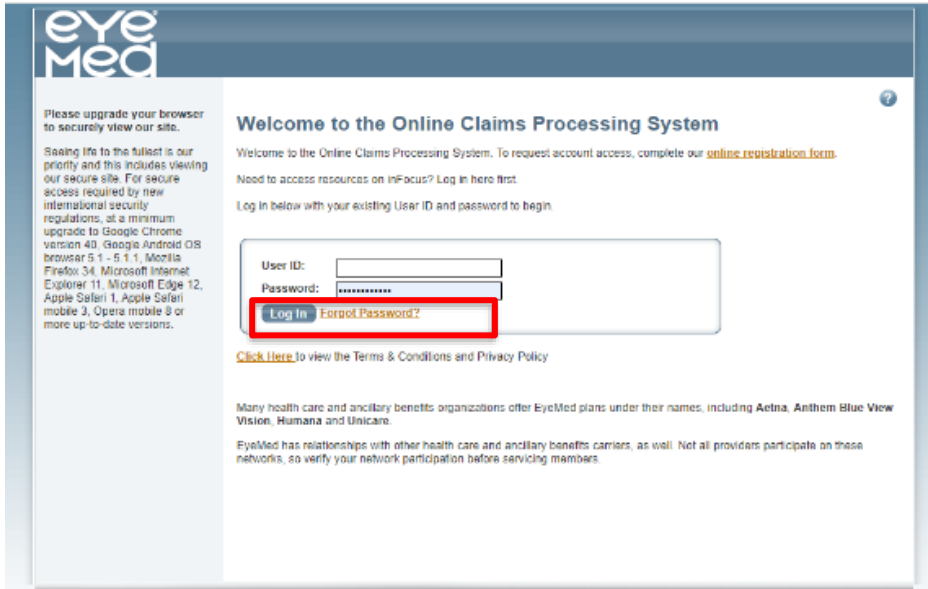


When it's time to make glasses for the patient, you'll file the claim like you always do through <https://claims.eyemedvisioncare.com/claims/loginForm.emvc>.

STEP 1: Enter your User ID and Password. If you forget your password, click the Forgot Password link.



Searching for Members

Upon logging into the online claims system, select "Member Search" from the left hand side navigation.



From here, you'll be taken directly to the member search page.

STEP 1: Enter the member's name, date of birth and the date of service.

STEP 2: Click search.



STEP 3: Identify the correct member record from the search results and click the member name. You may see multiple members appear and this is simply to search in case there are multiple family members covered by the same vision benefit.

Viewing Eligibility and Plan Information

STEP 1: Choose the location and provider who is providing services

Service Eligibility

If you have more than one location under your User ID, choose a location. Then, select an eligible provider for each service and click the Request Service Authorization for Selected Providers button. To change between frame, lens or frame/lens options, reset the drop down to Choose a Provider. To view the reimbursements you can expect to receive for each service, click the Display Provider Reimbursement for Selected Services button. Authorizations are not required for materials discounts.

Select a location below to determine service eligibility and request an authorization.

Location: *

* Required Fields

Step 2: You'll be able to view the services and materials the member is eligible for.

Check Eligibility

Routine **Additional Purchase**

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
<input checked="" type="checkbox"/>	Exam	Yes	01/01/2018	Once every calendar year
<input checked="" type="checkbox"/>	Lenses	Yes	01/01/2018	Once every calendar year
<input checked="" type="checkbox"/>	Frame	Yes	01/01/2018	Once every calendar year
<input type="checkbox"/>	Contact Lenses	Yes	01/01/2018	Once every calendar year
<input type="checkbox"/>	Contact Lens Fit and Follow-up	Yes	01/01/2018	Unlimited

Step 3: Scroll down to view details about the member's benefits like copays and allowances.

Submitting non-lab Claims

STEP 1: After using the steps above, verify the member is eligible by the yes flag in the member eligibility box. Then, check the service you are providing.

Check Eligibility

Routine | **Additional Purchase**

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
<input checked="" type="checkbox"/>	Exam	Yes	01/01/2018	Once every calendar year
<input checked="" type="checkbox"/>	Lenses	Yes	01/01/2018	Once every calendar year
<input checked="" type="checkbox"/>	Frame	Yes	01/01/2018	Once every calendar year
<input type="checkbox"/>	Contact Lenses	Yes	01/01/2018	Once every calendar year
<input type="checkbox"/>	Contact Lens Fit and Follow-up	Yes	01/01/2018	Unlimited

Submit Claim

STEP 2: After hitting submit claim, you'll scroll down and see the Exam section. Select the type of exam you have performed.

