision)	<b>1.50 Plastic:</b> Progressive F—Plastic      FA	
	<b>1.50 Plastic PhotoFusion:</b> Progressive F—Plastic      FA Photochromic      PP	
	<b>1.50 Plastic Polarized:</b> Progressive F—Plastic      FA Polarized      FP	
	<b>1.50 Plastic Transitions Signature / XTRActive:</b> Progressive F—Plastic      FA Photochromic      PP	
	<b>1.60 High Index Plastic:</b> Progressive F—Plastic      FA High Index Plastic 1.53-1.60/Trivex      FB	
	<b>1.67 High Index Plastic:</b> Progressive F—Plastic      FA High Index Plastic 1.66/1.67      FH	
	<b>1.67 High Index Plastic PhotoFusion:</b> Progressive F—Plastic      FA High Index Plastic 1.66/1.67      FH Photochromic      PP	

	<b>1.67 High Index Plastic Polarized:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	Polarized	FP
	<b>1.67 High Index Plastic Transitions Signature:</b>	
	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	Photochromic	PP
	<b>Polycarbonate:</b>	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	<b>Polycarbonate PhotoFusion:</b>	
	Progressive F—Plastic	FA
Polycarbonate	FD	
Photochromic	PP	
<b>Polycarbonate Polarized:</b>		
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polarized	FP	
<b>Polycarbonate Transitions Signature:</b>		
Progressive F—Plastic	FA	
Polycarbonate	FD	
Photochromic	PP	
<b>Trivex:</b>		
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
<b>Trivex Transitions Signature:</b>		
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Photochromic	PP	
<b>Trivex Polarized:</b>		
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Polarized	FP	
<b>Trivex Polarized Photochromic:</b>		
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Polarized	FP	
Photochromic	PP	
<b>ZEISS Choice Plus Sport</b> (Carl Zeiss Vision)	<b>1.50 Plastic:</b>	
	Progressive O—Plastic	OA
	<b>1.50 Plastic PhotoFusion:</b>	
Progressive O—Plastic	OA	
Photochromic	PP	
<b>1.50 Plastic Polarized:</b>		
Progressive O—Plastic	OA	
Polarized	OP	

	<b>1.50 Plastic Transitions Signature:</b>	Progressive O—Plastic	OA
		Photochromic	PP
	<b>Polycarbonate:</b>	Progressive O—Plastic	OA
		Polycarbonate	OD
	<b>Polycarbonate PhotoFusion:</b>	Progressive O—Plastic	OA
		Polycarbonate	OD
		Photochromic	PP
	<b>Polycarbonate Polarized:</b>	Progressive O—Plastic	OA
		Polycarbonate	OD
		Polarized	OP
	<b>Polycarbonate Transitions Signature:</b>	Progressive O—Plastic	OA
		Polycarbonate	OD
		Photochromic	PP
	<b>Trivex:</b>	Progressive O—Plastic	OA
		High Index Plastic 1.53-1.60/Trivex	OB
	<b>Trivex Polarized:</b>	Progressive O—Plastic	OA
		High Index Plastic 1.53-1.60/Trivex	OB
		Polarized	OP
	<b>Trivex Transitions Signature:</b>	Progressive O—Plastic	OA
		High Index Plastic 1.53-1.60/Trivex	OB
	Photochromic	PP	
<b>ZEISS Choice Plus Wrap / Short</b> (Carl Zeiss Vision)	<b>1.50 Plastic:</b>	Progressive O—Plastic	OA
	<b>1.50 Plastic PhotoFusion:</b>	Progressive O—Plastic	OA
		Photochromic	PP
	<b>1.50 Plastic Polarized:</b>	Progressive O—Plastic	OA
		Polarized	OP
	<b>1.50 Plastic Transitions Signature:</b>	Progressive O—Plastic	OA
	Photochromic	PP	
	<b>Polycarbonate:</b>	Progressive O—Plastic	OA
	Polycarbonate	OD	
	<b>Polycarbonate PhotoFusion:</b>	Progressive O—Plastic	OA
	Polycarbonate	OD	
	Photochromic	PP	

	<b>Polycarbonate Polarized:</b>	
	Progressive O—Plastic	OA
	Polycarbonate	OD
	Polarized	OP
	<b>Polycarbonate Transitions Signature:</b>	
	Progressive O—Plastic	OA
Polycarbonate	OD	
Photochromic	PP	
<b>Trivex:</b>		
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
<b>Trivex Polarized:</b>		
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Polarized	OP	
<b>Trivex Transitions Signature:</b>		
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Photochromic	PP	
<b>ZEISS Digital 500, 750, 1000, 1250</b> (Carl Zeiss Vision)	<b>Digital 1.50 Plastic:</b>	
	Digital Aspheric Lenses—Plastic	BA
	Technical Add-On A	TA
	<b>Digital 1.50 Plastic Photochromic</b>	
	Digital Aspheric Lenses—Plastic	BA
	Photochromic	PP
	Technical Add-On A	TA
	<b>Digital 1.50 Plastic Polarized:</b>	
Digital Aspheric Lenses—Plastic	BA	
Polarized	DA	
Technical Add-On A	TA	
<b>Digital 1.50 Plastic PhotoFusion:</b>		
Digital Aspheric Lenses--Plastic	BA	
Photochromic	PP	
Technical Add-On A	TA	
<b>Digital 1.50 Plastic Transitions Signature:</b>		
Digital Aspheric Lenses—Plastic	BA	
Photochromic	PP	
Technical Add-On A	TA	
<b>Digital 1.50 Plastic Transitions Vantage:</b>		
Digital Aspheric Lenses—Plastic	BA	
Polarized	DA	
Photochromic	PP	
Technical Add-On A	TA	
<b>Digital 1.56 Mid Index Plastic:</b>		
Aspheric Lenses—Plastic	BA	
High Index Plastic 1.53-1.60/Trivex	BB	
Technical Add-On A	TA	

	<b>Digital 1.67 Plastic High Index:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67 <b>Technical Add-On A</b>	BA BH TA
	<b>Digital 1.67 High Index Plastic Photochromic:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67 Photochromic <b>Technical Add-On A</b>	BA BH PP TA
	<b>Digital 1.67 High Index Plastic Polarized:</b> Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.66/1.67 <b>Technical Add-On A</b>	BA DA DH TA
	<b>Digital 1.67 High Index Plastic PhotoFusion:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67 Photochromic <b>Technical Add-On A</b>	BA BH PP TA
	<b>Digital 1.67 High Index Plastic Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67 Photochromic <b>Technical Add-On A</b>	BA BH PP TA
	<b>Digital 1.74 High Index Plastic w/ DuraVision BlueProtect UV, Platinum UV AR:</b> Digital Aspheric Lenses—Plastic High Index Plastic 1.70 & above Anti-Reflective Coating D <b>Technical Add-On A</b>	BA BJ QV TA
	<b>Digital Polycarbonate:</b> Digital Aspheric Lenses—Polycarbonate <b>Technical Add-On A</b>	BD TA
	<b>Digital Polycarbonate Photochromic:</b> Digital Aspheric Lenses—Polycarbonate Photochromic <b>Technical Add-On A</b>	BD PP TA
	<b>Digital Polycarbonate Polarized:</b> Digital Aspheric Lenses—Polycarbonate Polarized <b>Technical Add-On A</b>	BD DA TA

	<b>Digital Polycarbonate PhotoFusion:</b> Digital Aspheric Lenses--Polycarbonate      BD Photochromic      PP <b>Technical Add-On A</b> TA
	<b>Digital Polycarbonate Transitions Signature / XTRActive:</b> Digital Aspheric Lenses—Polycarbonate      BD Photochromic      PP <b>Technical Add-On A</b> TA
	<b>Digital Polycarbonate Transitions Vantage:</b> Digital Aspheric Lenses—Polycarbonate      BD Polarized      DA Photochromic      PP <b>Technical Add-On A</b> TA
	<b>Digital Trivex:</b> Digital Aspheric Lenses—Plastic      BA High Index Plastic 1.53-1.60/Trivex      BB <b>Technical Add-On A</b> TA
	<b>Digital Trivex Polarized:</b> Digital Aspheric Lenses—Plastic      BA Polarized—Plastic A      DA High Index Plastic 1.56      DB <b>Technical Add-On A</b> TA
	<b>Digital Trivex Transitions Signature:</b> Digital Aspheric Lenses—Plastic      BA High Index Plastic 1.53-1.60/Trivex      BB Photochromic      PP <b>Technical Add-On A</b> TA
	<b>Digital Trivex Polarized Photochromic:</b> Digital Aspheric Lenses—Plastic      BA Polarized      DA High Index Plastic 1.53-1.60/Trivex      DB Photochromic      PP <b>Technical Add-On A</b> TA
ZEISS Digital Sport 500, 750, 1000, 1250 (Carl Zeiss Vision)	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic      BA <b>Technical Add-On A</b> TA
	<b>Digital 1.50 Plastic Polarized:</b> Digital Aspheric Lenses—Plastic      BA Polarized      DA <b>Technical Add-On A</b> TA
	<b>Digital 1.50 Plastic PhotoFusion:</b> Digital Aspheric Lenses--Plastic      BA Photochromic      PP <b>Technical Add-On A</b> TA

	<b>Digital 1.50 Plastic Transitions Signature:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP <b>Technical Add-On A TA</b>	
	<b>Digital Polycarbonate:</b> Digital Aspheric Lenses—Polycarbonate BD <b>Technical Add-On A TA</b>	
	<b>Digital Polycarbonate Polarized:</b> Digital Aspheric Lenses—Polycarbonate BD Polarized DA <b>Technical Add-On A TA</b>	
	<b>Digital Polycarbonate PhotoFusion:</b> Digital Aspheric Lenses--Polycarbonate BD Photochromic PP <b>Technical Add-On A TA</b>	
	<b>Digital Polycarbonate Transitions Signature:</b> Digital Aspheric Lenses—Polycarbonate BD Photochromic PP <b>Technical Add-On A TA</b>	
	<b>Digital Trivex:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB <b>Technical Add-On A TA</b>	
	<b>Digital Trivex Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.56 DB <b>Technical Add-On A TA</b>	
	<b>Digital Trivex Transitions Signature:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic PP <b>Technical Add-On A TA</b>	
	<b>Digital Trivex Polarized Photochromic:</b> Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Photochromic PP <b>Technical Add-On A TA</b>	
<b>ZEISS DriveSafe Individual PAL (Carl Zeiss Vision)</b>	<b>1.50 Plastic w/ DuraVision DriveSafe:</b> Progressive N—Plastic NA Anti-Reflective Coating D QV	<b>CM</b>

	<b>1.50 Plastic PhotoFusion w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>1.50 Plastic Polarized w/ DuraVision Sun UV:</b>		CM
	Progressive N—Plastic	NA	
	Polarized	NP	
	Anti-Reflective Coating D	QV	
	<b>1.50 Plastic Transitions Signature w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>1.60 High Index Plastic w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	Anti-Reflective Coating D	QV	
	<b>1.60 High Index Plastic PhotoFusion w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>1.60 High Index Plastic Transitions Signature w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>1.67 High Index Plastic w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	Anti-Reflective Coating D	QV	
	<b>1.67 High Index Plastic PhotoFusion w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>1.67 High Index Plastic Polarized w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	Polarized	NP	
	Anti-Reflective Coating D	QV	



	<b>1.67 High Index Plastic Transitions Signature w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>1.74 High Index Plastic w/DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.70 & above	NJ	
	Anti-Reflective Coating D	QV	
	<b>Polycarbonate w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Anti-Reflective Coating D	QV	
	<b>Polycarbonate PhotoFusion w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>Polycarbonate Polarized w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Polarized	NP	
	Anti-Reflective Coating D	QV	
	<b>Polycarbonate Transitions Signature w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>Trivex w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	Anti-Reflective Coating D	QV	
	<b>Trivex Transitions Signature w/ DuraVision DriveSafe:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>Trivex Polarized w/ DuraVision Sun UV:</b>		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	Polarized	NP	
	Anti-Reflective Coating D	QV	

	<b>Trivex Photochromic Polarized w/ DuraVision Sun UV:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP Photochromic PP Anti-Reflective Coating D QV	CM
ZEISS DriveSafe PAL (Carl Zeiss Vision)	<b>1.50 Plastic w/ DuraVision DriveSafe:</b> Progressive O—Plastic OA Anti-Reflective Coating D QV	CM
	<b>1.50 Plastic PhotoFusion w/ DuraVision DriveSafe:</b> Progressive O—Plastic OA Photochromic PP Anti-Reflective Coating D QV	CM
	<b>1.50 Plastic Polarized w/ DuraVision Sun UV:</b> Progressive O—Plastic OA Polarized OP Anti-Reflective Coating D QV	CM
	<b>1.50 Plastic Transitions Signature w/ DuraVision DriveSafe:</b> Progressive O—Plastic OA Photochromic PP Anti-Reflective Coating D QV	CM
	<b>1.60 High Index Plastic w/ DuraVision DriveSafe:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Anti-Reflective Coating D QV	CM
	<b>1.60 High Index Plastic PhotoFusion w/ DuraVision DriveSafe:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP Anti-Reflective Coating D QV	CM
	<b>1.60 High Index Plastic Transitions Signature w/ DuraVision DriveSafe:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP Anti-Reflective Coating D QV	CM
	<b>1.67 High Index Plastic w/ DuraVision DriveSafe:</b> Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Anti-Reflective Coating D QV	CM

	<b>1.67 High Index Plastic PhotoFusion w/ DuraVision DriveSafe:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>1.67 High Index Plastic Polarized w/ DuraVision DriveSafe:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Polarized	OP	
	Anti-Reflective Coating D	QV	
	<b>1.67 High Index Plastic Transitions Signature w/ DuraVision DriveSafe:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>1.74 High Index Plastic w/DuraVision DriveSafe:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.70 & above	OJ	
	Anti-Reflective Coating D	QV	
	<b>Polycarbonate w/ DuraVision DriveSafe:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Anti-Reflective Coating D	QV	
	<b>Polycarbonate PhotoFusion w/ DuraVision DriveSafe:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>Polycarbonate Polarized w/ DuraVision DriveSafe:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	Anti-Reflective Coating D	QV	
	<b>Polycarbonate Transitions Signature w/ DuraVision DriveSafe:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>Trivex w/ DuraVision DriveSafe:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Anti-Reflective Coating D	QV	

	<b>Trivex Transitions Signature w/ DuraVision DriveSafe:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic PP Anti-Reflective Coating D QV	CM
	<b>Trivex Polarized w/ DuraVision Sun UV:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Anti-Reflective Coating D QV	CM
	<b>Trivex Photochromic Polarized w/ DuraVision Sun UV:</b> Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic PP Anti-Reflective Coating D QV	CM
ZEISS DriveSafe Individual SV (Carl Zeiss Vision)	<b>Digital 1.50 Plastic w/ DuraVision DriveSafe:</b> Digital Aspheric Lenses—Plastic BA Anti-Reflective Coating D QV	CM
	<b>Digital 1.50 Plastic PhotoFusion w/ DuraVision DriveSafe:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP Anti-Reflective Coating D QV	CM
	<b>Digital 1.50 Plastic Polarized w/ Duravision Sun UV:</b> Digital Aspheric Lenses—Plastic BA Polarized DA Anti-Reflective Coating D QV	CM
	<b>Digital 1.50 Plastic Transitions Signature w/ DuraVision DriveSafe:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP Anti-Reflective Coating D QV	CM
	<b>Digital 1.56 Mid Index Plastic w/ DuraVision DriveSafe:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Anti-Reflective Coating D QV	CM
	<b>Digital 1.60 Plastic PhotoFusion w/ DuraVision DriveSafe:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic PP Anti-Reflective Coating D QV	CM

	<b>Digital 1.60 Plastic Transitions Signature w/ DuraVision DriveSafe:</b>		<b>CM</b>
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.53-1.60/Trivex	BB	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>Digital 1.67 Plastic w/ DuraVision DriveSafe:</b>		<b>CM</b>
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.66/1.67	BH	
	Anti-Reflective Coating D	QV	
	<b>Digital 1.67 Plastic PhotoFusion w/ DuraVision DriveSafe:</b>		<b>CM</b>
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.66/1.67	BH	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>Digital 1.67 High Index Plastic Transitions Signature w/ DuraVision DriveSafe:</b>		<b>CM</b>
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.66/1.67	BH	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>Digital 1.74 Plastic w/ DuraVision DriveSafe:</b>		<b>CM</b>
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.70 & above	BJ	
	Anti-Reflective Coating D	QV	
	<b>Digital Polycarbonate w/ DuraVision DriveSafe:</b>		<b>CM</b>
	Digital Aspheric Lenses—Polycarbonate	BD	
	Anti-Reflective Coating D	QV	
	<b>Digital Polycarbonate Photochromic w/ DuraVision DriveSafe:</b>		<b>CM</b>
	Digital Aspheric Lenses—Polycarbonate	BD	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	<b>Digital Polycarbonate Polarized w/ Duravision Sun UV:</b>		<b>CM</b>
	Digital Aspheric Lenses—Polycarbonate	BD	
	Polarized	DA	
	Anti-Reflective Coating D	QV	
	<b>Digital Polycarbonate Transitions Signature w/ DuraVision DriveSafe:</b>		<b>CM</b>
	Digital Aspheric Lenses—Polycarbonate	BD	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	

	<b>Digital Trivex w/ DuraVision DriveSafe:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Anti-Reflective Coating D QV	CM
	<b>Digital Trivex Polarized w/ DuraVision DriveSafe:</b> Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB Anti-Reflective Coating D QV	CM
<b>ZEISS EnergizeMe w/ Duravision BlueProtect UV +0.65D, +0.40D</b> (Carl Zeiss Vision) *DuraVision Sun UV used on <b>Polarized instances</b>	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic BA Anti-Reflective Coating D QV <b>Technical Add-On A TA</b>	LC
	<b>Digital 1.50 Plastic:</b> Digital Aspheric Lenses—Plastic BA Anti-Reflective Coating D QV <b>Technical Add-On A TA</b>	LC
	<b>Digital 1.50 Plastic Transitions Signature:</b> Digital Aspheric Lenses—Plastic BA Photochromic PP Anti-Reflective Coating D QV <b>Technical Add-On A TA</b>	LC
	<b>Digital 1.60 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Anti-Reflective Coating D QV <b>Technical Add-On A TA</b>	LC
	<b>Digital 1.60 High Index PhotoFusion:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic –Plastic B PP Anti-Reflective Coating D QV <b>Technical Add-On A TA</b>	LC
	<b>Digital 1.60 High Index Plastic Transitions Signature:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic PP Anti-Reflective Coating D QV <b>Technical Add-On A TA</b>	LC
	<b>Digital 1.67 High Index Plastic:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Anti-Reflective Coating D QV <b>Technical Add-On A TA</b>	LC

	<b>Digital 1.67 High Index PhotoFusion:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.66/1.67	BH	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	Technical Add-On A	TA	
	<b>Digital 1.67 High Index Plastic Transitions Signature:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.66/1.67	BH	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	Technical Add-On A	TA	
	<b>Digital 1.67 High Index Plastic Polarized:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	Polarized—Plastic A	DA	
	High Index Plastic 1.66/1.67	DH	
	Anti-Reflective Coating D	QV	
	Technical Add-On A	TA	
	<b>Digital 1.74 High Index Plastic:</b>		LC
	Digital Aspheric Lenses—Plastic	BA	
	High Index Plastic 1.66/1.67	BJ	
	Anti-Reflective Coating D	QV	
	Technical Add-On A	TA	
	<b>Digital Polycarbonate:</b>		LC
	Digital Aspheric Lenses—Polycarbonate	BD	
	Anti-Reflective Coating D	QV	
	Technical Add-On A	TA	
	<b>Digital Polycarbonate PhotoFusion:</b>		LC
	Digital Aspheric Lenses—Polycarbonate	BD	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	Technical Add-On A	TA	
	<b>Digital Polycarbonate Transitions Signature:</b>		LC
	Digital Aspheric Lenses—Polycarbonate	BD	
	Photochromic	PP	
	Anti-Reflective Coating D	QV	
	Technical Add-On A	TA	
	<b>Digital Polycarbonate Polarized:</b>		LC
	Digital Aspheric Lenses—Polycarbonate	BD	
	Polarized	DA	
	Anti-Reflective Coating D	QV	
	Technical Add-On A	TA	

	<b>Digital Trivex:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Anti-Reflective Coating D QV <b>Technical Add-On A TA</b>	LC
	<b>Digital Trivex Transitions Signature:</b> Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic PP Anti-Reflective Coating D QV <b>Technical Add-On A TA</b>	LC
	<b>Digital Trivex Polarized:</b> Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB Anti-Reflective Coating D QV <b>Technical Add-On A TA</b>	LC
<b>ZEISS Individual 2/2I/2N</b> (Carl Zeiss Vision)	<b>1.50 Plastic:</b> Progressive N—Plastic NA	CM
	<b>1.50 Plastic PhotoFusion:</b> Progressive N—Plastic NA Photochromic PP	CM
	<b>1.50 Plastic Polarized:</b> Progressive N—Plastic NA Polarized NP	CM
	<b>1.50 Plastic Transitions Signature:</b> Progressive N—Plastic NA Photochromic PP	CM
	<b>1.60 Plastic High Index:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	<b>1.67 Plastic High Index:</b> Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH	CM
	<b>1.67 Plastic High Index PhotoFusion:</b> Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic PP	CM
	<b>1.67 High Index Plastic Polarized:</b> Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Polarized NP	CM
	<b>1.67 Plastic High Index Transitions Signature / XTRActive:</b> Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic PP	CM



	<b>1.74 Plastic High Index w/ DuraVision BlueProtect UV AR:</b> Progressive N—Plastic NA High Index Plastic 1.70 & above NJ Anti-Reflective Coating D QV	CM
	<b>Polycarbonate:</b> Progressive N—Plastic NA Polycarbonate ND	CM
	<b>Polycarbonate PhotoFusion:</b> Progressive N—Plastic NA Polycarbonate ND Photochromic PP	CM
	<b>Polycarbonate Polarized:</b> Progressive N—Plastic NA Polycarbonate ND Polarized NP	CM
	<b>Polycarbonate Transitions Signature / XTRActive:</b> Progressive N—Plastic NA Polycarbonate ND Photochromic PP	CM
	<b>Trivex:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	<b>Trivex Transitions Signature:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic PP	CM
	<b>Trivex Polarized:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP	CM
	<b>Trivex Polarized Photochromic:</b> Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP Photochromic PP	CM
ZEISS Officelens Book (Carl Zeiss Vision)	<b>1.50 Plastic:</b> Near Variable Focus IA	
	<b>1.60 High Index Plastic:</b> Near Variable Focus IA High Index Plastic 1.53-1.60/Trivex IB	
	<b>1.67 High Index Plastic:</b> Near Variable Focus IA High-Index Plastic 1.67 II	
	<b>Polycarbonate:</b> Near Variable Focus IA Polycarbonate ID	

	<b>Trivex:</b> <b>Near Variable Focus</b> IA High Index Plastic 1.53-1.60/Trivex IB	
<b>ZEISS Officelens Desk</b> (Carl Zeiss Vision)	<b>1.50 Plastic:</b> <b>Near Variable Focus</b> IA	
	<b>1.60 High Index Plastic:</b> <b>Near Variable Focus</b> IA High Index Plastic 1.53-1.60/Trivex IB	
	<b>1.67 High Index Plastic:</b> <b>Near Variable Focus</b> IA High-Index Plastic 1.67 II	
	<b>Polycarbonate:</b> <b>Near Variable Focus</b> IA Polycarbonate ID	
	<b>Trivex:</b> <b>Near Variable Focus</b> IA High Index Plastic 1.53-1.60/Trivex IB	
<b>ZEISS Officelens Room</b> (Carl Zeiss Vision)	<b>1.50 Plastic:</b> <b>Near Variable Focus</b> IA	
	<b>1.60 High Index Plastic:</b> <b>Near Variable Focus</b> IA High Index Plastic 1.53-1.60/Trivex IB	
	<b>1.67 High Index Plastic:</b> <b>Near Variable Focus</b> IA High-Index Plastic 1.67 II	
	<b>Polycarbonate:</b> <b>Near Variable Focus</b> IA Polycarbonate ID	
	<b>Trivex:</b> <b>Near Variable Focus</b> IA High Index Plastic 1.53-1.60/Trivex IB	
<b>Zeiss PhotoFusion</b> (Zeiss)	Photochromic PP  <b>Note:</b> PhotoFusion is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens enhancement code(s).  *PhotoFusion Blue is not available through the Vision Care formulary.	
<b>ZEISS Precision Pure/ Plus/Superb 15, 17,19, 21</b> (Carl Zeiss Vision) (*ONLY Superb - Custom Measurements Optional –CM Eligible)	<b>1.50 Plastic:</b> Progressive O—Plastic OA	CM
	<b>1.50 Plastic PhotoFusion:</b> Progressive O—Plastic OA Photochromic PP	CM
	<b>1.50 Plastic Polarized:</b> Progressive O—Plastic OA Polarized OP	CM

	<b>1.50 Plastic Transitions Signature:</b>		CM
	Progressive O—Plastic	OA	
	Photochromic	PP	
	<b>1.50 Plastic Transitions Vantage:</b>		CM
	Progressive O—Plastic	OA	
	Polarized	OP	
	Photochromic	PP	
	<b>1.60 High Index Plastic:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	<b>1.60 High Index Plastic PhotoFusion:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Photochromic	PP	
	<b>1.60 High Index Plastic Transitions Signature:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Photochromic	PP	
	<b>1.67 High Index Plastic:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	<b>1.67 High Index Plastic PhotoFusion:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Photochromic	PP	
	<b>1.67 High Index Plastic Polarized:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Polarized	OP	
	<b>1.67 High Index Plastic Transitions Signature / XTRActive:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Photochromic	PP	
	<b>1.74 High Index Plastic w/ DuraVision BlueProtect UV, Platinum UV:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.70 & Above	OJ	
	Anti-Reflective Coating D	QV	
	<b>Polycarbonate:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	<b>Polycarbonate PhotoFusion:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic	PP	

	<b>Polycarbonate Polarized:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	<b>Polycarbonate Transitions Signature / XTRActive:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic	PP	
	<b>Polycarbonate Transitions Vantage:</b>		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	Photochromic	PP	
	<b>Trivex:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	<b>Trivex Polarized:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Polarized	OP	
	<b>Trivex Transitions Signature:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Photochromic	PP	
	<b>Trivex Tinted:</b>		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Plastic Dyes - Solid Color	MN	

### Special Note

**CM – Custom Measurements 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](http://eyefinity.com). Please refer to the [VSP Signature Plan®](#) and [VSP Choice Plan®](#) Lens Enhancements Charts for details.

**LC – Lab Choice** This product is not branded for VSP orders and is available as an unbranded or lab choice selection through the claim submission process. When these products are ordered, it is the lab's choice as to which product is provided. The doctor may not request a specific brand or product for these orders.

**Unavailable\*** 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.

## PROPRIETARY LENS AND FRAME

Some proprietary products are available for use with VSP benefits under the Proprietary Lens and Frame Procedure. Please refer to the Guidelines below for information.

### Guidelines

This isn't a complete list of products. Please refer to the [Product Index](#) for a complete list.

Description	Sample Products	Guidelines
Proprietary Genuine Brand Lens & Frame: 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 Adlens Focuss (Adlens)	For products listed in the <a href="#">Product Index</a> as a proprietary lens and frame, see <a href="#">Proprietary Lens and Frame Orders</a> .  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 enhancement code(s).
Proprietary Frame Mounting: 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 <a href="#">Product Index</a> as a proprietary lens and frame, see <a href="#">Proprietary Lens and Frame Orders</a> .  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 enhancement code(s).

Description	Sample Products	Guidelines
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		This 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.
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 enhancement code(s).
Clip-ons with frame, priced as one unit are considered a single frame.	See <a href="#">Patient Lens Enhancements Explanations</a> .	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.

## Proprietary Lens and Frame Orders

The two products available to process as a private order for proprietary lens and frame order are:

- Genuine brand name RX lenses that must be sent to the frame company's lab or a non-VSP contract lab.
- Frame and lens mounting that can't be fabricated at a VSP contract lab.

Check the [Product Index](#) to see if a product is available as a proprietary lens and frame.

## Billing Procedures for Proprietary Lens and Frame Orders

**Important!** 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 and frame and lens mounting that can't be fabricated at a VSP contract lab.

Charge your patient 80% of your U&C fee, minus the lens allowance and your scheduled lens dispensing fee. Lens Enhancements normally covered for your patient aren't covered under Proprietary Lens and Frame process.

**Note:** Collect material, and/or lens copays as you normally would.

### CALCULATING PATIENT OUT-OF-POCKET EXPENSES

- Determine your U&C fee for the lens.
- Deduct 20%.
- Subtract the RX 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**.
- Add applicable copays.

The following table is an example you can use to calculate patient charges:

#### Calculating Patient Charges on Proprietary Lens and Frame Orders

U&C fee for lens	\$
Deduct 20%	- \$
Subtotal	\$
Subtract VSP proprietary RX lens allowance	- \$
Subtract your assigned lens dispensing fee	- \$
Add any applicable copays collected from patient.	\$
Patient's out-of-pocket expense	\$

Calculate the patient's out-of-pocket expenses for frame as you normally would, according to section [Providing Frames](#).

## SUBMITTING PROPRIETARY LENS AND FRAME ORDER CLAIMS

### Electronic Claim Submission

Order proprietary lens and frame 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.
- Select “Proprietary Genuine Brand Lens & Frame” or “Proprietary Frame Mounting” as the lens choice.
- Choose Non-VSP Lab (Private Invoice).
- Enter the following in Box 19 on the CMS-1500 form:
  - For a frame and lens mounting that is not available through a VSP contract lab: Type “Proprietary Order \$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 “**Proprietary Order \$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.
- Continue normal claim submission

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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.

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### Paper Claim Submission

Submit your patient’s claim form and the lab’s private invoice to VSP.

Enter the following in Box 19 on the CMS-1500 form:

- For a frame and lens mounting that is not available through a VSP contract lab: Type “**Proprietary Order \$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 “**Proprietary Order \$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.

### **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 PROPRIETARY LENS AND FRAME ORDERS**

First-time redos are a private transaction between you and the patient.



## DISCONTINUED PROCESS

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**Note:** The Special Lens Procedure was discontinued in November 2013. Special Lens products aren't 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.

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## DOCTOR IN-OFFICE LENS ENHANCEMENTS

You may provide the following lens enhancements 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 Lens Enhancements Explanations](#) for rules related to each lens enhancement.

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**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.

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### Covered Lens Enhancements

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.

### Other Lens Enhancements

Charge your patient the correct Patient Copay in the [VSP Lens Enhancements 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 enhancements, 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 lens enhancements (plastic dyes and UV protection) only if the lens enhancement 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 lens enhancement again, regardless of fault. We also require labs to provide original lab-supplied lens enhancements 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 enhancements cannot be billed on IOF lenses.

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**Important!** You must tell the lab that you're supplying in-office lens enhancements.

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## Billing for In-Office Lens Enhancements

### ON ECLAIM

- Complete the Invoice Services page.
- If supplying a plastic dye, select the appropriate lens enhancement 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](#):

1. In the **Lens Enhancement 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"/>	<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"/>	<input type="text"/>

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**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.

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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.

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**Note:** VSP will deny frame-only claims or frame claims with prescriptions that don't meet the VSP's minimum prescription criteria 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  $\pm 0.50$  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  $\pm 0.50$  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 Aspx 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 80% of your U&C 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 20% 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 385018  
Birmingham, AL 35238-5018

- 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 for any in-network (or covered) frame less than or equal to their wholesale or retail allowance.

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

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 at 80% of your U&C). Don't charge your patient more than 80% of U&C for 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.

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**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.

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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 Flies 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  
Clarity 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  
Diac, 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

Frameri

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

Ink Optical

Innovative Eyewear for  
RevolutionInspects USA (formerly  
Gone Vision Group)International Eyewear, Inc.  
(CA)

International Minds

International Point of View

Intervention Eyewear

Ira Mitchell Eyewear

Irish Eyes

it Eyewear

Italia Independent USA,  
Corp.

Italian Eyes

**J**

J &amp; 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  
USAKenmark 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 &amp; L Optical

L &amp; 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  
 Red 88 Eyewear  
 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  
Scandinavian 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  
Strenk Eyewear & Lab  
Solutions  
Studio Collections  
(formerly Wilshire Designs)  
Styl-Rite Optical

Styloptic  
Sunairess 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/Lance  
r International\*  
World Spectacles, Inc.  
Wreckless Vision  
Zeiss/Classic Optical  
Zen Eyewear  
Zimco Optics, Inc. (except  
Budget Collection)  
Zyloware

\* Safety Eyewear frame company.

\*\* Included when prescription lenses are mounted or if your patient has plano benefits (frame with plano lenses can be used).

\*\*\* Included only if the generic lenses supplied with the frame are replaced with custom prescription lenses at the time of purchase.

## FIRST-TIME DOCTOR REDOS

The following doctor redo policies and procedures apply to all plans requiring the use of a contract lab. Acceptable first-time doctor redos **for lenses only** maybe done at your discretion without pre-certification:

- Your patient cannot be charged for redos required because you or your office staff made errors.
- A frame change alone is not 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:

Requirements	Limitations
<p>Acceptable first-time doctor redos require at least one of the following:</p> <ul style="list-style-type: none"> <li>• Power changes (not including changes resulting in plano lenses)</li> <li>• Axis changes</li> <li>• Segment height/segment style changes due to non-adaptation (e.g., FT28 to Executive)</li> <li>• 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)</li> <li>• Errors in transcription (not including transcription errors involving tints,</li> </ul>	<p>The lab will deny any doctor redo that falls within the following limitations:</p> <ul style="list-style-type: none"> <li>• 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 <a href="#">Redos After Six Months</a>)</li> <li>• Second or subsequent submission of a redo</li> <li>• Change made by the patient in the frame size, shape, or style</li> <li>• Addition or change made by the patient in tint or coating</li> <li>• Materials lost, broken, or damaged by the patient</li> </ul>

<p>photochromics, coatings, or frames)</p> <ul style="list-style-type: none"> <li>• Change in materials (e.g., glass to plastic, plastic to polycarbonate, plastic to high index plastic or glass, etc.)</li> <li>• Changes in base curves</li> </ul>	
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- Lenses covered by a manufacturer’s non-adapt warranty (e.g., photochromics, aspheric lenses) are not considered a first-time doctor re-do. Resubmit lenses to the original lab for replacement consideration.

### Redos for Progressive Lenses

Redos on progressive lenses under our first-time doctor redo guidelines are not covered. 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, lab, and 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. Lens enhancements 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

1. First-time doctor redos must be for lenses only and submitted within six months of the original order.
2. 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.
3. 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.
4. The lab will send the new lenses to you and keep the original lenses.
5. Redo transactions are between you and the lab. No paperwork needs to be sent to us except for Covered Lens Enhancements.

### Lens Enhancements

On acceptable first-time doctor redo prescriptions, we’ll cover lens enhancements ordered on the original prescription. Follow the procedures below in cases where a new lens enhancement is added on a redo:

Covered Lens Enhancements	All Other Lens Enhancements
You’ll be charged privately by the lab. Send a <a href="#">First-Time Redo Verification form</a> with the lab’s material invoice to us for reimbursement. There’s no charge to your	Charge your patient either the copay shown on the VSP Signature/VSP Choice Lens Enhancement Chart or your U&C fees (or “add-on” fees), whichever is lower. See <a href="#">Patient Lens Enhancements Fees</a>

<p>patient for adding a covered lens enhancement.</p> <p><b>Note:</b> Ordering additional covered lens enhancements as the only reason for a redo does not meet VSP's requirements. Refer to the <a href="#">First-Time Doctor Redo Requirements and Limitations</a> section to ensure there's a valid reason for the first-time redo.</p>	<p>Instructions for more information. The lab will bill you directly for additional lens enhancements.</p>
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## 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 a job to qualify as a first-time doctor redo. If such a valid redo reason exists, the patient may select another frame at that time.

Redo of lenses is not 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 the Provider Services Support Line 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). Call the Provider Services Support Line at **800.615.1883** to request redo of lenses in this case.

## Change in Laboratory

If you need to order a doctor redo from a different contract lab, you must submit the order to VSPOne Columbus with a [First-Time Doctor Redo Verification form](#) indicating that the redo lab has changed. Clearly explain the reason(s) for the lab change on the verification form. We will only honor doctor redos at the VSPOne lab under the following circumstances:

- The original lab is out of business.
- The original lab could not redo the job because of a change in the original order (e.g., could not accommodate a brand or material change, etc.).
- The original lab cannot complete the job to your satisfaction.

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**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.

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# CLIENT DETAILS

## ANTHEM BLUE CROSS

Members are covered under the VSP Integrated Primary EyeCare Program<sup>SM</sup>. Refer to the [Integrated Primary EyeCare Program](#) in the Plans & Coverages section for more information.

Anthem Blue Cross PPO is a Covered California health plan company, offering quality health care to millions of Californians in the individual market. Your participation in VSP's Integrated Primary EyeCare Program allows you to provide medical eyecare services to Anthem Blue Cross PPO members eligible through the Covered California marketplace (also known as an "exchange").

**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.

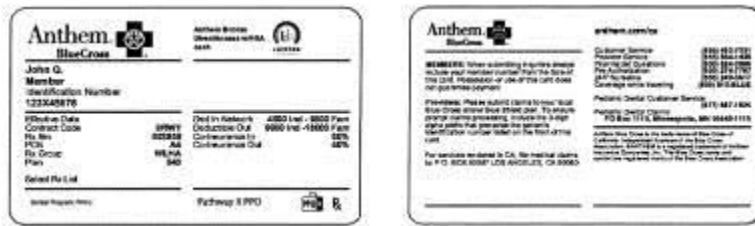
Please visit the Anthem Blue Cross website for more information on policies and procedures. You'll need to register for a Provider Access account to see the Anthem Blue Cross PPO (Prudent Buyer Plan) Operations Manual.

### 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 CARD (COVERED CALIFORNIA, INDIVIDUAL)



### SAMPLE ID CARD (NOT COVERED CALIFORNIA, INDIVIDUAL)





## Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the Anthem Blue Cross website under “Provider Finder.”

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**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.

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## Reimbursement

Anthem Blue Cross handles reimbursement, and 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.

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**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, refer to the back of the member’s ID card or call **800.274.7767** for Anthem Blue Cross members or **800.444.2726** for BlueCard members.

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### **Anthem Blue Cross Professional Fee Schedule, Effective January 1, 2018**

## 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 (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 enhancements and frame) OR
- One contact lens exam and up to an annual supply of contact lenses OR
- Laser VisionCare Services (PRK, LASIK, Custom LASIK using wavefront technology, Custom PRK, or IntraLase).

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**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.

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### 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.

Calculate charges based on:

- 80% of U&C for exam services and glasses,
- and 85% of U&C for contact lens services.

To determine the patient's out-of-pocket expenses, calculate in this order:

8. Deduct the appropriate amounts from your U&C fees for the services and materials.
9. Subtract the patient's \$50 copay (collect the copay from the patient).
10. Calculate and subtract the patient's 20% co-insurance (collect the co-insurance from the patient).
11. Apply the patient's \$500 VSP allowance.
12. 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 enhancements, and frame):	\$900
Deduct 20%:	-\$180
<b>Adjusted Fee</b>	<b>\$720</b>
Subtract the copay ( <b>paid by patient</b> )	-\$50
Subtract the 20% co-insurance fee ( <b>paid by patient</b> ) (20% of \$670)	-\$134
Subtract the \$500 VSP allowance	-\$500
<b>Remaining Balance (paid by patient)</b>	<b>\$36</b>

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).

## BCBSM-MESSA (BLUE CROSS BLUE SHIELD OF MICHIGAN-MESSA)

Providers will be able to locate MESSA members in the VSP system using their full SSN or by searching by name, date of birth, and the last four digits of their SSN. Should MESSA members present their Blue Cross/MESSA insurance card, staff should use it as identification only. MESSA members' Enrollee ID's are not going to be used as an identifier in the system.

### Coordination of Benefits (COB)

Follow VSP's standard COB process. When paying secondary, please use the below COB secondary allowances.

#### MAXIMUM COB SECONDARY ALLOWANCES

	VSP-1	VSP-2	VSP-3	VSP-3 Plus	VSP-1 B	VSP-2 S	VSP-3 G	VSP-3 Plus P
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

Effective July 1, 2017, MESSA added 2 new Choice Plan offerings\* "VSP-3 Plus 200 CL" & "VSP-3 Plus P 250 CL" and has retired their Signature Plan "VSP-A". All other plans will stay the same.

\*Please refer to the Choice PRM for plan benefit information.

Plan Name	Exam Copay	Materials Copay	Elective Contact Lens Allowance	Frame Allowance	Covered Lens Enhancements	Other Lens Enhancements
VSP-1	\$10	\$25	\$65 total; see <a href="#">Note #1</a>	\$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 <a href="#">VSP Signature Plan Lens Enhancements Chart</a> .
VSP-2	\$6.50	\$18	\$90 total; see <a href="#">Note #1</a>	\$65 retail/ \$26 whsl.	<b>For both:</b> Rimless drilling	<b>For all:</b> Anti-reflective

VSP-3	None	None	\$115 total; see <a href="#">Note #1</a>	\$65 retail/ \$26 whsl.	and mounting, all tints, photochromics, oversize blanks, blended lenses (not progressive), polarized lenses.	or mirror coating, thin-lite/hi-lite, hi-index lenses, progressives, polycarbonate lenses, scratch-resistant coatings, edge coating/ groove painting, faceting, UV 400 coatings, roll, and polish.
VSP-3 Plus	None	None	Non-Disposables: Covered in full. Disposables: The allowance is \$200 total. Deduct 20% from the balance of the U&C fees for fitting, evaluation and first three months after applying the patient's allowance. See <a href="#">Note #4</a> .	\$80 retail/ \$35 whsl.	Rimless drilling and mounting, all tints, photochromics, oversize blanks, blended and progressive lenses including smart-segs, polarized lenses.	
VSP-A Retired 7/1/17	\$10	None	\$65	N/A; see <a href="#">Note #2</a> .	N/A; see <a href="#">Note #2</a> .	N/A; see <a href="#">Note #2</a> .
VSP-1 B	\$10	\$25	\$85 total; see <a href="#">Note #3</a> .	\$130 retail/\$50 whsl.	Rimless drilling and mounting, Pink 1 or 2 tints.	Tints other than Pink 1 or 2, photochromics, oversize blanks, blended/progressive, and polarized lenses.
VSP-2 S	\$6.50	\$18	\$110 total; see <a href="#">Note #3</a> .	\$130 retail/\$50 whsl.	<b>For both:</b> Rimless drilling and mounting, all tints, photochromics, oversize blanks, blended lenses (not progressives), polarized lenses.	<b>For all:</b> Anti-reflective or mirror coating, thin-lite/hi-lite, hi-index lenses, progressives, polycarbonate lenses, scratch-resistant coatings, edge
VSP-3 G	None	None	\$135 total; see <a href="#">Note #3</a> .	\$130 retail		

VSP-3 Plus P	None	None	Non-Disposables Covered in full. Disposables limited to a Total: contact lens plan with \$250 allowance, including routine exam, contact lens services, and materials; see <a href="#">Note #3</a> & <a href="#">Note #4</a> .	\$130 retail/ \$50 whlsl.	Rimless drilling and mounting, all tints, photochromics, oversize blanks, blended and progressive lenses (including smart-segs), polarized lenses.	coating/ groove painting, 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.

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### CLIENT DETAIL NOTES

**Note #1:** Add your U&C fees for professional services & materials, then apply your patient's allowance. Deduct 20% from any remaining balance. For disposable contacts, only deduct 20% from the first three months' supply. This replaces the standard contact lens benefit of 85% of U&C for 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.

**Note #3:** Standard contact lens benefit of 85% of U&C for 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

HCPCS Description	Covered*
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, up to the **maximum**. Don't balance-bill patients. An allowance applies if units are over this amount.

## Other Lens Enhancements

If your patient chooses a lens enhancement that is covered with copay, charge your U&C fee for the Starter Plan or the patient copay for all other plans.

If you offer a special promotion or discount, charge whichever is lower: Your "special" fee or 80% of U&C. 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.

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**Note:** Using the Elective Contact Lens allowance makes the patient ineligible for any other service or materials for that eligibility period.

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The following items aren't covered and are 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

## CENTERPOINT ENERGY

Centerpoint Energy participants residing in the State of Texas with diabetes are covered for diabetes care, education, and wellness management through UHC. DiabetesAmerica™ is one of the providers available in the UHC network.