Exam

Complete the information about the patient's eye exam below. Remember, disease diagnosis codes are required.

Exam: *

Procedure: 92081-Visual Field
 92082-Visual Field-Intermediate
 92083-Visual Field Extended
 92225-Extended Ophthalmoscopy
 92250-Fundus Photography with interpretation & Report
 92250-52 - Retinal Imaging (Fundus Photography Reduced Service)
 99199 - Basic Dilation

Refraction:

Primary Diagnosis:

CPT II and Disease Reporting Diagnosis: (If Yes, check all known conditions related to this patient) *

Abnormal Pupil
 Cataract
 Glaucoma
 Hypercholesterol
 Hypertension
 Macular Degeneration
 Type 1 Diabetes
 Type 2 Diabetes
 Unspecified Diabetes

STEP 3: You can move on to the lens section for claim submission. Select the In-Office Finishing button and then select your Nassau Optical Account if you want to use In-Office Finishing Program.

Where will the lenses be ordered from for this claim?

EyeMed Network Lab
 (any order sent to an approved lab for manufacturing)

EyeMed Stock Lens Portal
 (in compliance with EyeMed's IOF Program)

Lens

Select a laboratory and job type from the drop-down menus. Enter the patient's prescription, then select the lens type and materials you would like to order. You will then provide details about the frame. For lens only orders, upload a trace file.

Laboratory Information

Select a Lab

Prescription Information

* Required Fields [Instructions](#)

	Sphere *	Cylinder	Axis	Add
OD (R)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OS (L)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> With Prism	Prism 1	Base 1	Prism 2	Base 2
Prism (R)	<input type="text"/>	- <input type="text"/>	<input type="text"/>	- <input type="text"/>
Prism (L)	<input type="text"/>	- <input type="text"/>	<input type="text"/>	- <input type="text"/>

Continue Lens Order Entry

STEP 4: You will then check the EyeMed Stock Lens Portal and then select the account you want to use for submission of the IOF claim.

You will not receive an authorization for routine vision services for this member; simply click Submit Claim to start the

Select an Account

	Name	Billing Account	Ship To	Shipping Account
<input checked="" type="radio"/>	PRODUCTION TEST	3010024789	4000 LUXOTTICA PL, MASON, OH, 45040	3010024789

Showing 1 account

Need more Help? Please Click [here](#)

Continue Cancel

Default Diagnosis: 701.00 Encounter for prescription of contact lenses without abnormal find

STEP 5: After completing the exam section, you can move on to entering frames information.

Frame

A default diagnosis code will be provided if you're not submitting an eye exam claim. You can enter other diagnosis codes as needed in the Other Diagnosis field.

Source Procedure Code: V2025

[Unable to find your frame? Click here to enter in the information.](#)

Manufacturer: *
Brand: *
Model: *
Color: *
Eye Size (mm): *
Temple Length (mm): *
SKU: *

Default Diagnosis: Z01.00 - Encounter for examination of eyes and vision without abnormal findings *

Other Diagnosis: (Specify ICD Codes separated by a comma)

* Required Fields

Where will the lenses be ordered from for this claim?

EyeMed Network Lab (any order sent to an approved lab for manufacturing)

EyeMed Stock Lens Portal (in compliance with EyeMed's IOF Program)

STEP 6: The Lens Type will default to Finished Single Vision.

Name: [Redacted]
Billing Account: [Redacted]
Ship To: [Redacted]
Shipping Account: [Redacted]

[Change Account](#)

Lens Type: Finished Single Vision *

Lens Material: Finished Single Vision Material *

Anti-Reflective Product (Optional): [Redacted]

A/R Manufacturer: Please Select an A/R Manufacturer

A/R Product: Please Select an A/R Product

Lens Options: (Check All That Apply)

- UV Treatment
- Mirror Coating
- Photochromic
- Standard Plastic Scratch Coating
- Premium Scratch Tier
- Tint-Solid
- Tint-Gradient
- Oversize
- Aspheric
- Blue Light Tint
- Faceting
- Edge Polish - Regular or High Luster
- Roll & Polish or Roll Edge
- Edge Coating
- Frame Edge Rimless Drill
- Frame Edge - Semi Groove

Default Diagnosis: Z01.00 - Encounter for examination of eyes and vision without abnormal findings *

STEP 7: Select the Lens Material used from the drop-down menu.