### Referral Process

Patients with diabetes may be referred to DiabetesAmerica or other providers in the UHC network. If you are referring to Diabetes America, please fax the referral 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 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**.



## CLOUD PEAK ENERGY LLC CLIENT DETAILS

The following applies to Cloud Peak Energy Resources LLC members only.

### ProTec Safety Eyewear

Cloud Peak Energy Resources LLC members are eligible for safety lenses every twelve months and a frame every 24 months. Refer to the [ProTec Safety Plan section](#) for complete Safety Eyecare information and details. Patients may present an ID card with the details of their plan:



Your coverage from a VSP Doctor	Frequency	First pair	Second pair
Exam Fully Covered (no copay)	12 months	✓	-
<b>Prescription Lenses</b> • Fully covered single vision, lined bifocal, lined trifocal, and polycarbonate lenses • Certified according to ANSI requirements • Covered lens options: all tints, no-line-multifocals, and anti-reflective coating	12 months	✓	✓
<b>ProTec Eyewear Frame</b> • Fully covered when you choose a safety frame from your VSP doctor's ProTec Eyewear® collection. • Certified according to ANSI requirements.	24 months	✓	✓
<b>Repair/Replacement Benefit</b> • Repair or replacement lenses and/or frame* if lost, stolen, or destroyed.	12 months	-	✓

\*Your frame will only be replaced if the cost of repairing it exceeds the cost of a replacement. A replacement frame will be fully covered when chosen from your VSP doctor's ProTec Eyewear collection. ©2011 Vision Service Plan. All rights reserved. JOB#7050M 10/11

### ADDITIONAL PAIR ELIGIBILITY

Additional pair of ProTec Safety lenses are also available every 12 months and a frame every 24 months through Interim Benefits.

**Important!** The patient could be eligible for additional pair of safety glasses through Interim Benefits, even if they're not showing availability on [eyefinity.com](#). Call VSP to confirm eligibility and receive an authorization.

### REPAIR & REPLACEMENT

Cloud Peak members also have an additional interim benefit that includes repair or replacement of lenses and/or frame once every 12 months for any reason (broken, lost, stolen, etc.).

**Important!** Call VSP to receive an authorization for repair or replacement.

### COPAYS

Don't collect any copays from the patient for ProTec Safety lenses, frames, or covered lens enhancements.

### COVERED LENS ENHANCEMENTS

- Progressive lenses
- Polycarbonate lenses
- Photochromic lenses
- Solid and gradient tinting
- Anti-reflective coating

# COVENTRY HEALTH CARE OF VIRGINIA, COVENTRY HEALTH CARE OF WEST VIRGINIA, COVENTRY HEALTH AND LIFE INSURANCE COMPANY

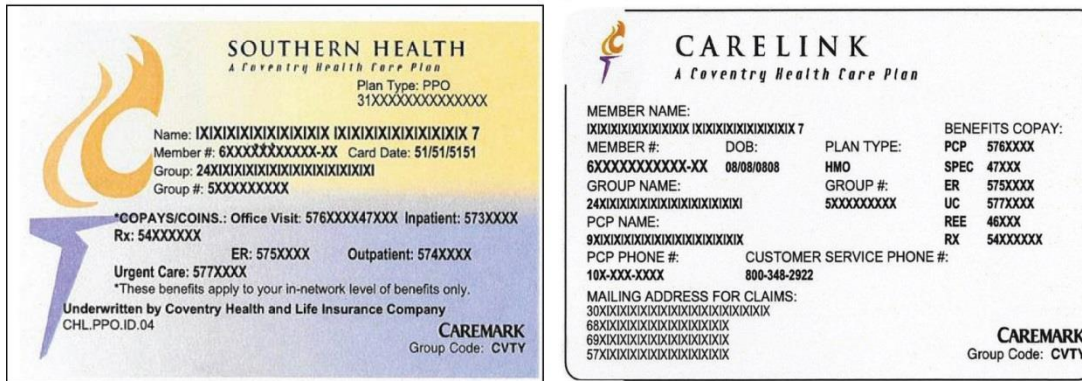
## Authorizations

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

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**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.

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Based on the type of contact lenses prescribed:

<b>Specialty Contact Lenses</b> 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.	<b>Non-Specialty Contact Lenses</b> 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 fitting & evaluation and U&C material charge.

Your U&C fee for contact lens materials:	\$50
Add 85% of your U&C fee for fitting and evaluation:	+\$3 0
Total:	<hr/> \$80

2. Subtract the copay from this total to determine the remaining balance.

Patient’s copay:	- \$20
------------------	-----------

Remaining balance:	<hr/> \$60
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3. Subtract the contact lens allowance from this total.

Contact lens allowance (e.g., \$105)	- \$60
Remaining balance to charge to patient:	<hr/> \$0

Remaining balance is more than Contact Lens Allowance

1. Determine the total of your fitting & evaluation and U&C material charge.

Your U&C fee for contact lens materials:	+\$9 5
Add 85% of your U&C fee for fitting and evaluation:	+\$5 0
Total:	<hr/> \$14 5

2. Subtract the copay from this total to determine the remaining balance.

Patient's copay:	-
	\$20
Remaining balance:	\$12
	5

3. Subtract the contact lens allowance from this total.

Contact lens allowance (e.g., \$105)	-
	\$10
	5
Remaining balance:	\$20

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**Note:** Our online Savings Statement won't automatically calculate copays for these

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## 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.

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**Important!** Please review the "Special Information-Group Comments" on the Patient Record Report for copays or special instructions.

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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 you 85% of your contact lens service fees 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.

## HEALTH NET ACCESS OF ARIZONA INTEGRATED PRIMARY EYECARE

Health Net Access of Arizona Medicaid members are covered under VSP's Integrated Primary EyeCare Program<sup>SM</sup> for routine eyecare services and materials. Contact the Envolve Vision Customer Relations department at **844.610.0177** to learn more about policies and procedures and to check member eligibility status.

**Note:** Health Net Access of Arizona Medicaid members are not eligible for medical eyecare services under the Integrated Primary EyeCare Program.

Please carefully review the Envolve Vision Provider Manual at [visionbenefits.envolvehealth.com/logon.aspx](http://visionbenefits.envolvehealth.com/logon.aspx), prior to delivering eyecare services to Health Net Access Medicaid members. After logging in with your username and password, select "Office Manuals."

### Eligibility & Authorization

#### ENVOLVE VISION PROVIDER PORTAL

Envolve Vision offers an online tool, Eye Health Manager, which allows you easy access to check eligibility and claims for routine eyecare services billed directly to Envolve Vision. Simply log into Eye Health Manager at [visionbenefits.envolvehealth.com/logon.aspx](http://visionbenefits.envolvehealth.com/logon.aspx).

If you have any questions or need assistance with the Eye Health Manager provider portal, you can email [visionnetworkmanagement@envolvehealth.com](mailto:visionnetworkmanagement@envolvehealth.com).

For additional questions about eligibility 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

 <p>Arizona Health Care Cost Containment System Member Identification Card</p> <p>Member Name: &lt;First&gt; &lt;Last&gt; AHCCCS ID #: &lt; &gt; Health Plan Name: Health Net Access Health Net Access Plan Phone: 1-888-788-4408 Behavioral Health Service Phone: 1-888-564-5465</p>	 <p>Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of law. This card is not a guarantee for services. To verify benefits visit <a href="http://www.healthnetaccess.com">www.healthnetaccess.com</a> or call 1-888-788-4408.</p> <p>Member Services, Dental Services or Provider Inquiries please call 1-888-788-4408 (TTY/TDD 1-888-788-4872) or you can access our website at <a href="http://www.healthnetaccess.com">www.healthnetaccess.com</a>.</p> <p>Physician: &lt;First&gt; &lt;Last&gt; &lt;Tel&gt; &lt;Address&gt; &lt;City&gt; &lt;ST&gt; &lt;Zip&gt;</p> <p>Pharmacist assistance call 1-800-410-8585 Rx BIN #&lt; &gt; Rx PCN: &lt; &gt; Rx Grp: &lt; &gt; CVS Caremark</p> <p>Submit medical claims to: EDI Claims Payer ID: 38309 PO Box 14095 Lexington, KY 40512</p>
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### Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on Envolve Vision's website at [visionbenefits.envolvehealth.com/locator/locator.html](http://visionbenefits.envolvehealth.com/locator/locator.html). Services that are approved will be applied to the member's medical benefit.

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**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.

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## Reimbursement

Env

olve Vision handles reimbursement and pays claims daily following state and federal regulations. Reimbursement is paid at 95% of Arizona's Medicaid fee schedule.

## Submitting Claims

You can file claims via the following methods:

- Online at Eye Health Manager
- Electronically through Change Healthcare (formerly Emdeon)
- By mail

## Eye Health Manager

You can enter data directly into Enolve Vision's claim system at **visionbenefits.envolvehealth.com/logon**. This method of filing provides immediate confirmation of claim receipt. Access to the site is restricted and password-protected. To obtain a username and password, contact Network Management at **800.531.2818**.

## Change Healthcare (formerly Emdeon)

You can submit claims electronically through Change Healthcare (formerly Emdeon) using payor ID number 56190, listed as Enolve Vision, Inc. The payor ID# should be placed in 2010BB Loop/NM109 segment. Use "PI" as the ID Code Qualifier in NM108. Place the rendering Provider ID in 2310B Loop/REF02 segment. Use "N5" as the Reference Number Qualifier in REF01. To set up an account to submit claims electronically, call Change Healthcare at **800.845.6592**.

## Mail

All claims submitted to Enolve Vision by mail for payment must be filed on an original CMS 1500 form. Forms must be completed and legible for payment processing.

Mailing Address:

Enolve Vision, Inc.  
PO Box 7548  
Rocky Mount, NC 27804

## Faxing Claims

Enolve Vision does not accept faxed claims unless mandated by state-specific legislation.

You can also refer to the patient's ID card from Health Net Access of Arizona for directions on submitting claims.


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Only routine eyecare claims covered up to the scope of Integrated Primary EyeCare and viewable under this tool should be submitted to Health Net Access of Arizona.

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<b>Health Net</b> <b>California Medi-Cal</b>			
Name: EMILIA CISNEROS		Issue Date: 07/01/15	
CIN: 91165838E		Enrollment Date: 07/01/15	
You have selected the following medical group. In order to be covered by Health Net, all medical and hospital services must be rendered or authorized by:			
FIRST CHOICE MEDICAL GROUP			
PCP Name: IGNACIO GUZMAN			
PCP Address: 2505 Merced St. Fresno CA 93721-1811			
PCP PHONE: 1-559-445-0391			
Effective date with PCP: 07/01/15		Office Copay: \$0	
Rx BIN 004336	Rx PCN "NMIC"	CVS Caremark	HPC 315

<p>Health Net Member Services, 24 hours a day, 7 days a week  Health Net Member Services Call 1-888-893-1569  Health Net Provider Inquiries Call 1-888-893-1569  Nurse Advice Line, Call 1-888-893-1569  Pharmacist: For assistance, call Pharmacy Help Line at 1-800-400-0180</p> <p><b>IF AN EMERGENCY ARISES</b>  Immediately telephone your Participating Provider Group and follow instructions given. If you are outside of the Health Net service area as defined in your Evidence of Coverage or Member handbook, go directly to the nearest hospital emergency room for treatment and notify your Primary Care Physician as soon as possible.</p> <p>Participating Physicians/Providers Call 1-888-893-1569 for eligibility verification. This card is for identification only. It does not verify eligibility.</p> <p>Out of area/Emergency Providers Call 1-888-893-1569 for authorization. Mail all claims to: PO Box 14598, Lexington, KY 40512. Emergency services rendered to the member by non-Health Net providers are reimbursable by Health Net without prior authorization.</p> <p>Prior Authorization – Primary Care Physician referral in advance is required for all non-emergency services by contracting providers.</p> 
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## Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on Envolve Vision's website at [visionbenefits.envolvehealth.com/locator/locator.html](http://visionbenefits.envolvehealth.com/locator/locator.html). Services that are approved will be applied to the member's medical benefit.

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**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.

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## Reimbursement

Envolve Vision handles reimbursement and pays claims daily following state and federal regulations. Reimbursement is paid according to California's Medicaid fee schedule.

## Submitting Claims

You can file claims via the following methods:

- Online at Eye Health Manager
- Electronically through Change Healthcare (formerly Emdeon)
- By mail

## Eye Health Manager

You can enter data directly into Envolve Vision's claim system at [visionbenefits.envolvehealth.com/logon](http://visionbenefits.envolvehealth.com/logon). This method of filing provides immediate confirmation of claim receipt. Access to the site is restricted and password-protected. To obtain a username and password, contact Network Management at **800.531.2818**.

## Change Healthcare (formerly Emdeon)

You can submit claims electronically through Change Healthcare (formerly Emdeon) using payor ID number 56190, listed as Envolve Vision, Inc. The payor ID# should be placed in 2010BB Loop/NM109 segment. Use "PI" as the ID Code Qualifier in NM108. Place the rendering Provider ID in 2310B Loop/REF02 segment. Use "N5" as the Reference Number Qualifier in REF01. To set up an account to submit claims electronically, call Change Healthcare at **800.845.6592**.

## Mail

All claims submitted to Envolve Vision by mail for payment must be filed on an original CMS 1500 form. Forms must be completed and legible for payment processing.

Mailing Address:

Envolve Vision, Inc.  
PO Box 7548  
Rocky Mount, NC 27804

## Faxing Claims

Envolve Vision does not accept faxed claims unless mandated by state-specific legislation.

You can also refer to the patient's ID card from Health Net of California and CalViva for directions on submitting claims.

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Only routine and non-surgical medical eye care claims covered up to the scope of Integrated Primary EyeCare and viewable under this tool should be submitted to Health Net of California and CalViva.

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[Health Net of California and CalViva Schedule of Covered Services: Effective January 1, 2018](#)

# HEALTH NET CAL MEDICONNECT INTEGRATED PRIMARY EYECARE

Health Net of Cal MediConnect members are covered under VSP's Integrated Primary EyeCare Program<sup>SM</sup> for routine eyecare services and materials. Contact the Envolve Vision Customer Relations department at **855.896.8571** for Los Angeles county and **844.876.1064** for San Diego county from 8:00 a.m. (PST) to 8:00 p.m. (PST) to learn more about policies and procedures and to check member eligibility status. You can also be connected to Envolve Vision by calling Health Net's Cal MediConnect provider services line at **855.464.3571** for Los Angeles county or **855.464.3572** for San Diego county.

**Note:** Health Net Cal MediConnect members are not eligible for medical eyecare services under the Integrated Primary EyeCare Program.

Please carefully review the Envolve Vision Provider Manual at [visionbenefits.envolvehealth.com/logon.aspx](http://visionbenefits.envolvehealth.com/logon.aspx), prior to delivering eyecare services to Health Net Cal MediConnect members. After logging in with your username and password, select "Office Manuals."

## Eligibility & Authorization



### ENVOLVE VISION PROVIDER PORTAL

Envolve Vision offers an online tool, Eye Health Manager, which allows you easy access to check eligibility and file claims for routine eyecare services billed directly to Envolve Vision. Simply log into Eye Health Manager at [visionbenefits.envolvehealth.com/logon.aspx](http://visionbenefits.envolvehealth.com/logon.aspx).

If you have any questions or need assistance with the Eye Health Manager provider portal, you can email [visionnetworkmanagement@envolvehealth.com](mailto:visionnetworkmanagement@envolvehealth.com).

For additional questions about eligibility 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

<p>Health Net Cal MediConnect Plan (Medicare-Medicaid Plan)</p> <p>Member Name: [FIRST MI LAST NAME]</p> <p>Member ID: [XXXXXXXXXX]</p> <p>Health Plan (80840): 9210567898</p> <p><b>MEMBER CANNOT BE CHARGED</b></p> <p>Cost Sharing/Copays: \$0 for PCP/Specialist/ER</p> <p>PCP Name: [FIRST MI LAST NAME]</p> <p>Provider Group: [PPG NAME]</p> <p>H3237 [XX] Material ID# [XXXXX]_XXXXXXXXXX_Approved_[XXXXXXXXXX]</p>	<p> Health Net COMMUNITY SOLUTIONS</p> <p> MedicareRx Prescription Drug Coverage</p> <p>RXBIN: 004336 RXPCN: MEDDADV RXGRP: RX6270 RXID: R1183002800</p> <p>Member/Provider Service &amp; Behavioral Health: [X-XXX-XXX-XXXX] TTY Member Service &amp; Behavioral Health: [XXX] 24-Hour Nurse Advice Line: [X-XXX-XXX-XXXX] or TTY: [XXX] Caremark Pharmacy Help Desk: [X-XXX-XXX-XXXX] PCP Phone Number: [X-XXX-XXX-XXXX]</p> <p>Website: <a href="http://www.healthnet.com/calmediconnect">www.healthnet.com/calmediconnect</a></p> <p>Send claims to: <b>Submit Medical Claims to:</b> Health Net Community Solutions, Inc. P.O Box 9030 Farmington, MO 63640-9030</p> <p><b>Submit Drug Claims to:</b> Health Net - Attn: Pharmacy Claims PO Box 419069 Rancho Cordova, CA 95741-9069</p>
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## Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on Envolve Vision's website at

[visionbenefits.envolvehealth.com/locator/locator.html](http://visionbenefits.envolvehealth.com/locator/locator.html). Services that are approved will be applied to the member's medical benefit.

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**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.

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## Reimbursement

Envolve Vision handles reimbursement and pays claims daily following state and federal regulations. Reimbursement is paid according to California's Medicaid fee schedule.

## Submitting Claims

You can file claims via the following methods:

- Online at Eye Health Manager
- Electronically through Change Healthcare (formerly Emdeon)
- By mail

## Eye Health Manager

You can enter data directly into Envolve Vision's claim system at [visionbenefits.envolvehealth.com/logon](http://visionbenefits.envolvehealth.com/logon). This method of filing provides immediate confirmation of claim receipt. Access to the site is restricted and password-protected. To obtain a username and password, contact Network Management at **800.531.2818**.

## Change Healthcare (formerly Emdeon)

You can submit claims electronically through Change Healthcare (formerly Emdeon) using payor ID number 56190, listed as Envolve Vision, Inc. The payor ID# should be placed in 2010BB Loop/NM109 segment. Use "PI" as the ID Code Qualifier in NM108. Place the rendering Provider ID in 2310B Loop/REF02 segment. Use "N5" as the Reference Number Qualifier in REF01. To set up an account to submit claims electronically, call Change Healthcare at **800 845.6592**.

## Mail

All claims submitted to Envolve Vision by mail for payment must be filed on an original CMS 1500 form. Forms must be completed and legible for payment processing.

Mailing Address:

Envolve Vision, Inc.  
PO Box 7548  
Rocky Mount, NC 27804

## Faxing Claims

Envolve Vision does not accept faxed claims unless mandated by state-specific legislation.

You can also refer to the patient's ID card from Health Net Cal MediConnect for directions on submitting claims.

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Only routine eyecare claims covered up to the scope of Integrated Primary EyeCare and viewable under this tool should be submitted to Health Net Cal MediConnect.

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Health Net Cal MediConnect Schedule of Covered Services: Effective January 1, 2018

## HOMETOWN HEALTH PLAN INTEGRATED PRIMARY EYECARE

Members of Hometown Health Plan's HMO and PPO are covered under VSP's Integrated Primary EyeCare Program<sup>SM</sup>. Refer to the [Integrated Primary EyeCare Program](#) in the Plans & Coverages section for more information.

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.


### **Important**


Centers for Medicare & Medicaid Services (CMS) require that Hometown Health (RenownHealth) make available to all providers of healthcare services for their members its Code of Conduct and Compliance Policies. This information can be accessed at <https://www.hometownhealth.com/compliance-program/policies-procedures/> and should be reviewed annually for the latest updates.

### **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**

<p><b>Member Number:</b></p> <p><b>Member Name:</b></p> <p><b>Subscriber Name:</b></p> <p><b>PCP:</b></p> <p><b>PCP Phone:</b></p> <p><b>OFFICE COPAYS:</b> Primary Care/Specialist</p> <p><b>UC/ER COPAYS:</b> Urgent Care/Emergency Room</p> <p><b>Rx:</b> Generic/Brand/Non-Formulary</p> <p><b>RxBIN:</b> 003585      <b>RxPCN:</b> ASPROD1</p>		 <p>888-266-7481 <b>RxGrp:</b> HTH</p>
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<p>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.</p>	
<p>Submit claims to: EDI Payor ID #88023</p> <p>Mail claims to: Hometown Health P.O. Box 981703 El Paso, TX 79998-1703</p>	
<p>Eligibility, benefit or pre-certification information: 775-982-3232 or 800-336-0123 or <a href="http://www.hometownhealth.com">www.hometownhealth.com</a>.</p>	
<p>Health Hotline (Registered Nurse Line): 775-982-5757 or 888-324-3243</p>	
<p><i>Possession of this card does not guarantee eligibility.</i></p>	

### **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](http://www.hometownhealth.com). Services that are approved will be applied to the members' medical benefit.



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**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.

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## 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.

[Hometown Health Plan Schedule of Covered Services – Effective January 1, 2018](#)

## IDAHO POWER COMPANY CLIENT DETAILS

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 our Provider Services Support Line at 800.615.1883.

### Copay

Collect a \$20 copay from patients.

### Materials Coverage

#### LENSES

Safety lenses are available to the member only. The following lens enhancements are covered:

- Polycarbonate
- Blended
- Photochromic
- 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 \$38). If the member chooses a frame with a cost that exceeds both the wholesale and retail allowances,



deduct 20% from the retail overage. 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](#)). 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 our Provider Services Support Line at 800.615.1883.

## Copay

Collect a \$20 copay from patients.

## Materials Coverage

### LENSES

Safety lenses are available to the member only. The following lens enhancements are covered:

- Polycarbonate
- Blended
- Photochromic
- 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 \$38). If the member chooses a frame with a cost that exceeds both the wholesale and retail allowances, deduct 20% from the retail overage. 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 TECHNOLOGIES

The following client details apply to L3 Technologies 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 Technologies 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

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**Important!** L3 Technologies 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:

1. **Online:** Log on to [eyefinity.com](http://eyefinity.com), select **Get Authorization & Check Eligibility**, and then select **Member Search**.
2. **By phone:** Call VSP at **800.615.1883**. You'll need to provide the name of the L3 Technologies supervisor who approved the benefit to our Customer Service Representative to get an authorization.

### COPAY

No copay to collect from patients.

### Providing Materials

L3 Technologies 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 Technologies 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.
- Progressive lenses are covered for safety eyewear only if the patient's primary pair of glasses is also dispensed with Progressives.

## 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 employee only.

Polycarbonate lenses are preferred and covered.

Photochromic lenses are covered.

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, deduct 20% from the retail coverage. 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 the following comment: “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 (diagnosis code Z96.1) once per lifetime per operative eye.

Aphakic without IOL: In addition to the post-surgical exam, aphakic patients who do not have an IOL (aphakia diagnosis codes H27.00 - H27.03 or Q12.3) 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 lens enhancements may be 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)
- Follow the instructions on the Patient Record Report for covered and non-covered lens enhancements

### 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. Presbyopia-correcting intraocular lenses (IOLs) are also not covered.

## PRINCIPAL FINANCIAL GROUP

**Retirees:** Please refer to [VSP Vision Savings Pass](#) in the **Client Details** section for further information.

**Current employees and dependents:** Please refer to [VSP Choice Plan](#) and [Exam Plus Plan](#) for further information.

### Eligibility

Principal identifies members by a unique nine-digit ID number referred to as a member or privacy ID. Members can find this number on principal.com or on the Principal mobile app.

## RAYTHEON COMPANY

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**Important!** Raytheon employees are covered under the [VSP ProTec Safety plan](#).

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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.

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**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 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.

## SOUNDPATH HEALTH PLAN INTEGRATED PRIMARY EYECARE

Members of Soundpath Health Plan are covered under VSP's Integrated Primary EyeCare Program<sup>SM</sup>. Refer to the [Integrated Primary EyeCare Program](#) in the Plans & Coverages section for more information.

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**Note:** Some Soundpath 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.

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Please contact Soundpath Health Plan's Customer Service department at **866.789.7747** to learn more about policies and procedures, obtain information on electronic claims submittal, and check member eligibility status.

### Eligibility & Authorization


#### SOUNDPATH'S PROVIDER PORTAL

Soundpath offers an online tool that allows you easy access to check eligibility and claims for Primary EyeCare services billed directly to Soundpath. The Soundpath Health Provider Portal can be found under the Provider Tab at [www.soundpathhealth.com](http://www.soundpathhealth.com).

If you have any questions or need assistance with the Soundpath Health Provider Portal, you can email [portal@soundpathhealth.com](mailto:portal@soundpathhealth.com).

For additional 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

<p><b>Member</b></p>  <p>Member: JOHN SAMPLE Member ID: SMPL0001 Issuer: H9302-003 Effective Date: Group Plan (HMO): Charter Plus Rx (HMO) Provider Network: PCP: PCP Clinic: PCP Phone:</p>	<p><b>Medical Copays</b></p> <p>Primary Care Physician: \$5 Specialist: \$30 Urgent Care: \$30 Emergency Room: \$65 Routine Vision: VSP</p> <p>Copay due at time of service</p>
	<p><b>Pharmacy Plan</b></p> <p>Rx Bin: 015574 Rx PCN: ASPROD1 Rx Group: PSH01</p> <p><b>MedicareRx</b> Prescription Drug Coverage</p> <p>Mail Order Pharmacy: 1-888-479-2000 After Hours Pharmacy Support: 1-877-391-9299</p> <p><b>RX Copay:</b> Retail: \$4 / \$20 / \$45 / 25% / 33% Mail Order: \$4 / \$20 / \$45 / 25% / 33%</p>

### Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the Soundpath Health Plan website at [www.soundpathhealth.com](http://www.soundpathhealth.com). Services that are approved will be applied to the member's 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.

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## Reimbursement

Soundpath Health Plan 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 Soundpath Health Plan for directions on submitting claims.

---

Only claims covered up to the scope of Integrated Primary Eyecare should be submitted to Soundpath Health and are viewable under this tool. Continue to submit claims for routine eyecare to VSP.

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[Soundpath Health Plan Schedule of Covered Services: Applicable WA Counties – Effective January 1, 2018](#)

[Soundpath Health Plan Schedule of Covered Services: King County – Effective January 1, 2018](#)

## 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 enhancements 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.

### PROTEC SAFETY MATERIALS ONLY AND STAND ALONE SAFETY BENEFITS

#### PROTECT SAFETY MATERIALS ONLY: PROTEC SAFETY FIRST PAIR BENEFIT AND ELIGIBILITY

The Greenbrier Companies Inc members have a materials only benefit lens and frame plan.

Members are eligible for a first pair, safety lenses and frame once every 12 months beginning in January. Visit [eyefinity.com](http://eyefinity.com) for eligibility and authorization information. Refer to the [ProTec Eyecare](#) section for complete coverage and billing details.

#### PROTEC SAFETY STAND ALONE: PROTEC SAFETY FIRST PAIR BENEFIT AND ELIGIBILITY

The Greenbrier Companies Inc members have exam, lens and frame plan.

Members are eligible for a first pair exam, safety lenses and frame once every 12 months beginning in January. Visit [eyefinity.com](http://eyefinity.com) for eligibility and authorization information. Refer to the [ProTec Eyecare](#) section for complete coverage and billing details.

#### FRAME DETAILS:

Gunderson members may only select from the following ProTec eyewear frames: Titmus SW07 T1

Greenbrier Rail Services members may only select from the following ProTec eyewear frames: OnGuard 095, Titmus BC104A Titmus SW06 and OnGuard071P.

#### PROTEC SAFETY SECOND PAIR BENEFIT AND ELIGIBILITY

Second pair of prescription safety lenses and frame is available once every 12 months beginning in January. When visiting [eyefinity.com](http://eyefinity.com) for eligibility, note that the ProTec Safety second pair benefit has special handling rules. Refer to the [Materials Coverage](#) section.

### Authorization

To obtain an authorization, contact VSP at **800.615.1883** or go to **VSPOnline** at [eyefinity.com](http://eyefinity.com).

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** at [eyefinity.com](http://eyefinity.com). Keep a copy of the questionnaire or the information it contains in your patient's record.

### Copay

**Protec Safety Materials Only:** Do not collect copay from patients

**Protec Safety Stand Alone:** Collect \$10 copay for safety exam

## **Materials Coverage**

### **LENSES**

Safety lenses are available to the member only.

Polycarbonate lenses are preferred and covered.

Ultraviolet (UV) coating is required and covered.

### **FRAME**

The patient has to choose the selected ProTec Eyewear frame listed above for both first and second pair.

### **Lab**

The order will automatically route to VSP**One** Columbus or VSP**One** Sacramento. You may select VSP**One** lab.

## TUCSON ELECTRIC POWER

The following applies to Tucson Electric Power patients only. This information is intended to explain their unique first and second pair safety glasses benefits. Refer to the [ProTec Safety Plan](#) section for complete coverage and billing details.

### ProTec Safety First Pair Benefit and Eligibility

Tucson Electric Power members have a materials only [ProTec Safety Plan](#). Members are eligible for a first pair of safety lenses and frame, which can either be clear or a tinted set of prescription safety glasses, once every 30 months. Visit [eyefinity.com](http://eyefinity.com) for eligibility and authorization information.

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If the member has already obtained their first pair of safety glasses, call VSP at 800.615.1883, they could be eligible for a second pair of safety glasses.

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### ProTec Safety Second Pair Benefit and Eligibility

Second pair of prescription ProTec Safety lenses and frame may be available, once every 30 months, and can also be either clear or tinted.

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The second pair benefit doesn't automatically appear on [eyefinity.com](http://eyefinity.com); call VSP at 800.615.1883 for eligibility and authorization information.

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### Respirator Lens Inserts

Some patients may be eligible for prescription respirator lens inserts, once every 12 months. The inserts are supplied by Tucson Electric Power and the patient will bring the inserts with them at the time of their appointment.

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The respirator lens inserts benefit doesn't automatically appear on [eyefinity.com](http://eyefinity.com), call VSP at 800.615.1883 for eligibility and authorization information.

---

### Providing Materials

The following are a listing of covered lens enhancements:

- Progressives
- Polycarbonate lenses
- Solid and gradient tints
- Scratch resistant coating
- Ultra violet coating

### Copays

Don't collect any copays from the patient.

## UNION BENEFITS TRUST

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.

## UNITED PARCEL SERVICE (UPS)

### Eligibility

Some UPS members may be 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	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.

## 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 UNITY® AR coatings and TechShield Blue coatings. If the patient selects another brand of progressive lenses or AR coating, charge the fee listed in the VSP Signature Plan Patient Lens Enhancements Chart or your U&C, whichever is lower.

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**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 Lens Enhancements section](#) and charge the patient as you would any other VSP Signature Plan® patient.

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# 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:
  1. 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.
  2. 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).
  3. 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.

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**Note:** To get authorizations during our recovery phase, please use the electronic claim submission system when it becomes available for you to get authorizations.

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## 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 in the **Patient Education area Administration – Form Library** section on **VSPOnline** at **eyefinity.com**.

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**NOTE:** For California residents see [Complaints and Grievances under Patients' Rights and Responsibilities](#).

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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., 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.

# **DISPUTE RESOLUTION POLICY**

(Replacing the Fair Hearing Policy Effective January 1, 2018)



# **VISION SERVICE PLAN PEER REVIEW PLAN & DISPUTE RESOLUTION POLICY**



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## **VISION SERVICE PLAN DISPUTE RESOLUTION POLICY**

### **PURPOSE & GENERAL PROVISIONS**

Vision Service Plan, a not-for-profit corporation ("VSP"), is committed to providing high quality health care to its enrollees. Accordingly, VSP seeks to identify, investigate, evaluate, monitor, correct and enforce matters that arise from and/or relate to improper billing, utilization, and/or the quality of vision care services provided by VSP's Network Doctors ("ND").

This Dispute Resolution Policy ("DRP"), as may be amended or replaced from time to time, is the mandatory dispute resolution process established to provide VSP and ND with a fair and impartial dispute resolution process for the final determination of all disputes, claims and/or controversies between VSP and any ND (except state mandated claim payment dispute requirements), irrespective of legal theory, including, but not limited to the breach, termination, enforcement, interpretation and/or validity of any agreement, as well as the determination of the validity, scope and applicability of this DRP. Any challenges to the interpretation, applicability, enforceability or formation of any portion of the DRP, including the binding arbitration portion, shall be decided within the DRP. Accordingly, the Arbitrator, and not any federal, state, or local court or agency, shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability or formation of any portion of the DRP, including but not limited to the binding arbitration portion of this Agreement including, but not limited to any claim that all or any part of this Agreement is void, voidable or unconscionable.

As set forth herein, any ND may request a hearing ("Hearing") before a panel of three (3) VSP optometrists, collectively known as the Fair Hearing Panel ("Panel"), on an applicable dispute between ND and VSP. The privileges and protections created by the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11111, shall govern and apply to all Hearings, except as otherwise set forth herein. If the Hearing fails to resolve the matter to the satisfaction of the parties, then, on timely election by either party, the matter shall be determined and finally resolved by binding arbitration pursuant to the Federal Arbitration Act ("FAA"), 9 U.S.C. Chs. 1-3, except as otherwise set forth herein. Pursuant to the ND's Network Doctor Agreement ("NDA"), ND agrees to submit all disputes he or she may have with VSP to a Hearing, except as provided herein, or as otherwise required by law, and then, if elected, to final and binding arbitration. Likewise, VSP agrees to arbitrate all such disputes. This mutual agreement to arbitrate disputes means that both ND and VSP are bound to use binding arbitration as the final means of resolving disputes that may arise between the parties, and thereby the parties agree to forego any right they may have to a jury trial on such disputes. This agreement to arbitrate shall be enforced even if a party to the Arbitration is also involved in another action or proceeding with a third party arising out of the same matter. This DRP sets forth the sole method of resolving disputes that may arise between a ND and VSP.

Included within the DRP are VSP's policies and procedures regarding:

- I. Network Doctor Adverse Actions
  - Quality Management reviews
  - Audits conducted pursuant to VSP's Fraud and Abuse Policy

## II. Other Disputes

- Breach of the NDA
- Interpretation of this DRP

Confidential Process. All facts, records, data and information acquired in preparation for a Hearing or during the course of a Hearing or Arbitration hereunder shall be used and maintained in strict confidence and shall not be disclosed to any third parties, but may be used by the parties to the extent necessary to carry out the purposes of any final action(s), decision(s), and/or awards rendered. This confidential information shall be subject to subpoena or discovery as may be required by law. These confidentiality provisions shall survive final actions, decisions, awards and termination of the NDA.

This DRP is a proprietary and confidential document belonging solely to VSP. Except for its availability in the online VSP Manual to contracted ND, in no event shall the DRP be directly or indirectly shared, distributed or published to any third party without the prior written permission of VSP. Silence in response to any request to disclose shall not be deemed as consent to any disclosure.

Amendments. Absent exigent circumstances or as required by law, no agent or employee of VSP is authorized to make material changes or alterations to this DRP without first obtaining approval from VSP's Board of Directors or another Committee appointed thereby. Absent exigent circumstances or as required by law, any material alteration to this DRP shall go into effect upon thirty (30) calendar days' notice to ND through the usual means of communication to ND in all other instances. All disputes, claims and/or controversies shall be handled pursuant to the DRP in effect at the time of the Request for Hearing pursuant to the provisions set forth below. If a Request for Arbitration is made independent of a Level I Dispute as set forth below, it shall be handled pursuant to the DRP in effect at the time that the Request for Arbitration is made.

Nothing in this DRP is intended to create any vested right(s) of a ND or non-contracted doctor. It is the responsibility of the ND to ensure he/she is familiar with and operating under the most current version of the DRP. The DRP is available on VSPOnline through Eyefinity.com under Manuals or by written request to VSP.

If any provision of this DRP is held by an Arbitrator to be invalid, void or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way. Any such determination will only be operative with respect to the ND or non-contracted doctor who is a party to that Arbitration proceeding. VSP retains sole and exclusive authority to interpret this DRP. Any ambiguity or conflicting provision of this DRP shall be interpreted so as to give full meaning to the intent of the DRP.

Provider Claim Dispute Procedure. The DRP does not apply to ordinary provider Claim Disputes. Claims Disputes are ND and non-contracted provider challenges, appeals or requests for reconsideration of a claim or group of claims, when a claim or group of claims has been denied, adjusted or contested ("Claims Disputes"). Claims Disputes do not include any challenge to a Notice of Adverse Action as set forth below under Section I.

Pursuant to applicable state law, VSP maintains a fast, fair and cost-effective dispute resolution mechanism to process and resolve both contracted and non-contracted Claims Disputes. All ND Claim Dispute appeals shall be made to VSP pursuant to the dispute resolution procedure outlined in the Claim Appeals section of the VSP Manual, under "Eligibility and Authorization." Both ND and non-contracted providers may also contact VSP for the appeal process by calling 1-800-615-1883. Any provider Claims Dispute shall be handled and resolved by VSP without charge to the ND or non-contracted doctor. There shall be no right to appeal Claim Disputes under this DRP or to seek other redress; including challenge in court.

## **I. NETWORK DOCTOR ADVERSE ACTIONS**

There are several instances in which VSP may issue an adverse action notice to a ND. These include (1) quality management (“QM”) or NDA disputes such as negative findings arising from a quality assurance medical record review or other peer review proceeding, accusations of malpractice, professional misconduct, criminal or civil wrongdoing (“QM/NDA Disputes”); and (2) audit disputes resulting from billing practices that are suspected to be inaccurate, wrongful, fraudulent, or otherwise not in conformity with VSP’s Policies (“Audit Disputes”).

### QM/NDA Disputes.

The role of VSP’s quality management program is to ensure that ND complies with their respective NDA and VSP’s patient-care policies and procedures (“QM Program”). The QM Program is based on health care industry standards set by the American Medical Association (“AMA”), National Committee of Quality Assurance (“NCQA”) and other state and federal guidelines.

VSP’s QM Program includes clinical peer review of patient medical records and quality of care grievances. ND’s failure to meet VSP’s QM Program requirements may result in corrective action and the possible termination from the VSP Doctor Network. In either case, all decisions are entitled to an appeal through VSP’s Appeal Process set forth below.

QM/NDA Disputes also include doctor malpractice, professional misconduct and criminal and civil wrongs committed by a ND based on patient complaints or obtained from reporting from the National Practitioner Data Bank (NPDB), state/federal agencies and other third-party complaints.

### Audit Disputes.

Pursuant to California law, all health plans licensed to do business within the state are required to establish an antifraud program. While not every state has such requirement, VSP adheres to its Anti-Fraud and Abuse Plan when addressing ND audits in all states. VSP’s Anti-Fraud and Abuse Plan includes unannounced claims audits conducted by VSP’s Special Investigation Unit (“SIU”). These audits may be initiated at VSP’s sole discretion, which may include, without limitation, third-party referrals, patient surveys, review of utilization reports during a particular time period or because a ND is on conditional status with VSP. The SIU will coordinate, investigate and assess the appropriate course of action for all fraud and abuse incidents in conjunction with the VSP Director of Optometry, the VSP Medical Director, the VSP Office of the General Counsel and appropriate internal business partners. The SIU will make an assessment of the potential wrongful billing or other conduct inconsistent with VSP’s Policies, and will present to VSP’s Medical or Optometric Director in the form of a recommendation for action which may include one or more of the following courses of action:

- Informal administrative action
- Report findings to the proper professional association or state Optometry Board as required
- Demand for repayment in the form of restitution
- Law enforcement referral/criminal action
- Removal of ND from VSP network participation
- Removal of the right to submit out-of-network claims

An adverse action against a ND may include requiring the repayment of monies owing to VSP due to false, fraudulent, inadvertent or mistaken claims. These audit disputes result from the Fraud and Abuse Program and do not constitute “provider claims disputes” as defined above, which are not covered under this DRP.

The following procedures shall be followed in QM Disputes and Audit Disputes:



## **A. Level 1 Appeal: Fair Hearing**

### **1. Notice of Adverse Action and Right to a Hearing**

If VSP intends to take adverse action against a ND, an Adverse Action Notice (“Notice”), shall be issued to the ND by the VSP Optometry Director or, when applicable, the Medical Director, or their respective designees. The Notice shall contain the following information:

- The action(s) or proposed action(s) that VSP intends to take against the ND (e.g. restitution, termination, etc.);
- A brief summary of the factual basis for the action(s) to be taken;
- ND’s right to request a Hearing and how to timely exercise the right to a Hearing (see, subparagraph 4 below);
- That the ND has a right to a Hearing on the proposed adverse action before a panel of their peers (ODs or MDs)
- That the ND has rights pursuant to this DRP;
- That any contract termination decisions may be reported, whether required by law or not, to appropriate licensing and/or enforcement agencies and online through the National Practitioner Data Bank (“NPDB”) pursuant to the Health Care Quality Improvement Act.

The Notice will be sent first-class U.S. mail, postage prepaid, certified with return receipt requested, to the ND’s address that is then on record with VSP. The date of “receipt” will be the date listed on the return receipt. If a date is not included on the return receipt, it will be deemed that ND received the Notice five (5) days after mailing.

If VSP intends to terminate the ND as set forth in the Notice, the ND may remain on the VSP doctor network (“Network”) until the requested hearing is held and the Panel issues its findings as more fully set forth below. VSP, in its sole and absolute discretion, may terminate the ND immediately if there is reasonable cause to conclude any of the following:

- ND’s conduct presents a past or present risk of harm to any VSP patient (“Member”);
- ND’s conduct presents an unacceptable quality of care issue to any Member;
- ND’s conduct constitutes intentional fraud or misrepresentation in claims filing;
- ND’s conduct constitutes incompetence or willful indifference in treating a patient’s visual or other health care needs;
- ND’s license or other lawful authority to practice has expired, been terminated or is in any other form of suspension, probation or conditional status;
- ND has refused to allow an audit of his/her practice(s); or
- Other reasonable cause exists.

VSP’s failure to immediately terminate ND shall not create an inference that any one or all of the above situations have not occurred; shall not infer that termination is not warranted in the particular case; and shall not prevent VSP from deciding to terminate ND during the course of a pending Hearing.

VSP must report ND contract terminations, related to quality of care , professional misconduct and misleading/fraudulent billing activities, , in accordance with Title IV of Public Law 99-660 (The Health Care Quality Improvement Act of October 17, 1989). VSP may also be required to report fraudulent billing activities to other state and/or federal agencies in accordance with other state/federal specific law not cited to herein.

## 2. Hearing Administrator

At VSP's sole and absolute discretion and depending on the subject matter of the Hearing, VSP may appoint a Hearing Administrator ("Hearing Administrator") to manage all pre-Hearing matters, scheduling, communications between the ND, VSP and the Panel, and to handle post-Hearing matters.

## 3. The Hearing Panel

The Chair of the Panel ("Panel Chair"), who is appointed by the Chairman of the Board of Directors, shall appoint two (2) optometrists who are also VSP network doctors to serve on the Panel. The Panel Chair shall be in charge of the Hearing and shall make all determinations of the procedural conduct of the Hearing. No Panel member shall be in direct economic competition with the affected ND, and no Panel member shall be in a position to gain direct financial benefit from the outcome of the Hearing. The fact that Panel members and ND are on the same provider panel or network shall not, standing alone, constitute direct economic competition within the meaning of this paragraph. Panel members shall be provided copies of all documents to be considered at the Hearing and may attend the Hearing in-person or by telephone conference.

## 4. Pre-Appeal and Appeal Process

In an effort to resolve a dispute with a ND regarding a Notice, the ND shall be afforded the right to appeal the Notice to a Hearing before the Panel. For all Notices, completion of this appeal process is a condition precedent to the commencement of binding Arbitration as outlined below in the Level 2 Appeal Process.

For purposes of this process, and unless otherwise provided, Notices are deemed made, and all produced documents are deemed "produced," when deposited in the U.S. mail, sent by email or by other means as agreed to in writing by the parties. Should any deadline to produce fall on a weekend or holiday, the new deadline shall be the next business day.

For purposes of this process, and unless otherwise provided, "receipt" shall be deemed five (5) days after the postmarked date of mailing or if emailed, the date the email was received.

### a. Pre-Appeal: Good Faith Effort to Resolve the Dispute.

Within ten (10) days of receipt of a Notice from VSP, ND shall contact VSP at the number stated in the Notice to discuss the findings and allegations set forth in the Notice in a good faith effort to resolve the dispute without the need for a Hearing. If the parties are unable to reach a resolution of the dispute, ND may then request a Hearing. Any Request for Hearing received before ND has contacted VSP pursuant to this section, shall be stayed pending exhaustion of this step.

### b. Appeal: Request for Hearing.

If good faith communication efforts to resolve a dispute fail, the ND may request a Hearing in writing ("Request for Hearing") pursuant to the time frame set forth below in subsection e. The Hearing shall be limited solely to the issues specifically identified in the Request for Hearing. The Request for Hearing shall include:

- (1) A statement that the parties were unable to resolve the dispute through informal discussions.
- (2) A specific description of each and every issue that the ND is requesting to be determined at the Hearing.
- (3) A statement that the ND will appear at the Hearing in-person or by telephone.
- (4) A statement of whether the ND will have legal counsel present at the Hearing, and if so, the name of the counsel, address, telephone number and email of the counsel. (Please see Section I.A.7.b. below regarding attorney participation at the Hearing.)

c. Appeal: Notice of Hearing.

Unless otherwise required by state law, the Hearing shall be scheduled as soon as reasonably practicable. Hearings are held quarterly on dates set at the beginning of each calendar year, and in the ordinary course will be held not more than six (6) months from the deadline for ND to submit his/her Request for Hearing. The parties may agree in writing to waive these time parameters. The Notice of Scheduled Hearing will include the following:

- The time, date and location of the Hearing;
- Notice that the Hearing will be held before a Panel appointed by the Panel Chair;
- The issues that will be heard at the Hearing; and
- Notice that if the ND fails to attend the Hearing, the ND will forfeit their right to a Hearing despite the Request for Hearing.

The Notice of Scheduled Hearing shall be sent by UPS – 2nd day Air delivery, or by a different carrier with similar delivery timeframes, to the ND's address then listed with VSP.

d. Appeal: Failure to Request a Hearing.

If a ND fails to timely request a Hearing in the manner set forth herein, or withdraws a timely Request for Hearing, ND shall be deemed to have accepted the adverse action set forth in the Notice, which shall become final, and shall constitute an award to VSP. There shall be no further right to appeal the award under this DRP or to seek any other redress; including a challenge in any court. The findings set forth in the Notice shall become final and effective immediately.

e. Appeal: Deadlines.

The following deadlines shall apply to both parties:

Action	Deadline
Request for Hearing	ND shall make a Request for Hearing to the Hearing Administrator identified in the notice, so that the Hearing Administrator receives it <u>no</u> later than 40 days after ND's receipt of the Notice from VSP.
Notice of Scheduled Hearing	Within 5 days after receipt of ND's Request for Hearing, The Hearing Administrator shall issue a Notice of Scheduled Hearing.
Exchange of Documents ("Evidence")	<p>Within 30 days after receipt of ND's Request for Hearing, both parties shall simultaneously produce to the Hearing Administrator, with a copy to the other party, any and all documents either party intends to offer as evidence at the Hearing. <u>Failure to produce Evidence at this time, shall preclude production at the Additional Evidence stage below.</u></p> <p>If an issue for the Hearing relates to an Audit Dispute, each party shall include a detailed summary of the patient claims that each party intends to discuss at the Hearing.</p> <p>(See below at section f, for format of Evidence.)</p>

Action	Deadline
Request for Additional Documents ("RAD")	Within 10 days after receipt of the other parties' Evidence, either party may request from the other party non-privileged documents within her, his or its possession, custody or control that are directly relevant to the issues that will be heard at the Hearing and which were not previously exchanged as Evidence. Any request made beyond this 10 day period shall be deemed invalid. <u>No other discovery will be permitted.</u>
Response to Request for Additional Documents ("Response")	A party who receives a RAD must produce the requested documents or object to their production within 10 days of receipt of the RAD.
Final Exchange of Documents ("Additional Evidence")	At least 20 days before the Hearing, each party shall produce to the designated Hearing Administrator, with a copy to the other party, any additional documents <u>beyond what was previously produced as Evidence</u> , it intends to offer as evidence in its case in chief.  (See below under section f, for format of Additional Evidence.)
Notice of Lay and Expert Witnesses ("Witness Notice")	Witness Notices shall be produced to the Hearing Administrator and the other party at least 45 days prior to the commencement of the Hearing. Witness Notices produced with less than 45 days before the Hearing shall be deemed invalid.  (See below under section g, for format of Witness Notices.)

Action	Deadline
Notice of Rebuttal Expert	Within 10 days of receipt of an Expert Witness Notice, the receiving party shall have the right to name a rebuttal expert by transmitting same to the Hearing Administrator and the other party.  (See below under section g, for format of Notice of Rebuttal Expert.)
Objections to Witness Notice	Within 10 days of receipt of a Witness Notice or a Notice of Rebuttal Expert, either party may object to a noticed witness. Objections shall be sent to the Hearing Administrator and the other party. Objections received after this time period shall be deemed invalid. Objections will be ruled on by the Panel Chair.

Court Reporter	Any party wanting a record of a Hearing shall give notice to the Hearing Administrator and the other party at least 10 days prior to the Hearing.  (See further details below under section h.)
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**No new documents shall be admitted or considered by the Panel on the day of the Hearing, except as required pursuant to Section I.A.7.c. below.**

f. Appeal: Format of Documents.

All Evidence and Additional Evidence that either party intends to offer at Hearing shall be produced as follows:

1. The documents must be consecutively numbered by the producing party with a prefix to identify the party (e.g., Jones-001, Jones-002, VSP-001, VSP-002, etc.).
2. If Additional Evidence is submitted, those documents must be consecutively numbered following the numbering sequence of the original Evidence (e.g., Original Evidence was Jones-001-Jones-040 or VSP-001-VSP-040. The Additional Evidence will start with Jones-041 or VSP-041.)
3. The documents must be sent to the Hearing Administrator in a legible and sequential form and be capable of being electronically downloaded and/or printed. Failure to comply with these requirements will result in the documents being returned to the producing party for resubmittal in compliance with this provision. Upon notification that the documents are non-compliant with this provision, the non-compliant party shall have five (5) days to resubmit the documents to the Hearing Administrator. Failure to timely resubmit the documents in accordance with this provision shall constitute a waiver of the right to rely on those documents at Hearing.

g. Appeal: Format of Witness Notice.

In the event that either party intends to offer testimony of any witness at the Hearing, that party shall produce a written Witness Notice in accordance with the following:

For lay witness testimony, the noticing party shall provide a written list to the other party and to the Hearing Administrator to include the name and contact information of each witness they intend to call at the Hearing along with the evidentiary purpose of the witness and a summary of his or her expected testimony. If expert testimony is being offered, the expert notice shall include the curriculum vitae of the expert, a written summary describing the expert’s opinions, the basis for them, all evidence that the expert relied upon in reaching the stated opinion(s), and any evidence the expert will offer or rely on at the Hearing.

ND, SIU auditor(s), and any other VSP representative are not required to be included in the Witness Notice pursuant to this Section. The party who lists a witness shall be responsible for costs of bringing that witness to the Hearing. Any party may request, in writing to the other party, an extension of time beyond the deadlines expressly provided in this Section. In the event an agreement cannot be reached regarding an extension of time, the Panel Chair, in his or her sole and absolute discretion, may grant the request upon a showing of good cause or otherwise shall deny the request. The Panel Chair’s decision in this regard shall not be appealable.

h. Appeal: Court Reporter.

Any party, or the Panel, may arrange for a stenographic record of the proceeding to be kept by an independent certified court reporter (“Court Reporter”). The party noticing the use of a Court Reporter shall pay the expense of the original certified transcript (“Transcript”). The opposing party and the Panel shall be permitted to purchase a copy of the Transcript from the Court Reporter and shall only be required to

pay the Court Reporter's usual and customary fee for the Transcript. If the Panel desires the use of a Court Reporter, the Court Reporter costs, including the costs of the transcript(s), shall be equally shared by the parties. The Court Reporter shall be physically present at the Hearing. With the exception of personal notes of the Hearing by the parties and their counsel, there shall be no audio, video or other recording of the Hearing of any kind.

## **5. Document Dispute**

Disputes regarding documents to be used at Hearing shall be sent to the designated Hearing Administrator at least thirty (30) days prior to the Hearing, and resolved by the Panel Chair in his or her sole and absolute discretion. The Panel Chair may allow, deny, or limit production, and may, upon request of a party, make any orders regarding confidentiality of documents, preservation of documents, limitations upon the use of documents, and disposition of documents after conclusion of the Hearing. The Panel Chair shall have the discretion to award any legal fees incurred in a discovery dispute to the prevailing party if the Panel Chair determines that there was no reasonable basis for the documents requested or for the refusal to produce the documents requested. In resolving a discovery dispute, the Panel Chair shall be guided by the following considerations:

- The direct relevance of the information requested and the burden of producing it;
- Whether the information requested is exculpatory as to ND's alleged conduct;
- Whether the production of the information requested would violate the protected peer review privilege, the attorney-client privilege, the attorney work-product privilege or other privilege recognized by applicable law;
- Whether the production of the information requested will adversely affect patient privacy;
- Whether the information is confidential, proprietary or refers to individually identifiable doctors other than the affected ND;
- Whether there is other good cause to limit the production of documents; and
- Whether the party requesting the documents already possesses the documents.

The Panel Chair's decision in regard to the discovery dispute shall not be appealable.

## **6. ND's Failure to Attend and Participate in Hearing**

If ND fails to attend the Hearing, fails to respond to questions from the Panel or fails to otherwise participate in the Hearing in good faith, without good cause (as determined by the Panel Chair, in his or her sole and absolute discretion) ("Failure to Participate"), the ND shall be deemed to have submitted the matter for resolution to the Panel based upon the evidence presented to the Panel; shall be deemed to have waived his or her right to any further Hearing on the issues noticed in the Request for Hearing; and, at the discretion of the Panel, any or all issues set forth in the Request for Hearing may be deemed to have been resolved against the ND. Any adverse action(s) by VSP that were at issue in the Hearing shall become final and shall constitute an award in favor of VSP and against the ND. There shall be no right to appeal this final action resulting from a Failure to Participate, to include Arbitration, a lawsuit or other challenge in court or other legal or administrative redress.

The Panel Chair may grant a continuance of the first Hearing date set by the Panel Chair, but only upon a showing of good cause. The unavailability of legal counsel due to other legal/client commitments shall never constitute good cause except as to the initial Hearing date. If ND requests a continuance of a Hearing in a case where VSP is seeking the termination of ND from the Network, and reasonable cause exists pursuant to Section I.A.1., ND may be immediately terminated from the Network, which shall be effective on the date of the originally scheduled Hearing pending the outcome of the re-scheduled Hearing. ND may seek review of the immediate termination from the Panel Chair. The Panel Chair may, in his or her sole and absolute discretion, overrule the termination if the Panel Chair fails to find good cause under Section I.A.1.; that good cause exists not to impose such termination; that the delay was not caused by the ND or ND's counsel; or the delay is otherwise excusable as determined by the Panel Chair. The Panel Chair's decision in this regard is not otherwise appealable. In the event of a postponed Hearing, the Hearing Administrator will provide ND with Notice of the next available

Hearing date.

## 7. Conduct of the Hearing

- a. Attendance/Response. ND and VSP shall attend the Hearing as designated and shall respond fully and completely, under oath, to all questions from members of the Panel.
- b. Legal Counsel. The Hearing is intended as a peer-to-peer review of those matters set forth in the Notice and to hear issues identified by ND in ND's Request for Hearing. Each party may be accompanied by legal counsel at the Hearing. However, only the parties to the case, VSP and the ND, will be permitted to present their respective cases to the Panel. Legal Counsel shall not be permitted to call or question witnesses or argue the merits of facts or issues during the course of the Hearing. NDs may consult with their Counsel during the course of the Hearing, but only insofar as it does not interrupt or delay the Hearing. At the close of Hearing, counsel for each party may give a closing statement that shall not exceed five (5) minutes, except as may be permitted by the Panel Chair. A closing statement shall be limited to the facts presented at the Hearing and shall not identify, address or include new evidence. Each party shall bear its own legal fees, costs and expenses, except as may be ordered by the Hearing Panel in its decision on the matter that is consistent with the NDA. In a Hearing where ND is a physician, and where the Request for Hearing contains issue(s) concerning a final proposed action for which reporting is required under California Business and Professions Code Section 805, and where the ND is not represented by counsel in the Hearing, the Hearing Panel shall not be entitled to the presence of legal counsel at the Hearing.
- c. Hearing Management. The Panel Chair, in his or her sole and absolute discretion, shall manage the Hearing and admission of evidence so as to timely consider the facts and address the issues to be heard. The Panel Chair shall determine the relevance and admissibility of all evidence to be offered, including witness testimony, and may exclude any evidence or testimony that he or she deems to be irrelevant or cumulative. The Panel Chair may only consider documents that haven't been previously produced under the DRP, only where "fundamental fairness" requires that the documents be considered in order to adjudicate the dispute. If the parties agree, or if the Panel Chair directs, documents or other evidence may be submitted after the Hearing in the manner and within the time limits directed by the Panel Chair.
- d. Party Rights. Unless the Panel Chair determines otherwise, during the Hearing, each party may offer an opening and closing statement, may examine and cross-examine witnesses (if any) and introduce previously produced documents as evidence. As a peer-to-peer review, the Panel Chair may, and is encouraged to, facilitate a discussion of the evidence between the ND and the members of the Panel. These rights, excepting the right to present a closing statement, shall apply only to the parties to the case and shall not apply to counsel that may be present.
- e. Scope of Evidence. The rules of evidence and Code of Civil Procedure relating to the examination of witnesses and presentation of evidence in court shall not apply to the Hearing. Evidence offered and admitted shall be directly relevant to the issues designated in the Request for Hearing. The Panel Chair may admit evidence, consider and resolve issues not designated in the Request for Hearing if the Panel Chair reasonably determines that doing so is essential to making its findings and determinations in a given case and will not unfairly surprise or prejudice the opposing party. Regardless of the issues identified and raised by the Request for Hearing, the Panel shall not consider testimony, evidence or arguments challenging the validity, purpose or reasoning of the NDA or DRP. Any such testimony or other evidence will not be admitted or considered, regardless of its possible admissibility in a court of law or other tribunal. Any dispute regarding the NDA or this DRP shall, at either party's request, be submitted to binding Arbitration pursuant to Section II below.
- f. Confidential and Protected Process. The DRP is a peer review privileged, confidential and protected process. Due to the confidential nature of the dispute resolution process, the Hearing shall be closed to

persons that are non-essential to the Hearing process. For example, the parties may not bring spectators or other individuals to the Hearing who are not percipient witnesses or that are not acting in a representative capacity. The Panel Chair shall have the sole and absolute discretion to exclude any person(s) from all or any part of the Hearing, except for a party or a party's attorney. No record of the proceedings shall be made except as provided herein.

All information exchanged between the parties prior to, during or otherwise prepared for the Hearing, shall be treated as strictly confidential and shall not be used for any purpose other than at the Hearing ("Confidential Information"). In the absence of contrary directive by the Panel Chair, Confidential Information may not be disclosed to any third party except pursuant to a subpoena or as may be required by law. This confidentiality requirement shall survive the final action or decision of the Hearing Panel. Confidential Information may only be disclosed to the Hearing Panel members, parties and their attorneys and witnesses at the Hearing, all of whom shall also be advised of this confidentiality requirement. Upon conclusion of the dispute resolution process as provided herein, any and all Confidential Information, including all copies, shall be returned to the producing party or destroyed if agreed to in writing by the producing party. This obligation to return or destroy documents shall not apply to the Panel or its counsel.

- g. Adjournment and Conclusion. The Panel Chair may adjourn, reconvene or reopen the Hearing at the convenience of the Panel and/or the parties without special notice, and shall close the Hearing upon determining that the record is complete. The Panel shall, thereafter, conduct its private deliberations and render its decision in writing.

## **8. Decision of the Panel**

Within twenty (20) days after the close of the Hearing deliberations, the Panel shall issue to the parties a reasoned decision resolving the issues addressed in the Hearing, and provide notice of the right to request Arbitration ("Panel Decision"). The Panel Decision will be sent to the ND by first class mail, postage prepaid, certified with return receipt requested, unless the ND requests an alternate means of communication. The Panel Decision will be sent to VSP by email. Subject to the right of either party to request Arbitration under the Level 2 Appeal Process below, the decision of the Panel shall be final and binding. There shall be no further right by either party to appeal or otherwise challenge the Panel Decision to VSP's Board of Directors, in court or other forum.

### **B. Level 2 Appeal; Binding Arbitration**

#### **1. Binding Arbitration**

A Level 2 Appeal shall be determined by final and binding Arbitration with venue in Sacramento, California ("Arbitration"). Except as may be provided herein, either party may request Arbitration under this provision. Arbitration may be requested in the following circumstances:

- By VSP or ND in any dispute or controversy that is not resolved through the VSP Level 1 Appeal;
- By VSP if ND refuses to comply with the terms of a Notice, the decision of the Panel, and/or ND fails or refuses to request a Hearing pursuant to the VSP Level 1 Appeal process;
- BY VSP or ND in any dispute or controversy regarding any breach of the NDA, other than the Adverse Actions provided for in Section 1 that must be addressed first at the Level 1 Appeal process (See Section II below);
- By VSP or ND in any dispute or controversy that relates to the DRP (See Section II below); or
- By VSP or ND in any and all other disputes which may arise that are not otherwise provided for herein that they are unable to informally resolve within sixty (60) of written notice of the dispute.

The Arbitration shall be before one (1) neutral Arbitrator and shall be administered by JAMS The Resolution Experts ("JAMS"), pursuant to the rules and procedures identified herein ("VSP's Rules") unless reference to



alternate rules and procedures is specifically referenced or otherwise agreed to by the parties. VSP's Rules shall be enforceable by JAMS as if contained in JAMS Comprehensive Rules and Procedures, effective July 1, 2014 ("JAMS Rules"). (See [www.jamsadr.com](http://www.jamsadr.com) at JAMS Rule 2.) In the event there is a conflict between VSP's Rules and JAMS Rules, VSP's Rules shall govern. All references to specific JAMS Rules are to those JAMS Rules in effect as of July 1, 2014. Should any one or all of the JAMS Rules change so as to impact the referenced JAMS Rule number or the intent of the referenced JAMS Rule as of July 1, 2014, the meaning and numbering as of July 1, 2014 shall apply.

If JAMS declines to conduct such Arbitration, the Arbitration instead shall be administered by the American Health Lawyers Association ("AHLA"), and pursuant to VSP's Rules, unless reference to alternate rules and procedures is specifically referenced or otherwise agreed to by the parties.

For purposes of this process, and unless otherwise provided, Notices and Requests are deemed made, and all produced documents are deemed "produced," when deposited in the U.S. mail, sent by email or by other means as agreed to in writing by the parties. Should any deadline to produce fall on a weekend or holiday, the new deadline shall be the next business day.

For purposes of this process, and unless otherwise provided, "receipt" shall be deemed five (5) days after the postmarked date of mailing or if emailed, the date the email was received.

a. Request for Arbitration.

Either party may request Arbitration in writing, (“Request for Arbitration”) to the other party, of any of the issues that were the subject of the Panel Decision or are any of the other disputes as identified above. The Request for Arbitration shall be made within thirty (30) days following the date of the parties’ receipt of the Panel Decision. The date indicated on the return receipt shall establish the date of receipt. If a date is not indicated on the return receipt, it shall be presumed that it was received five (5) days from the date of deposit into the U.S. mail. The requesting party is referred to herein as the “Claimant.”

A Request for Arbitration of any other dispute, including a Section II dispute below, that is authorized to be resolved by binding Arbitration, and was not subject to the Level 1 Appeal Process, must be made pursuant to the time period set forth in Section II.

The Request for Arbitration must include a written statement describing the specific factual basis for the dispute and each issue that the requesting party claims to be in dispute and wants to be determined at Arbitration.

If VSP intends to terminate the ND as set forth in the Notice, and termination was upheld by the Panel, the ND may remain on the Network until the Arbitration hearing is held and the Arbitrator issues its findings as more fully set forth below. VSP, in its sole and absolute discretion, may terminate the ND immediately if there is reasonable cause to conclude any of the following:

- ND’s conduct presents a past or present risk of harm to any VSP patient (“Member”);
- ND’s conduct presents an unacceptable quality of care issue to any Member;
- ND’s conduct constitutes intentional fraud or misrepresentation in claims filing;
- ND’s conduct constitutes incompetence or willful indifference in treating a patient’s visual or other health care needs;
- ND’s license or other lawful authority to practice has expired, been terminated or is in any other form of suspension, probation or conditional status;
- ND has refused to allow an audit of its practice(s); or
- Other reasonable cause exists.

VSP’s failure to immediately terminate ND shall not create an inference that any one or all of the above situations have not occurred; shall not infer that termination is not warranted in the particular case; and shall not prevent VSP from deciding to terminate ND during the course of a pending Arbitration.

If Arbitration is not requested within the time and in the manner set forth herein, each of the parties shall be deemed to have accepted the Panel Decision, which shall become final, binding and conclusive; shall be effective immediately; shall not be subject to appeal or judicial review except to the limited extent provided by the FAA; and shall be confirmed and Judgment entered consistent therewith in the Sacramento County Superior Court, or any other court having competent jurisdiction.

If Arbitration is not requested for a dispute described in Section II below, within the time and manner set forth herein, any remedy for the dispute shall be time-barred and the dispute shall be deemed resolved. There shall be no further right to seek redress through arbitration, lawsuit or other administrative hearing.

b. Settlement Discussion.

After requesting Arbitration but before selection of an Arbitrator, Claimant shall propose final and binding terms of settlement (“Settlement Proposal”) to the other party (“Respondent”). Respondent shall accept or reject the Settlement Proposal. If the Settlement Proposal is accepted by Respondent, the parties shall proceed to execute the terms of the settlement, forthwith. If the settlement terms cannot be performed in three (3) days of acceptance, the parties shall reduce the settlement to a writing and sign the settlement

agreement. If Respondent rejects the Settlement Proposal, the case shall proceed to Arbitration. If Claimant obtains an arbitration award at Arbitration that is greater than the Settlement Proposal, the Claimant shall be deemed the prevailing party for purposes of an award of arbitration costs, plus an award of attorneys' fees, which fees shall not exceed \$15,000. (California Civil Code Section 1717 shall not apply for purposes of determining the prevailing party.) If the Arbitrator's Award at Arbitration is less than the Settlement Proposal, Respondent shall be deemed the prevailing party for purposes of an award of arbitration costs, plus an award of attorneys' fees, which fees shall not exceed \$15,000. If Claimant fails or refuses to make a Settlement Proposal pursuant to this Section, Claimant shall be deemed to have waived his/her/its right to recovery of any attorney fees or arbitration costs regardless of the terms contained in the NDA or the fact that the Arbitration Award awards Claimant greater relief than Respondent.

c. Arbitrator Selection and Arbitrator Fees.

Once Arbitration has been requested by either party, each party shall, within twenty (20) days of receipt of the date of the Request for Arbitration, exchange biographies of three (3) qualified JAMS healthcare Arbitrators located in or that provide arbitration services in the Sacramento, California area. In the alternative, the parties can meet in good faith to mutually agree upon one (1) qualified JAMS healthcare Arbitrator to arbitrate their dispute. JAMS Arbitrators can be found at <http://www.jamsadr.com/neutral-search/> and each Arbitrator's fee schedule can be requested by contacting the Arbitrator's designated Case Manager. No other non-JAMS approved Arbitrators shall be considered or proposed by either party, except in the event that JAMS declines to conduct the Arbitration, in which case AHLA-approved Arbitrators shall be utilized.

Following the mutual exchange of Arbitrator biographies:

- (1) Each party shall have five (5) days within which to strike up to two (2) names from the other party's list of three (3), without cause.
- (2) Once the parties have exercised their right to strike, the parties shall within five (5) days, meet and confer and mutually agree on the Arbitrator from those remaining.
- (3) If the parties are unable to mutually agree on an Arbitrator, the Panel Chair shall select the Arbitrator from those remaining and notify the parties of the appointment. JAMS Rule 15 (a) – (f) regarding Arbitrator appointments shall not apply, unless the Arbitrator who is selected is unable to fulfill his or her duties, in which case, the rules for appointment shall apply. In any event JAMS Rule 15 (h) – (j) shall apply.
- (4) In the event an Arbitrator cannot be appointed pursuant to the above-described procedure, a qualified Arbitrator shall be appointed by the Sacramento County Superior Court pursuant to California Code of Civil Procedure § 1281.6.

Except as provided herein and pursuant to JAMS Rule 14, neither party may communicate with a proposed or appointed Arbitrator on an ex parte basis.

If, for any reason, the Arbitrator who is selected is unable to fulfill the Arbitrator's duties, a successor Arbitrator shall be chosen in accordance with JAMS Rule 15(g).

Upon selection of an Arbitrator, VSP shall, within five (5) days, complete JAMS' "Stipulation for Arbitration and Selection of Arbitrator" ("Stipulation") form identifying the name of the selected Arbitrator, and shall provide the Stipulation to ND for his or her signature. ND shall promptly and not more than five (5) days after receipt of the Stipulation, return the signed Stipulation to VSP with his or her share of JAMS' case management fee, which is set by JAMS. Payment of the case management fee shall be in the form of a check made payable to JAMS. Upon receipt of ND's payment and signed Stipulation, VSP shall submit the completed Stipulation with a copy of this DRP and full payment to JAMS in order to commence Arbitration.

Each JAMS Arbitrator has his or her own schedule of fees applicable to Arbitrations. It is each party's responsibility to satisfy themselves as to the amount of such fees prior to selection of the Arbitrator. All fees shall be shared equally by VSP and ND(s) and shall be payable to JAMS promptly upon its request. If Claimant fails to pay his, her or its share of the case management fee or Arbitration fee at the commencement of Arbitration, it shall be concluded that the Claimant has failed to agree to participate in the Arbitration process. In this instance, the following shall apply:

- If Arbitration was subsequent to the Level 1 Appeal Process, the Panel Decision shall become final and binding. There shall be no further right to appeal the final action under this DRP or to seek other redress; including challenge in court and the Panel Decision shall become effective immediately. In such case, Respondent may proceed with the Arbitration without the Claimant's participation, solely for the purpose of finalizing the Panel Decision as an Arbitration Award. No further involvement by Claimant will be permitted. The Panel Decision, which shall then be considered an Arbitration Award for purposes of confirming an award under California Code of Civil Procedure section 1285, et seq., may be entered in any court having jurisdiction. Respondent shall then be entitled to recover attorney's fees and costs incurred in confirming the award.
- If Arbitration was requested pursuant to a Section II dispute below and Claimant fails to pay, the claim shall be deemed waived and time-barred. There shall be no further right to arbitrate the subject of the dispute or to seek relief of any nature, in any forum.

If Respondent fails to pay fees or expenses in full in an arbitration under the Level 1 Appeal Process or a Section II dispute below, Claimant, at his, her or its election, has the right to pay and proceed with the Arbitration without the other party's participation. No further involvement by Respondent will be permitted.

d. Pre-Arbitration Procedure.

- (1) Notification of Claims. Within fourteen (14) days of commencement of Arbitration (commencement date is determined by JAMS), Claimant shall submit to JAMS and serve on Respondent a copy of his, her or its "Request for Arbitration". (See JAMS Rule 9(b).)

Within fourteen (14) days of service of the "Request for Arbitration," Respondent may submit to JAMS and serve on the other party a Response to the Request for Arbitration. (See JAMS Rule 9(c).)

No other provisions of JAMS Rule 9 are applicable. JAMS Rule 10 shall not apply.

- (2) Preliminary Conference Call. At the direction of the Arbitrator, a preliminary conference call may be held to address the following issues:

- Discovery schedule – exchange of documents and witness disclosures;
- Scheduling of the Arbitration and deadline for exchanging Arbitration briefs and exhibits; and
- Any other issues that need to be addressed.

- (3) Discovery Requests. Either party may request from the other party non-privileged documents within his, her or its possession, custody or control that are directly relevant to the issues that will be heard at the Arbitration and which were not previously exchanged under the procedures set forth above. No other discovery will be permitted. JAMS Rules regarding discovery shall not apply.

The request for documents must be made at least thirty (30) days after the commencement of Arbitration. If the request for documents is made earlier, it will be treated by the receiving party as

if received on the thirtieth (30th) day after the commencement of Arbitration and responded to as provided herein.

A party who receives a document request must produce the requested documents or object to their production within thirty (30) days of receiving the request. All produced documents shall also be provided to the Arbitrator upon the Arbitrator's request.

Any dispute regarding document production shall be submitted to and resolved by the Arbitrator, in his or her sole and absolute discretion. The Arbitrator may allow, deny, or limit production, and may, upon request of a party, make any orders regarding confidentiality of documents, preservation of documents, limitations upon the use of documents, and disposition of documents after conclusion of the Hearing. The Arbitrator shall have the discretion to award any legal fees incurred in a discovery dispute if the Arbitrator determines that there was no reasonable basis for the documents requested or for the refusal to produce the documents requested. In resolving a discovery dispute, the Arbitrator shall be guided by the following considerations:

- The direct relevance of the information requested and the burden of producing it;
- Whether the information requested is exculpatory as to ND's alleged conduct;
- Whether the production of the information requested would violate the protected peer review privilege, the attorney-client privilege, the attorney work-product privilege or other privilege recognized by applicable law;
- Whether the production of the information requested will adversely affect patient privacy;
- Whether the information is confidential, proprietary or refers to individually identifiable doctors other than the affected ND;
- Whether there is other good cause to limit the production of documents; and
- Whether the party requesting the documents already possesses the documents.

The Arbitrator's decision in regard to the discovery dispute shall not be appealable.

- (4) Index of Exhibits. At least twenty (20) days prior to the Arbitration, each party shall voluntarily and without prior demand produce to the other party, and the Arbitrator, each document it intends to offer as evidence in its case in chief. This production shall be accompanied by an exhibit list (collectively, "Index of Exhibits"). The documents shall be consecutively numbered by the producing party and listed in the Index of Exhibits. The Arbitrator, in his or her sole discretion, may refuse to admit any document not exchanged in compliance with this Section, grant a continuance of the Arbitration and/or, if ND is the party that has failed to comply, suspend the ND's network participation pending the outcome of the re-scheduled Arbitration.
- (5) Witness Lists. In the event that either party intends to offer testimony from any witness at the Arbitration, that party shall give written notice and a witness list (collectively "Witness Notice") to the other party and to the Arbitrator, at least thirty (30) days prior to the commencement of the Arbitration. Witness Notices produced with less than thirty (30) days before the Arbitration shall be deemed invalid.
- a. Lay Witness. If either party intends to offer testimony of lay witnesses, that party shall provide a written list to the other party and to the Arbitrator. The witness list shall include the names and contact information of each witness they intend to call at the Arbitration. This disclosure shall also identify the evidentiary purpose of the witness and a summary of his or her expected testimony. The witness list shall be timely amended, with written explanation, in the event that newly discovered witnesses are identified, and such amendment must include a showing of good cause for the failure to originally and timely identify the witness(es). The failure to comply with this requirement, including with respect to the showing of good cause for late identification of lay witness(es), shall constitute good cause for the Arbitrator, in his or her sole and absolute discretion, to postpone the Arbitration, prohibit a witness(es)

from testifying or submitting and considering evidence, or if ND noticed the witness, suspend the ND's network participation pending the outcome of the re-scheduled Arbitration.

- b. Expert Witness. If either party intends to offer testimony of an expert, that party shall provide a written notice to the other party and to the Arbitrator. The witness list shall include the name, address, curriculum vitae of the expert, a written summary describing the expert's opinions, the basis for them, all evidence that the expert relied upon in reaching the stated opinion(s), and any evidence the expert will offer or rely on at the Arbitration. The other party shall have twenty (20) days in advance of the Arbitration to name a rebuttal expert and produce a rebuttal summary that shall include the expert's opinions, the basis for them, all evidence that the expert relied upon in reaching the stated opinion(s), and any evidence the expert will offer or rely on at the Arbitration. No untimely expert notices will be allowed, unless the parties agree in writing.

Objections to witnesses must be made within ten (10) days after the Witness Notice is received. Objections will be ruled on by the Arbitrator.

ND, SIU auditor(s), and any other VSP representative, are not required to be included in the witness list pursuant to this Section. The party who lists a witness shall be responsible for costs of bringing that witness to the Arbitration. Any party may request, in writing to the other party, an extension of time beyond the deadlines expressly provided in this Section. In the event an agreement cannot be reached regarding an extension of time, the Arbitrator, in his or her sole and absolute discretion, may grant the request upon a showing of good cause or otherwise shall deny the request. The Arbitrator's decision in this regard shall not be appealable.

e. Conduct of the Hearing.

1. Venue/Applicable Law. Any Arbitration hearing under this DRP shall take place in Sacramento County, California. To the extent allowable so as not to invalidate application of the FAA, Arbitrations hereunder shall be governed by the laws of the State of California.
2. Hearing Scheduling. The Arbitrator, after consulting with the parties that have appeared, shall determine the date, time and location of the Arbitration. The Arbitrator and the parties shall attempt to schedule consecutive Hearing days if more than one day is necessary.
3. Attendance/Response. ND and VSP, by way of a designated representative, shall attend the Arbitration in-person and respond to questions. If either party is unable to attend the Arbitration in-person, the Arbitration may be conducted by video conference with the agreement of all parties and of the Arbitrator. If either party fails to attend without good cause (as determined by the Arbitrator, in his or her sole discretion), that party shall automatically forfeit the right to Arbitration and the issues to be heard shall be deemed finally resolved in favor of the attending party. The decision and/or award of the Arbitrator shall itself be considered an Arbitration Award for purposes of Confirming an Award under California Code of Civil Procedure (CCP) Section 1285, et. seq. The Award shall be final, binding and conclusive, shall be effective immediately, shall not be subject to appeal or judicial review except to the limited extent provided by the FAA, and shall be enforceable in the Sacramento County Superior Court, or in any other court having jurisdiction. The party seeking confirmation of the Award shall be entitled to recover attorneys' fees and costs incurred both in the Arbitration and in confirming the Award. Any outstanding fees owed for the Arbitrator's attendance shall be paid by the non-appearing party.
4. Legal Counsel. The parties may be represented by legal counsel. Each party shall give prompt written notice to the Arbitrator's Case Manager and the other party of the name, address, telephone number, fax number and email address of its legal representative. The legal representative of a party may act on the party's behalf in complying with this DRP. A party's designated legal

representative must be licensed to practice and an active member of the California State Bar, or be otherwise authorized to practice in the State of California, and may not be a percipient witness to any of the facts underlying the issues to be arbitrated.

If there is a change in representation, a party shall give prompt written notice to the Case Manager and the other party of the change in representation, including the name, address, telephone number, fax number and email address of the new legal representative. Such notice shall state that the written consent of the former representative, if any, and of the new representative, has been obtained, and shall state the effective date of the new representation. (See JAMS Rule 12.)

If there is a change in legal representation that occurs less than thirty (30) days before the scheduled Arbitration, the Arbitration date shall be rescheduled to an agreeable date, but under no circumstances no more than ninety (90) days from the Arbitration date being continued. All deadlines related to the original Arbitration date shall be neither revived nor extended, unless agreed to in writing by the parties.

5. Hearing Management. The Arbitrator, in his or her sole and absolute discretion, shall manage the Arbitration so as to facilitate timely determination of the facts and the issues to be heard, including without limitation, the order of proof and setting reasonable limits on the participation of counsel during the Arbitration. The Arbitrator shall require the witnesses to testify under oath if requested by any party, or otherwise in the discretion of the Arbitrator.
6. Special Rules. At the Arbitration, the Arbitrator will advise the parties of any additional rules and/or procedures to be followed during the proceeding. The Arbitrator, in his or her sole discretion, shall determine the relevance and admissibility of all evidence to be offered, including witness testimony, and may exclude any such evidence or testimony deemed to be inadmissible or cumulative. If the parties agree, or if the Arbitrator directs, documents or other evidence may be submitted after the Arbitration in the manner and within the time limits directed by the Arbitrator.
7. Party Rights. Unless the Arbitrator determines otherwise, during the Arbitration, each party may offer an opening and closing statement, may examine and cross-examine witnesses, and introduce evidence in its case in chief and in rebuttal.

Following the Arbitration, the Arbitrator, in his or her sole discretion, may permit the parties to submit written arguments about the issues subject to the Arbitration. Any such written arguments shall be limited in length and subject as directed by the Arbitrator, and submitted as directed by the Arbitrator.

8. Scope of Evidence. The rules of evidence and civil procedure relating to the examination of witnesses and presentation of evidence in court shall not apply to any Arbitration conducted hereunder. However, no evidence shall be admitted unless it is directly relevant to an issue identified in the Request for Arbitration. The Arbitrator may admit evidence, consider and resolve issues not designated in the Request for Arbitration if the Arbitrator reasonably determines that doing so will not unfairly surprise or prejudice an objecting party.
9. Confidential and Protected Process. The DRP is a peer review privileged, confidential and protected process. Due to the confidential nature of the dispute resolution process, the Arbitration shall be closed to persons that are non-essential to the Arbitration process. For example, the parties may not bring spectators or other individuals to the Arbitration who are not percipient witnesses or that are not acting in a representative capacity. The Arbitrator shall have the sole right and discretion to exclude any person(s) from all or any part of the Arbitration, except for a party or a party's attorney. No record of the proceedings shall be made except as provided herein.

All information exchanged between the parties prior to, during or otherwise prepared for the

Arbitration, shall be treated as strictly confidential and shall not be used for any purpose other than at the Arbitration (“Confidential Information”). In the absence of contrary directive by the Arbitrator, Confidential Information may not be disclosed to any third party except pursuant to a subpoena or as may be required by law. This confidentiality requirement shall survive the final action or decision of the Arbitrator. Confidential Information may only be disclosed to the Arbitrator, parties and their attorneys and witnesses at the Arbitration, all of whom shall also be advised of this confidentiality requirement. Upon conclusion of the dispute resolution process as provided herein, any and all Confidential Information, including all copies, shall be returned to the producing party or destroyed if agreed to in writing by the producing party. This obligation to return or destroy documents shall not apply to the Arbitrator. The Arbitrator’s Award shall also be held in strict confidence.

10. Record. Any party, or the Arbitrator (at the parties shared expense), may arrange for a stenographic record of the proceeding to be kept by an independent Court Reporter. Any party wanting a record of the Arbitration shall give notice to the Arbitrator and the other party at least ten (10) days prior to the Arbitration. The party noticing the use of a Court Reporter shall pay the expense of the Transcript. The opposing party and the Arbitrator shall be permitted to purchase a copy of the Transcript from the Court Reporter and shall only be required to pay the Court Reporter’s usual and customary fee for the Transcript. If the Arbitrator desires the use of a Court Reporter, the Court Reporter costs, including the costs of the transcript(s), shall be equally shared by the parties. The Court Reporter shall be physically present at the Arbitration. With the exception of personal notes of the Arbitration by the parties and their counsel, there shall be no audio, video or other recording of the Arbitration of any kind.
11. Adjournment and Conclusion. The Arbitrator may adjourn and reconvene the Arbitration at the convenience of the Arbitrator and/or the participants without special notice, and shall close the Arbitration upon the determination that the record is complete. The Arbitrator shall, thereafter, deliberate and render his or her decision. During deliberation, should the Arbitrator determine it is necessary to clarify or take additional testimony, the Arbitrator, in his or her sole discretion, may re-open the Arbitration for such purpose(s). The Arbitrator may also permit the parties to submit post-Arbitration briefs, which may be in the form of a letter, and/or make closing arguments. Final adjournment shall not occur until the Arbitrator has completed his or her deliberation and renders the Arbitration closed.
12. Waivers, Postponements and/or Extensions of Time. Waivers, postponements and/or extensions of time beyond the times expressly permitted herein for the Arbitration process may be requested by the ND, VSP, or the Arbitrator or designee, and may be permitted by the Arbitrator on a showing of good cause. If without good cause, as determined by the Arbitrator, the ND requests postponement of the Arbitration, and if the Arbitration involves termination of the ND, the ND’s network participation will be automatically suspended from the date of the originally scheduled Arbitration pending the outcome of the subsequently re-scheduled Arbitration. If the Arbitrator determines, in his or her sole discretion, that good cause exists, no automatic suspension shall occur. In the event of a postponed Arbitration, the parties shall immediately hold a conference call with the Arbitrator to determine the date of the re-scheduled Arbitration.
13. Withdraw of Arbitration. At any time prior to the submission of the Stipulation to JAMS, the Request for Arbitration may be withdrawn by Claimant with prejudice. Once the Stipulation has been submitted to JAMS and JAMS has confirmed receipt, no withdrawal will be accepted without consent of Respondent and JAMS. Any fees then due and owing to JAMS shall be paid in full solely by the Claimant.



14. Class Action Waiver. Any Arbitration conducted herein will be conducted only on an individual basis by the ND. ND waives any and all rights, if any, it may have to bring a class action Arbitration as to Level 1 Appeal arbitrations, disputes related to the NDA and/or this DRP.

f. Final Cost Bill/Decision of the Arbitrator.

Within a reasonable time upon the conclusion of Arbitration, the Arbitrator or designee shall notify the ND and VSP, in writing, of any remaining Arbitration costs due and owing, and shall afford each of the parties at least ten (10) days from receipt of the notice in which to make respective payment in full. If the initial costs paid by either or both of the parties exceed the total amount due for the Arbitration, the Arbitrator shall promptly return the excess payment to the parties, respectively.

Within thirty (30) days after close of Arbitration, the Arbitrator shall issue to JAMS a reasoned Award (or dismissal of the matter for cause) resolving the dispute (“Arbitration Award”). JAMS shall then promptly send the decision to the parties by first class mail, postage prepaid, certified with return receipt requested, by email if agreed to by the parties, or by any other method of communication as determined by JAMS. The Arbitrator may in the decision allocate between the parties all or part of the costs of the Arbitration, including, without limitation, the fees and costs of the Arbitrator, as well as the reasonable attorney’s fees and costs of the prevailing party. For purposes of determining the “prevailing party,” the arbitrator shall solely apply the definition of prevailing party from Section I.B.1.b. (California Civil Code Section 1717 shall not apply for purposes of determining the prevailing party.)

The Arbitration Award shall be final, binding and conclusive, shall be effective immediately, shall not be subject to appeal or judicial review except to the limited extent provided by the FAA and shall be enforceable in the Sacramento County Superior Court, or in any other court having jurisdiction. The Arbitration Award shall be considered an Arbitration Award for purposes of confirming an award under California Code of Civil Procedure Section 1285, et. seq. The Arbitration Award may be entered in any court having jurisdiction. The party seeking confirmation of the Arbitration Award shall be entitled to recover attorney’s fees and costs incurred in confirming the Arbitration Award.

## **II. OTHER DISPUTES**

### **A. Breach of NDA**

Should a dispute arise related to the NDA, other than the Adverse Actions addressed herein the parties must first make a good faith effort to resolve the dispute. Notice of such dispute must be provided to the other party in writing (“Notice of Dispute”). If the parties are unable to reach a mutually agreeable resolution within twenty (20) days of the party’s receipt of the Notice of Dispute, the dispute shall be submitted to binding Arbitration pursuant to the rules and procedures provided herein. A Request for Arbitration must be made within forty (40) days of receipt of the Notice of Dispute.

### **B. Interpretation of the DRP**

Should a dispute arise related to interpretation of any part of this DRP, the parties must first make a good faith effort to resolve the dispute. Notice of such dispute must be provided to the other party in writing (“Notice of Dispute”). If the parties are unable to reach a mutually agreeable resolution within twenty (20) days of the party’s receipt of the Notice of Dispute, the dispute shall be submitted to binding Arbitration pursuant to the rules and procedures provided herein. A Request for Arbitration must be made within forty (40) days of receipt of the Notice of Dispute. The arbitrator, and not any federal, state, or local court or agency, shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability or formation of the DRP including, but not limited to any claim that all or any part of this Agreement is void or voidable.

**C. Other Disputes.**

Should any other dispute arise between VSP and ND, including breach of the confidentiality provisions included herein (including breach by any person acting for or on a party's behalf), the parties must first make a good faith effort to resolve the dispute. Notice of such dispute must be provided to the other party in writing ("Notice of Dispute"). If the parties are unable to reach a mutually agreeable resolution within sixty (60) days of the party's receipt of the Notice of Dispute, the dispute shall be submitted to binding Arbitration pursuant to the rules and procedures provided herein. A Request for Arbitration must be made within eighty (80) days of receipt of the Notice of Dispute.

For all disputes under this Section II, any Arbitration Award shall be final, binding and conclusive, shall be effective immediately, shall not be subject to appeal or judicial review except to the limited extent provided by the FAA and shall be enforceable in the Sacramento County Superior Court, or in any other court having jurisdiction. The Arbitration Award shall be considered an Arbitration Award for purposes of confirming an award under California Code of Civil Procedure Section 1285, et. seq. The Arbitration Award may be entered in any court having jurisdiction. The party seeking confirmation of the Arbitration Award shall be entitled to recover attorney's fees and costs incurred in confirming the Arbitration Award.

These Section II provisions shall survive termination of the effective NDA.

# CREDENTIALING AND RECREDENTIALING

## Program Overview

VSP credentials its Network Providers in accordance with the standards and guidelines of the National Committee for Quality Assurance (NCQA), and other accrediting or regulatory agencies, as appropriate. The doctor network consists of Optometrists, Ophthalmologists and Doctors of Osteopathy and each is required to be an active participant in the Medicare program.

## CONFIDENTIALITY

VSP maintains confidentiality of all information obtained for the purposes of credentialing and recredentialing VSP doctors. Only staff in Network Development, the Credentialing Committee and delegated entity(ies) have access to this confidential doctor information. VSP does not disclose confidential doctor information to any person or entity except with the written permission of the doctor or as otherwise permitted, required by contract or State and/or Federal law.

## DELEGATION OF PRIMARY SOURCE VERIFICATION

VSP delegates the administrative activities of its credentialing to Aperture, Inc. an NCQA certified Credentialing Verification Organization (CVO).

In accordance with NCQA standards, Aperture verifies the presence and timelines of the following:

- Timeliness of current attestation
- All active state licenses
- Board certification of MDs and DOs
- Education and training
- DEA license as required by applicable State regulation
- CDS, if applicable
- Current individual doctor malpractice insurance coverage
- Malpractice claims history and/or sanctions
- Medicare/Medicaid sanctions via National Practitioner Database, (NPDB), Office of the Inspector General (OIG) and System for Award Management (SAM)
- State Medicaid enrollment including State Agency suspension, exclusions and terminations list, if applicable
- Hospital privileges loss or limitation of privileges
- Work history for initial applications only—application or curriculum vitae
- Medicare opt out
- Query the SSA Master Death and National Plan and Provider Enumeration System (NPPES)
- Office of Foreign Asset Control (OFAC)

## **APPLICATION**

All applicant and existing doctors must complete and attest to the accuracy of their CAQH information and consent to the inspection of records and documents pertinent to the credentialing and recredentialing processes.

Doctors must complete the CAQH application, or State-mandated application, that includes a current and signed attestation of the following:

- Physical and mental status
- Lack of impairment due to chemical dependency/substance abuse
- History of loss of license and/or felony convictions
- History of loss or limitation of privileges or disciplinary activity
- Current malpractice insurance coverage
- The correctness and completeness of the application

## **DOCTOR RIGHTS REGARDING APPLICATION**

Doctors have the right to request the status of their credentialing and recredentialing application. The doctor's rights and VSP contact information is included in the application packet. The doctor can request, in writing, to review and correct information obtained from outside sources for the purposes of initial credentialing and recredentialing.

## **DOCTOR NOTIFICATION OF INFORMATION DISCREPANCY**

If the information submitted by the doctor varies substantially from the primary source verification and/or VSP network requirements, VSP or Aperture will make multiple contacts to inform the doctor via mail, facsimile, or phone call. Failure to correct the information may result in a denial and/or termination from the VSP network.

## **DOCTOR FAILURE TO DISCLOSE ADVERSE INFORMATION**

VSP applicant and existing doctors must provide complete and accurate information. If the doctor fails to disclose adverse actions, Aperture will make multiple contacts with the doctor electronically, by facsimile.

## **NON-DISCRIMINATION**

The Credentialing Committee members sign a non-discrimination agreement that remains in effect during their term as a Committee member. The statement attests that all decisions made by the committee are based on the doctor's credentials and VSP network participation criteria and not the doctor's age, gender, sexual orientation, race, ethnic/national identity, specialization or special services the doctor may provide.

## **CREDENTIALING AND RECREDENTIALING TIMEFRAMES**

The credentialing and recredentialing process follows these timeframes:

- All source verification occurs within 180 calendar days of doctor signature date and Credentialing Committee date.
- Aperture notifies the applicant doctor electronically, by facsimile or by certified mail, return receipt requested within 30 calendar days of receipt if application is incomplete.
- VSP notifies applicant doctors of Credentialing Committee approval and all doctors of Credentialing Committee denial within 10 business days of Committee decision.
- Recredentialing of doctors occurs with thirty-six (36) months of prior credentialing date in accordance with state and federal requirements and NCQA guidelines.

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**Note:** Timeframes are adjusted to meet State specific requirements. Verification concludes when the Credentialing Committee reaches the decision to approve or deny.

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## **INSURANCE, LICENSURE AND CERTIFICATION**

### **Insurance Requirement**

Our network doctors must maintain malpractice insurance coverage, in individual or group 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 malpractice insurance coverage requirements. 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.

## MEDICAID & MEDICARE COMPLIANCE

### Employing or Contracting with Excluded Individuals or Entities is Prohibited

Your agreement with VSP requires you to comply with all applicable requirements under state and federal laws and regulations. According to the U.S. Department of Health and Human Services, applicable requirements include the following:

You are responsible for ensuring that you do not employ or contract with excluded individuals or entities, whether in a physician practice, a clinic, or in any capacity or setting in which Federal health care programs may reimburse for the items or services furnished by those employees or contractors. This responsibility requires screening all current and prospective employees and contractors against OIG's List of Excluded Individuals and Entities. This online database can be accessed from OIG's Exclusion Web site. If you employ or contract with an excluded individual or entity and Federal health care program payment is made for items or services that person or entity furnishes, whether directly or indirectly, you may be subject to a civil monetary penalty and/or an obligation to repay any amounts attributable to the services of the excluded individual or entity.

For more information, see OIG's exclusion Web site available at <http://oig.hhs.gov/fraud/exclusions.asp>.

### MEDICARE ADVANTAGE CONTRACT PROVISIONS TO THE NETWORK DOCTOR AGREEMENT

The Centers for Medicare and Medicaid Services (hereinafter "CMS") requires that specific terms and conditions be incorporated into the Agreement between a Medicare Advantage Organization, a First Tier Downstream or Related Entity to comply with the Medicare laws, regulations, and CMS instructions, including; and

Except as provided herein, all other provisions of the Agreement between Vision Service Plan ("VSP") and Network Doctor not inconsistent herein shall remain in full force and effect.

#### **Definitions:**

**Centers for Medicare and Medicaid Services ("CMS"):** the agency within the Department of Health and Human Services that administers the Medicare program.

**Downstream Entity:** any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit, below the level of the arrangement between an MA organization (or applicant) and a first-tier entity. These written arrangements continue down to the level of the Network Provider of both health and administrative services.

**First Tier Entity:** any party that enters into a written arrangement, acceptable to CMS, with an MA organization or applicant to provide administrative services or health care services for a Medicare eligible individual under the MA program.

**Medicare Advantage Plan ("MA"):** 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.

**Medicare Advantage Organization ("MA organization"):** a public or private entity organized and licensed by a State as a risk-bearing entity (with the exception of provider-sponsored organizations receiving waivers) that is certified by CMS as meeting the MA contract requirements.

**Provider:** (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 (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:** any entity 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 the following:

1. Network Doctor agrees that Health and Human Services (“HHS”), the Comptroller General, or their designees have the right to audit, evaluate, and inspect any pertinent information for any particular contract period, including, but not limited to, any books, contracts, computer or other electronic systems (including medical records and documentation of the first tier, downstream, and entities related to CMS’ contract with a Medicare Advantage Organization, (“MA”) through 10 years from the final date of the final contract period of the contract entered into between VSP and the MA organization or from the date of completion of any audit, whichever is later. [42 C.F.R. §§ 422.504(i)(2)(i) and (ii)]

HHS, the Comptroller General, or their designees have the right to audit, evaluate, collect, and inspect any records under paragraph 1 of this contract provision directly from any first tier, downstream, or related entity. For records subject to review under paragraph 1, except in exceptional circumstances, CMS will provide notification to the MA organization that a direct request for information has been initiated. [42 C.F.R. §§422.504(i)(2)(ii) and (iii)]

2. Network Doctor will comply with the confidentiality and enrollee record accuracy requirements, including: (1) abiding by all 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 or subpoenas, (3) maintaining the records and information in an accurate and timely manner, and (4) ensuring timely access by enrollees to the records and information that pertain to them. [42 C.F.R. §§ 422.504(a)(13) and 422.118]
3. Enrollees will not be held liable for payment of any fees that are the legal obligation of VSP or the MA organization. [42 C.F.R. §§ 422.504(i)(3)(i) and 422.504(g)(1)(i)]
4. For all enrollees eligible for both Medicare and Medicaid, enrollees will not be held liable for cost sharing when VSP or the State is responsible for paying such amounts. Providers will be informed of Medicare and Medicaid benefits and rules for enrollees eligible for Medicare and Medicaid. The Network Doctor may not impose cost-sharing that exceeds the amount of cost-sharing that would be permitted with respect to the individual under title XIX, Medicaid, if the individual were not enrolled in such a plan. Providers will: (1) accept VSP payment as payment in full, or (2) bill the appropriate State source. [42 C.F.R. §§ 422.504(i)(3)(i) and 422.504(g)(1)(i)]
5. Any services or other activity performed in accordance with a contract or written agreement by VSP or the Network Doctor are consistent and comply with the MA organization's contractual obligations. [42 C.F.R. § 422.504(i)(3)(iii)]
6. Contracts or other written agreements between VSP the MA organization and providers must contain a prompt payment provision, the terms of which are developed and agreed to



by the contracting parties. VSP is obligated to pay contracted providers under the terms of the contract between MA Organization/VSP and Network Doctor. [42 C.F.R. §§ 422.520(b)(1) and (2)]

7. Network Doctor and any related entity, contractor or subcontractor will comply with all applicable Medicare laws, regulations, and CMS instructions. [42 C.F.R. §§ 422.504(i)(4)(v)]
8. If any of the MA Organization's activities or responsibilities under its contract with CMS are delegated to VSP as a first tier, downstream, and related entity:
  - (i) The MA Organization reserves the right to revoke the delegation activities and reporting requirements or to specify other remedies in instances where CMS or the MA Organization determines that such parties have not performed satisfactorily.
  - (ii) The MA Organization will monitor the performance of the parties on an ongoing basis.
  - (iii) The credentials of medical professionals affiliated with the party or parties will be either reviewed by the MA Organization or the credentialing process will be reviewed and approved by the MA Organization and the MA Organization must audit the credentialing process on an ongoing basis.
  - (iv) If the MA organization delegates the selection of providers, the MA organization retains the right to approve, suspend, or terminate any such arrangement. [42 C.F.R. §§ 422.504(i)(4)(5)]

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.

## **PERSONS ELIGIBLE FOR MEDICARE AND MEDICAID**

Pursuant to the Affordable Care Act, the Centers for Medicare & Medicaid Services (CMS) implemented a national duals demonstration program for people dually eligible for Medicare and Medicaid to test new service delivery and payment models. The program may be called MMP or Duals.

The MMP/Duals are implemented through private health plans contracting with CMS and the applicable state Medicaid agency. Agreements with providers and other third parties who contract with health plans (directly or indirectly) must comply with applicable VSP/MMP [contract requirements](#).

VSP and Network Doctor agree to comply with the following requirements:

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 VSP, and/or MMP payment as payment-in-full or will separately bill the appropriate state source for any amounts above the Medicaid cost sharing.

## OFFICE STANDARDS

### VSP Network Participation Requirements

1. Submit all eligible VSP claims through VSP's electronic claim submission system.
2. Use VSP contracted laboratories, as required based upon a patient's VSP plan type (except, this 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).
3. Provide and have, or be employed by another VSP doctor who has majority ownership and complete control of on-site dispensing services program.
4. Owner doctors must provide routine vision care services a minimum of eight (8) hours per week in a combination of no more than two offices. Each office location must be staffed and open at least 16 hours per week. We do not have hour requirements for employee doctors.
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. Provide service to patients who have the VSP Choice Plan (except, that this 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 accessible to public transportation.
3. 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.
4. Provide a reception area with adequate lighting and office furnishings that are clean and in a good state of repair.
5. Maintain a pet-free environment, except as required by law.
6. Meet applicable local health and safety codes, including fire hazards, electrical wiring, and office floors that are clean and free of any hazardous obstacles.
7. Have convenient access to records of all patients seen within the last three years.
8. Maintain medical records and member information in a confidential, secured location not accessible to the public.
9. Maintain all VSP patient records and information according to the state law.

10. 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.
11. Efficiently process incoming telephone calls after business hours. A patient should be able to leave a message with an answering service within 45 seconds.
12. 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.
13. 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:** If call is received during office hours, and the doctor determines the need of the member to be urgent, member should be seen within 24 hours.

**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.

If one of your patients is unable to obtain a timely referral, either you or your patient may call VSP or the Department of Managed Health Care Help Center at 1-888-HMO-2219 to obtain help.

14. Have online access to **Manuals** located on **VSPOnline** at **eyefinity.com**.
15. 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)	• Threshold Visual Fields Device, or Visual Field Testing Device (Minimum of a Tangent Screen)
• Foreign Body Removal Instruments	• Blood Pressure Measuring Device
• Keratometer	• Gonioprism
• Lensometer	• Lacrimal Dilators, Irrigators, Punctal Plugs
• Phoropter	• Ophthalmoscope
• Tonometer	• 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](http://www.cdc.gov)) and the APIC ([www.apic.org](http://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 Administration ([www.osha-slc.gov](http://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](http://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](http://vsp.com).

**Our patients have the right to be treated with consideration, dignity, respect and to have VSP doctors:**

- Provide complete information about their eye care and any proposed procedures and alternatives regardless of cost or benefit coverage.
- Allow patients to control decisions about their eye care 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 eye care guidelines, and:**

- Check the health care benefits and exclusions of their coverage.
- Establish and maintain a relationship with their primary eye care provider.
- Give eye care 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, co-insurance) of their care.
- Carry out the treatment plan agreed upon with their eye care provider or primary care physician.
- Know how to access urgent, emergency and out-of-area medical eye care 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](http://rid.org).

## VSP Members Language Assistance Program

VSP provides an online resource for providers to access information on diversity, cultural awareness, and health literacy. The Health Literacy App on the VSP Provider Facebook page offers several resources addressing topics of interpretation services, better communication, health literacy and census information that the provider can drill down to their practice location. To access the Health Literacy App, visit [www.facebook.com/VSPProviders](http://www.facebook.com/VSPProviders).

VSP has implemented a Language Assistance Program (LAP) to provide linguistic services to enrollees who prefer to conduct their affairs in a language other than English including the availability of free interpreter services at the time of an appointment for patients who request them.

### DOCUMENT TRANSLATION

VSP, as a California plan, regulated by the Department of Managed Care (DMHC), has identified Spanish and Chinese as our California Language Assistance Program threshold languages for translated /written documents.

Members who prefer their VSP member materials in a language other than English can receive free translation of VSP member documents. A notice of VSP's language assistance services is provided in each member mailing. This notice is written in VSP's threshold languages of English, Spanish, and Chinese and provides information on translation services and how to access materials in other languages.

VSP also has a member website available in Spanish. You can direct members who prefer to read VSP's website in Spanish to [es.vsp.com](http://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](http://vsp.com) to see a list of VSP practices where language(s) other than English are spoken.

You are required to keep your office(s) language capabilities current so members know where they can receive services in languages other than English. We encourage you to review practice information quarterly on VSPOnline at [eyefinity](http://eyefinity).

Practices must keep in mind that family, friends, and minor children are considered untrained health 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 less than the highest quality care desired.

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**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.

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## 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](http://eyefinity.com). The **VSP Member Complaint/Grievance Form** is available in [English](#), [Spanish](#), and [Chinese](#).

## VSP MEMBERS PRIVACY AND CONFIDENTIALITY

Individuals experiencing actual or threatened violence frequently establish new addresses and phone numbers to protect their health and safety.

VSP Vision Service Plan will provide Privacy and Confidentiality for Victims of Violence and Endangered Individuals. Upon notification VSP will accommodate a reasonable request for a covered individual to receive communications of claims-related information from VSP by alternative means or at an alternative address.

Without the express consent of the requestor, VSP shall **not** disclose to the policyholder or another insured covered under the policy: (1) the address, phone number, or any other personally identifying information of the covered individual or any child residing with the covered individual; (2) the nature of the health care services provided to the covered individual; (3) the name, address, and phone number of the provider of the covered health care services; or (4) any other information from which there is a reasonable basis to believe the foregoing information could be obtained.

Inform the patient that they may request privacy and confidentiality by following these steps:

1. Download the [Confidential Communication Request here](#)
2. Print and complete the form
3. Mail it to:

**VSP Legal Department**  
**3333 Quality Drive, MS 16H**  
**Rancho Cordova, CA, 95670**

4. Fax to: 916.851.4851 or
5. Email: [RegulatoryManagement3@vsp.com](mailto:RegulatoryManagement3@vsp.com), or

6. Call VSP at **800.877.7195** if you require assistance in completing the form.

For more information on domestic violence services, refer patient to the National Domestic Violence Hotline at: **800.799.7233** or TTY **800.787.3224**.



## CONTACT INFORMATION

Refer patients to VSP at **800.877.7195** or [vsp.com](http://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

## SERVICES SUBJECT TO REVIEW/AUDIT

All of Network Doctor's performance data, services and materials provided to VSP Patients, and claims submitted to VSP, are subject to review and audit. Upon request, and at their own expense, a Network Doctor furnish patient records, in the time frame requested, to VSP of any or all Enrollees for whom claims have been submitted to VSP for payment. Network Doctor shall fully cooperate with any VSP review or audit activity, including, without limitation, in-office audits and inspections, business audits, special investigation audits, medical record reviews and all similar VSP investigative or quality assurance efforts. For quality and authentication purposes, Network Doctor understands and agrees that some audits may be unannounced. Network Doctor shall not refuse to permit an audit because an audit was not announced in advance, may be disruptive or for any other reason. Should Network Doctor refuse to permit an audit for any reason, Network Doctor may be subject to termination for failure to comply with the Network Doctor Agreement and/or restitution in an amount to be determined by VSP. 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, except as may be required by law or as otherwise required in the Agreement.

The confidentiality requirements set forth above, shall survive the expiration or termination of the Network Doctor Agreement. Network Doctor further agrees that upon request, Network Doctor will timely furnish case records to VSP of any or all Enrollees for whom claims have been submitted, and that VSP may use any information so obtained for statistical, actuarial, scientific, peer review or other reasonable purposes, including applicable state and federal law requirements, provided that no professional confidence shall be breached thereby. Network Doctor also agrees that utilization and claims information may be released to MCOs and peer review groups. The confidentiality of VSP Patient medical information shall not be compromised. Network Doctor shall reimburse VSP in a timely manner for its reasonable out-of-pocket expenses and costs incurred in audit(s)/inspection(s) resulting in restitution due to improper billing. These costs shall include the reasonable market value of the time spent by Special Investigative Unit auditors for travel to and from the practice being audited, for recovery of necessary records, to conduct the audit, and the reasonable market value of the time spent to review and finalize the audit results.

## FINANCIAL RECORDS

While VSP encourages the use of the Well Vision Savings Statement to show VSP's value to the patient, it does not constitute an acceptable financial record for audit purposes. In accordance with VSP policy, all financial records must be itemized.

## CONTACT LENSES

Itemized, financial records must be kept for all VSP patients and must include the following for visually necessary, covered and elective contact lenses:

- Patient name
- Date of service
- CL brand
- Type
- Quantity and date dispensed
- U&C cost for services (fitting and evaluation)
- U&C cost for materials
- Amount billed to insurance
- Amount paid by the patient
- Method of payment

Under the Visually Necessary Contact Lens plan benefit, the patient is only charged the appropriate copayment, but you must still keep itemized records as noted above.

When billing VSP for contact lenses, you must keep a list of U&C fees and costs for services and materials for reference. This must be shown to any VSP Representative upon request.

## GLASSES

Itemized, financial records must be kept for all VSP patients and must include the following for glasses:

- Patient name
- Date of service
- Lens type
- Lens options
- Frame make, model and retail cost
- Date dispensed
- Amount billed to insurance
- Amount paid by the patient
- Method of payment

Failure to keep and provide itemized records may result in the denial of payment for billed services and materials.

# QUALITY ASSURANCE PROGRAM

## Program Overview

Our Quality Assurance (QA) program partners with you to deliver the highest quality eye care 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).

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**Note:** Our Quality Assurance department protects patient records, confidentiality, and all proprietary information. For more information, refer to [VSP's Privacy Procedures](#).

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## 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.

Patient medical records are submitted to VSP and reviewed by OD/MD auditors who verify the exam and treatment for each patient follows established criteria and is properly documented.

## 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.

## QUALITY MANAGEMENT PROGRAM

### Program Overview

VSP has a comprehensive Quality Management (QM) and Quality Improvement (QI) Program that presents a framework for ensuring quality eye care for members accessing VSP's doctors. The QM/QI Program Description defines the goals, scope, structure, function and other components for the QM/QI Program at VSP.

### Scope

#### PURPOSE

VSP's QM/QI Program ensures quality vision and eye health care to members accessing VSP's doctors. The program is designed to objectively and systematically monitor and evaluate the quality and appropriateness of care and services. We strive to continuously pursue opportunities for improvement and problem resolution.

#### POLICY

It is the policy of the organization to ensure:

- Compliance with VSP approved policies and procedures for the QM/QI process
- Adherence to guidelines, standards and criteria set by government, accrediting agencies, and other regulatory agencies as appropriate
- The QM/QI Program accommodates the contractual requirements and benefit design of each client/health plan

#### GOALS

The goals of the QM/QI program include, but are not limited to, the following:

- To develop, implement and coordinate all activities that are designed to improve the processes by which care and services are delivered
- To provide tools, resources and training for staff involved in quality of care processes with clinician oversight and guidance
- To identify inappropriate practice patterns and opportunities to improve patient care

- To evaluate the effectiveness of implemented changes in order to continuously improve the quality of care and service provided by VSP and doctors to VSP customers (members, clients, and health plans)
- To ensure that there are documented mechanisms to evaluate the effects of the QM/QI Programs utilizing member and doctor satisfaction data
- To ensure that QM/QI policies and procedures are reviewed, revised and approved, as needed, by the QM Committee
- To utilize efficient and appropriate communication channels to deliver QM information to appropriate individuals
- To facilitate documentation, reporting and follow-up of Credentialing and QM/QI activities in order to facilitate excellence in vision care services and outcomes.

## Quality Improvement Process

### OVERVIEW

The QI process includes documented policies and procedures utilized in monitoring, reviewing and improving care and services provided to VSP members by VSP doctors. VSP may use applicable provider data for quality improvement activities.

### POLICY

The QM/QI policy review occurs annually and is revised as needed. Procedural revisions and revisions with clinical impact are reviewed and approved by the QM Committee. VSP's clients and regulatory agencies receive material revisions to the policy or procedures, as required.

### PATIENT SAFETY

Patient safety is reviewed and addressed. Interventions are identified and implemented. Patient safety activities include, but are not limited to:

- Potential Quality of Care Complaints/Grievances
- Credentialing/Recredentialing
- QA Doctor Reviews
- Clinical Practice Guidelines / algorithms
- Member Surveys

### QI WORK PLAN

QM/QI plans activities each year as documented in the QI Work Plan and approved by the Board of Directors annually. Quarterly updates to the work plan reflect progress on QM/QI activities and are evaluated annually. The QM Committee reviews the updates and evaluations before forwarding to the Board of Directors.

### IMPROVEMENT ACTIVITIES

Development, implementation and review activities include, but are not limited to the following:

#### Potential Quality of Care Complaints and Grievances

- Doctor Trends
- Complaint type trends

- Credentialing/Rec credentialing and Professional Review
- Doctor Improvement Action Plan

### **Member, Client and VSP Doctor Satisfaction**

- QA Report/Evaluations
- QA Doctor Reviews
- Company Satisfaction Survey Results

### **Risk Management**

- Clinical Practice Guidelines and Algorithms
- Assessment of New Technology

### **Benefit Utilization**

- Identification of outlier practice patterns that may identify under or over utilization

## **EYE HEALTH MANAGEMENT PROGRAM®**

The VSP Eye Health Management Program focuses on early detection of chronic conditions through an eye exam. It integrates your medical findings in a HIPAA-compliant manner with the healthcare system to provide holistic care to patients.

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

### **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.

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**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.

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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.

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

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## 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	Diabetes Retinopathy
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E10.10 - E10.9	E10.311 - E10.359
E11.00 - E11.9	E11.311 - E11.359
E13.00 - E13.9	E13.311 - E13.359
	H21.1X1 - H21.1X9
<b>Glaucoma</b>	<b>Age-related Macular Degeneration</b>
H40.001-H40.009	H35.30
H40.021 - H40.029	H35.31
H40.051-H40.059	H35.32
H40.061 - H40.069	H35.351
H40.051-H40.059	H35.352
H40.10X0 - H40.11X4	H35.353
H40.1210 - H40.1294	H35.359
H40.1310 - H40.1394	<b>High Cholesterol</b>
H40.1410 - H40.1494	E78.00
H40.151 - H40.159	E78.01
H40.20X0 - H40.20X4	E78.1
H40.211 - H40.219	E78.2
H40.2210 - H40.2294	E78.4
H40.231 - H40.239	E78.5
H40.241 - H40.249	<b>Hypertension</b>
H40.30X0 - H40.33X4	H35.031-H35.039
H40.40X0 - H40.43X4	I10
H40.50X0 - H40.53X4	I97.3
H40.60X0 - H40.63X4	
H40.811 - H40.839	
H40.89	
H40.9	

## 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.

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**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.

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For further details, refer to the Provider Reference Manual for VSP's [COB guidelines](#).

## REIMBURSEMENT

### VSP's Doctor Payment System

For the VSP Signature Plan® and VSP Choice Plan® 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® and VSP Choice 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](http://eyefinity.com) by clicking the **View Fees** link under **Practice/Doctor Updates** in the **Administration** area.

### SIGNATURE NETWORK

Your VSP 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 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 when applicable.

### Progressive Lenses (Signature, Choice and Advantage)

You will receive your bifocal dispensing fee PLUS a service fee for progressive lenses. If covered, both the bifocal dispensing and applicable service fee are paid by VSP. For all other progressives, see **Lens Enhancements Charges Report** 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**.

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**Important!** 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**.

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## 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.

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**Important!** Please clearly print your doctor ID number on the claim copy so pay isn't further delayed.

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## 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 THE VSP NAME AND LOGO

You can use the registered service mark “VSP®” and our registered logo as long as you have a valid Agreement with VSP.

### Which Logo Should I Use?

It’s up to you. Download one from **VSPOnline** at [eyefinity.com](http://eyefinity.com).

### How to Use the VSP Name

Always include the ® symbol on the first reference to VSP in text, showing that it’s a registered service mark. For example:

- VSP® members welcome
- VSP® network provider
- VSP® Vision Care

### Use of VSP’s Name and Logo

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 website)
- 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)

### Exterior Office Signage

These types of signs do require VSP approval before installation or being made visible to the public. Complete an Ad Approval Request form and submit it to VSP with the plans and specifications of your sign.

- The proportion of the VSP name or logo should be no more than 25% of the size of the entire sign, and no larger than the practice name or logo.
- The size of the sign should be proportionate to the environment and surroundings.

- The sign and its contents must be maintained and have a good visual appearance.
- Note: be sure to check state regulatory and professional associations for laws and regulations which govern.

**Note:** Check state regulatory and professional associations for more information on laws and regulations which govern optometric or other medical professional advertising. All exterior signage must comply with any local laws and regulations, as well as rules and regulations of any commercial center where you are located.

### Things to Remember:

Only use the full-color, all-white, or all-black logo provided.

- 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 the logo in any way.
- 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 website, 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" in VSP.
- Always consult your designer/printer to ensure correct formatting.

### The Following Actions are Restricted

- Don't include the VSP logo on any sign that includes anything other than the doctor's name and or name of the optometry practice.
- Don't use the VSP logo with slogans, messages, pricing, or written statements or promises.
- Don't use the VSP name or logo in advertisements that contain any statement of price or offer of discounts (e.g., \$25% off, "free sunglasses with any purchase," or "two pairs of glasses for the price of one.")
- Don't send mail to employees of a VSP client.
- Don't use the term "Vision Service plan" (rather, use VSP or VSP Vision care when referring to your network participation).
- Don't use the VSP name and/or logo more than twice in a single media (e.g., the same advertisement, newsletter article, mailing, etc.)
- Don't refer to clients contracted with VSP (e.g., "Employees of ABC Inc. are accepted here.")

## A Few Words from Our Legal Department

The marks “VSP,” “Vision Service Plan,” “Vision care for life”, and “VSP Vision Care” are registered or common law marks owned by VSP. Unauthorized use of these marks may violate your Agreement with VSP.

Violation of your signed Agreement could result in monetary penalties, the revocation of your license agreement and/or VSP terminating its contract with you.

If your contract with VSP is terminated, you must immediately remove all references to your VSP network participation.

For questions or more information, please call **800.615.1883** or email: [providernetworkdevelopment@vsp.com](mailto:providernetworkdevelopment@vsp.com).

## 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 website users. We don't collect personal information from anyone who simply visits our website.

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, WASTE 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 Fraud, Waste and Abuse Business Plan are:

- The Fraud, Waste and Abuse Policy
- Education
- Prevention and Internal Controls
- Detection
- Investigation
- Sanctions and Disciplinary Action
- Full Cooperation with Law Enforcement and Regulatory Authorities
- Reporting
- Applicable Regulations and Laws

### **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
- 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 will coordinate all information received and lead any investigations 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
- Any fraudulent or abusive claim submissions 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 CARE REPRESENTATIVES

- All customer care 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 billing 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.

## Applicable Regulations and Laws

VSP helps administer many Federal and State healthcare programs such as Medicare and Medicaid that apply the following laws and regulations:

## **ANTI-KICKBACK STATUTE**

Prohibits anyone from knowingly and willfully soliciting or receiving anything of value in return for referring healthcare goods or services for which payment may be made in whole or in part under a federal health care program. The penalties are severe. If a person or entity is found guilty of violating the statute, a fine of up to \$25,000 or imprisonment of up to five years may be imposed.

Certain provider activities are “safe harbors” that are outlined in the law.

In addition to the Federal Anti-Kickback Statute, many states have adopted state anti-kickback statutes. Many of these statutes have the same elements and penalties as the Federal Anti-Kickback Statute.

## **FEDERAL PHYSICIAN SELF-REFERRAL**

Prohibits a physician (or immediate family member) who has a financial relationship with an entity from making a referral to that entity for furnishing a designated health service (DHS) for which Medicare or Medicaid would otherwise pay. Congress provided for a number of exceptions to this prohibition and gave CMS the authority to create additional exceptions.

## **FEDERAL FALSE CLAIM ACT**

Federal False Claim Act prohibits any individual or business from submitting, or causing someone else to submit, to the government a false or fraudulent claim payment. These false claims acts apply to all types of goods, services and government contracting, and have been particularly effective in combating healthcare fraud. The fines for filing a false claim includes up to three times the government damage plus \$5,500 to \$11,000 per false claim.

In addition to the Federal False Claim Act, many states have adopted state false claim statutes. Many of these statutes have the same elements and penalties as the Federal False Claim Act.

# **VSP ELECTRONIC FUNDS TRANSFER AND EXPLANATION OF PAYMENT POLICIES**

## **EFT Requirement**

All VSP network doctors must be enrolled in Electronic Funds Transfer (EFT), also known as direct deposit. Doctors can enroll their practice online or call **800.615.1883**.

## **Electronic EOP Requirement**

Printed Explanation of Payment (EOP) documents will not be mailed. EOPs are accessible through [eyefinity.com](http://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.

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**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.

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An automated version of the VSP Savings Statement is available when doctors submit a patient's claim through the Eyefinity® 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 Program<sup>SM</sup>
- VSP Diabetic Eyecare Plus Program<sup>SM</sup>
- VSP Laser VisionCare<sup>SM</sup>
- Vision Therapy
- Repair

# VSP Signature Plan<sup>®</sup>

## Lens Enhancements Chart



Effective July 1, 2018

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

### **Copay**

All lens enhancements are covered after a copay. Charge patient the listed copay or your usual and customary fee (U&C), whichever is lower.

### **Charge Back**

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

### **Service Fee**

You'll receive the listed 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.

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# VSP Signature Plan

Charge patients the listed patient copay or your U&C fee, whichever is lower.

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	<b>Aspheric Plastic</b> 1.50	\$10	\$13	\$23	\$14	\$14	\$28
AB	<b>High-index Plastic</b> 1.53-1.60/Trivex	\$29	\$22	\$51	\$33	\$22	\$55
AH	<b>High-index Plastic</b> 1.66/1.67	\$48	\$28	\$76	\$58	\$32	\$90
AJ	<b>High-index Plastic</b> 1.70 & Above	\$68	\$34	\$102	--	--	--
AD	<b>Polycarbonate</b>	\$10	\$13	\$23	\$14	\$14	\$28
AE	<b>(Lab Use Only)</b>	--	--	--	--	--	--
AF	<b>High-index Glass</b> 1.60–1.80 (Clear)	\$35	\$20	\$55	\$85	\$42	\$127

Digital Aspheric Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
BA	<b>Digital Aspheric Lenses – Plastic</b>	\$19	\$14	\$33	\$26	\$14	\$40
BA + BB	<b>Digital Aspheric Lenses – High-index Plastic</b> 1.53-1.60/Trivex	\$16	\$11	\$33 + \$27	\$16	\$11	\$40 + \$27
BA + BH	<b>Digital Aspheric Lenses – High-index Plastic</b> 1.66/1.67	\$37	\$19	\$33 + \$56	\$40	\$25	\$40 + \$65
BA + BJ	<b>Digital Aspheric Lenses – High-index Plastic</b> 1.70 & Above	\$57	\$25	\$33 + \$82	--	--	--
BD	<b>Digital Aspheric Lenses – Polycarbonate</b>	\$19	\$14	\$33	\$26	\$14	\$40

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

Polarized Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
DA	<b>Polarized Lenses – Plastic A</b>	\$36	\$17	\$53	\$48	\$23	\$71
DA + DB	<b>Polarized Lenses – High-index Plastic</b> 1.53-1.60/Trivex	\$47	\$23	\$53 + \$70	\$59	\$29	\$71 + \$88
DA + DH	<b>Polarized Lenses – High-index Plastic</b> 1.66/1.67	\$55	\$27	\$53 + \$82	--	--	--
DA + DD	<b>Polarized Lenses – Polycarbonate</b>	\$13	\$14	\$53 + \$27	\$13	\$14	\$71 + \$27
DE	<b>Polarized/Laminated Lenses – Glass</b>	\$49	\$23	\$72	\$63	\$30	\$93

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	<b>Near Variable Focus – Plastic</b>	--	--	--	\$26	\$20	\$46
+IB	<b>Near Variable Focus – High-index Plastic</b> 1.53-1.60	--	--	--	\$11	\$10	\$21
+II	<b>Near Variable Focus – High-index Plastic</b> 1.66/1.67	--	--	--	\$27	\$18	\$45
+ID	<b>Near Variable Focus – Polycarbonate</b>	--	--	--	\$7	\$10	\$17
GA	<b>Blended Bifocal – Plastic</b>	--	--	--	\$14	\$13	\$27

Plastic Dyes		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
MM	<b>(Lab Use Only)</b>	--	--	--	--	--	--
MN	<b>Plastic Dyes – Solid Color</b> (Except Pink I & II)	\$5	\$8	\$13	\$5	\$8	\$13
MP	<b>Plastic Dyes – Gradient</b>	\$7	\$8	\$15	\$7	\$8	\$15

+This lens enhancement code is always in conjunction with a base lens enhancement 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 lens enhancements. Additionally, for children or handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.

# VSP Signature Plan

Charge patients the listed patient copay or your U&C fee, whichever is lower.

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	<b>(Lab Use Only)</b>	--	--	--	--	--	--
MR	<b>Glass Tints Solid</b> (Except Pink I & II & Yellow)	\$16	\$14	\$30	\$24	\$17	\$41
MS	<b>Glass Color Coatings – Solid</b>	\$22	\$16	\$38	\$22	\$16	\$38
MT	<b>Glass Color Coatings – Gradient</b>	\$25	\$17	\$42	\$25	\$17	\$42

Photochromics		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
PM	<b>Photochromics – Glass</b>	\$15	\$14	\$29	\$23	\$14	\$37
PP	<b>Photochromics – Plastic</b>	\$42	\$20	\$62	\$51	\$25	\$76
^PP	<b>Photochromics – Mid-index</b>	\$42	\$20	\$62	\$51	\$25	\$76

Other Coatings		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
QM	<b>Anti-reflective Coating A</b>	\$21	\$16	\$37	\$21	\$16	\$37
QN	<b>Anti-reflective Coating B</b>	\$34	\$17	\$51	\$34	\$17	\$51
QT	<b>Anti-reflective Coating C</b>	\$41	\$20	\$61	\$41	\$20	\$61
QV	<b>Anti-reflective Coating D</b>	\$52	\$23	\$75	\$52	\$23	\$75
QP	<b>Mirror – Solid &amp; Single Gradient</b> (Includes Base Color)	\$26	\$18	\$44	\$26	\$18	\$44
QR	<b>Ski Type</b> (Includes Base Tint and Backside Color)	\$30	\$20	\$50	\$30	\$20	\$50
QQ	<b>Scratch-resistant Coating A – Factory Applied</b>	\$7	\$8	\$15	\$7	\$8	\$15
QS	<b>Scratch-resistant Coating B – Other Approved Coatings</b>	\$15	\$14	\$29	\$15	\$14	\$29

Oversize		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
RM	<b>Frames Stamped 61mm Eye Size or Greater – Plastic</b>	\$5	\$5	\$10	\$6	\$6	\$12
RN	<b>Frames Stamped 61mm Eye Size or Greater – Glass</b>	\$7	\$5	\$12	\$10	\$6	\$16

Miscellaneous		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
SP	<b>High-luster Edge Polish</b>	\$6	\$8	\$14	\$6	\$8	\$14
SQ	<b>Edge Coating</b>	\$17	\$15	\$32	\$17	\$15	\$32
SR	<b>Faceted Lenses</b> (Includes Polishing)	\$41	\$20	\$61	\$41	\$20	\$61
SV	<b>UV Protection</b>	\$6	\$8	\$14	\$6	\$8	\$14
BV	<b>UV Protection – Backside</b>	\$7	\$3	\$10	\$7	\$3	\$10
TA	<b>Technical Addon</b>	\$8	\$2	\$10	--	--	--
SH	<b>(Lab Use Only)</b>	--	--	--	--	--	--
ST	<b>(Lab Use Only)</b>	--	--	--	--	--	--
SW	<b>(Lab Use Only)</b>	--	--	--	--	--	--

Doctor Supplied		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
IM	<b>Plastic Dyes – Solid Color</b> (Pink I & II)	\$5	--	--	\$5	--	--
IN	<b>Plastic Dyes – Solid Color</b> (Except Pink I & II)	\$5	\$8	\$13	\$5	\$8	\$13
IP	<b>Plastic Dyes – Gradient</b>	\$7	\$8	\$15	\$7	\$8	\$15
IV	<b>UV Protection</b>	\$6	\$8	\$14	\$6	\$8	\$14

\*If ordered with SunSensors or SunGray photochromics, lens enhancement 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 lens enhancements.

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.

# VSP Signature Plan

Charge patients the listed patient copay or your U&C fee, whichever is lower.

Progressive				
Code	Lens Enhancement Description	Charge Back	Service Fee <sup>2</sup>	Patient Copay
CM	<b>Custom Measurements</b> (on Eligible Progressive N or O) Lenses	\$2	\$8	\$10
NA	<b>Progressive N – Plastic</b>	\$95	\$65	\$160
NA + NB	<b>Progressive N – High-index Plastic</b> 1.53-1.60/Trivex	\$25	\$17	\$160 + \$42
NA + NH	<b>Progressive N – High-index Plastic</b> 1.66/1.67	\$48	\$24	\$160 + \$72
NA + NJ	<b>Progressive N – High-index Plastic</b> 1.70 & Above	\$77	\$38	\$160 + \$115
NA + ND	<b>Progressive N – Polycarbonate</b>	\$15	\$15	\$160 + \$30
NA + NP	<b>Progressive N – Polarized</b>	\$51	\$25	\$160 + \$76
OA	<b>Progressive O – Plastic</b>	\$75	\$45	\$120
OA + OB	<b>Progressive O – High-index Plastic</b> 1.53-1.60/Trivex	\$25	\$17	\$120 + \$42
OA + OH	<b>Progressive O – High-index Plastic</b> 1.66/1.67	\$48	\$24	\$120 + \$72
OA + OJ	<b>Progressive O – High-index Plastic</b> 1.70 & Above	\$77	\$38	\$120 + \$115
OA + OD	<b>Progressive O – Polycarbonate</b>	\$15	\$15	\$120 + \$30
OA + OP	<b>Progressive O – Polarized</b>	\$51	\$25	\$120 + \$76
FA	<b>Progressive F – Plastic</b>	\$54	\$36	\$90
FA + FB	<b>Progressive F – High-index Plastic</b> 1.53-1.60/Trivex	\$25	\$17	\$90 + \$42
FA + FH	<b>Progressive F – High-index Plastic</b> 1.66/1.67	\$48	\$24	\$90 + \$72
FA + FJ	<b>Progressive F – High-index Plastic</b> 1.70 & Above	\$77	\$38	\$90 + \$115
FA + FD	<b>Progressive F – Polycarbonate</b>	\$15	\$15	\$90 + \$30
FA + FP	<b>Progressive F – Polarized</b>	\$51	\$25	\$90 + \$76
FE	<b>Progressive F – Glass/High-index Glass</b> (Clear)	\$59	\$36	\$95
JA	<b>Progressive J – Plastic</b>	\$46	\$34	\$80
JA + JB	<b>Progressive J – High-index Plastic</b> 1.53-1.60/Trivex	\$25	\$17	\$80 + \$42
JA + JH	<b>Progressive J – High-index Plastic</b> 1.66/1.67	\$48	\$24	\$80 + \$72
JA + JJ	<b>Progressive J – High-index Plastic</b> 1.70 & Above	\$77	\$38	\$80 + \$115
JA + JD	<b>Progressive J – Polycarbonate</b>	\$15	\$15	\$80 + \$30
JA + JP	<b>Progressive J – Polarized</b>	\$51	\$25	\$80 + \$76
JE	<b>Progressive J – Glass/High-index Glass</b> (Clear)	\$56	\$34	\$90
KA	<b>Progressive K – Plastic</b>	\$30	\$20	\$50
KA + KB	<b>Progressive K – High-index Plastic</b> 1.53-1.60/Trivex	\$25	\$17	\$50 + \$42
KA + KH	<b>Progressive K – High-index Plastic</b> 1.66/1.67	\$48	\$24	\$50 + \$72
KA + KJ	<b>Progressive K – High-index Plastic</b> 1.70 & Above	\$77	\$38	\$50 + \$115
KA + KD	<b>Progressive K – Polycarbonate</b>	\$15	\$15	\$50 + \$30
KA + KP	<b>Progressive K – Polarized</b>	\$51	\$25	\$50 + \$76
KE	<b>Progressive K – Glass/High-index Glass</b> (Clear)	\$50	\$20	\$70

+This lens enhancement code is always charged in conjunction with its base lens enhancement code [shaded], e.g., KD is charged with KA.

2. The 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 <sup>3</sup> as of 7/1/2018		
Custom	N	Autograph III*, Hoyalux iD LifeStyle/2*, UNITY® Via Elite*, Varilux Physio Enhanced Fit/W3+ Fit*, Varilux X Fit Technology*, ZEISS DriveSafe Individual*, ZEISS Individual 2*
	O	Autograph II+*, Kodak Unique, Shamir Intouch, synchrony Performance HDV, UNITY Via Plus/Mobile/Wrap*, Varilux Comfort W2+ Fit*, Varilux Physio Enhanced/W3+*, Varilux X Design Technology*, ZEISS Precision
Premium	F	KODAK Digital Precise, Shamir Spectrum+, synchrony Performance HD, UNITY Via, Varilux Comfort 2 DRx/Enhanced/W2+, Varilux Physio/DRx, ZEISS GT2, ZEISS Choice
	J	Ethos Plus, Hoyalux GP Wide, Ideal Advanced, Kodak Precise/PB/Short, Shamir Element, synchrony Easy Adapt, Varilux Comfort 2, Varilux Ellipse
Standard	K	Accolade, Adaptar, Amplitude/Mini/BKS, Ethos, Image, Kodak Concise, Natural/Digital, Navigator, Ovation, SmallFit, synchrony Easy View/HD, VIP

3. 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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