Name: [Redacted]
BillingAccount: [Redacted]
Ship To: [Redacted]
Shipping Account: [Redacted]
[Change Account](#)
Lens Type: Finished Single Vision *
Lens Material: Please Select a Lens Material *
Anti-Reflective Product (Optional): [Redacted]
A/R Manufacturer: [Redacted]
A/R Product: [Redacted]
Lens Options: (Check All That Apply)
Default Diagnosis: Z01.00 - Encounter for examination of eyes and vision without abnormal findings *

- Tint-Gradient
- Oversize
- Aspheric
- Blue Light Tint
- Faceting
- Edge Polish - Regular or High Luster
- Roll & Polish or Roll Edge
- Edge Coating
- Frame Edge Rimless Drill
- Frame Edge - Semi Groove

STEP 8: Select the AR manufacturer used from the drop-down menu.

Name: [Redacted]
BillingAccount: [Redacted]
Ship To: [Redacted]
Shipping Account: [Redacted]
[Change Account](#)
Lens Type: Finished Single Vision *
Lens Material: Please Select a Lens Material *
Anti-Reflective Product (Optional): [Redacted]
A/R Manufacturer: Please Select an A/R Manufacturer *
A/R Product: Please Select an A/R Manufacturer *
Lens Options: (Check All That Apply)
Default Diagnosis: Z01.00 - Encounter for examination of eyes and vision without abnormal findings *

- Photochromic
- Standard Plastic Scratch Coating
- Premium Scratch Tier
- Tint-Solid
- Tint-Gradient
- Oversize
- Aspheric
- Blue Light Tint
- Faceting
- Edge Polish - Regular or High Luster
- Roll & Polish or Roll Edge
- Edge Coating
- Frame Edge Rimless Drill
- Frame Edge - Semi Groove

STEP 9: Select the AR product used from the drop-down menu.

The screenshot shows a web form for lens ordering. The 'A/R Product' dropdown menu is open, displaying a list of options. The options are: Please Select an A/R Product, Crizal Alize w/UV, Crizal Avance w/UV, Crizal Easy w/ UV, Crizal UV w/Optifog, HMC Plus, Reflection Free NP, RFHT EZ, Sharpview Plus, Trion, Viso XC, Viso XC + w/UV, Crizal Sapphire 360 UV, Crizal Previncia, and Coral+. The dropdown menu is highlighted with a red box.

STEP 10: Select any lens add-on options.

The screenshot shows the 'Lens Options' section of the lens ordering form. The options are listed with checkboxes. The options are: UV Treatment, Mirror Coating, Photochromic, Standard Plastic Scratch Coating, Premium Scratch Tier, Tint-Solid, Tint-Gradient, Oversize, Aspheric, Blue Light Tint (checked), Faceting, Edge Polish - Regular or High Luster, Roll & Polish or Roll Edge (checked), Edge Coating, Frame Edge Rimless Drill (checked), and Frame Edge - Semi Groove. The 'Lens Options' section is highlighted with a red box.

The amount of lens options available has changed as of September 2022 as a result of new ICD 9 codes being added.

STEP 11: After selecting next page, you'll be taken to the usual charges page. This section requires you to input in-store retail prices.

Claim Reference: [blacked out]
 Claim Status: **Not Submitted**
 Benefit Category: **Routine**

Enter Usual Charges

Please enter your Usual Charges for each of the following services. If your usual charge is \$0, please also check the "Permit \$0 Charge" box.

Enter the patient's account number from your practice management system, if desired.

Patient Account Number:

Vision Care Service or Material	Usual Charge	Permit \$0 Charge?
Frame, Deluxe	200.00	<input type="checkbox"/>
Single Vision Lens	50.00	<input type="checkbox"/>
Lens, polycarbonate or equal, any index, per lens	40.00	<input type="checkbox"/>
Premium A/R - Tier 1	100.00	<input type="checkbox"/>
Backside UV Treatment	15.00	<input type="checkbox"/>
Roll & Polish - Roll Edge	40.00	<input type="checkbox"/>
Blue Light	15.00	<input type="checkbox"/>
Rimless Drill	30.00	<input checked="" type="checkbox"/>

Next Page Previous Page

STEP 12: When done entering usual retail charges, select next page. Here, the total charges and member out-of-pocket responsibility will be shown.

Provider Name: [blacked out]
 Claim Reference: [blacked out]
 Claim Status: **Not Submitted**
 Benefit Category: **Routine**

Point of Sale

Vision Care Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
Frame, Deluxe	\$200.00	\$76.08		\$71.92	\$52.00
Premium A/R - Tier 1	\$100.00	\$20.00		\$0.00	\$80.00
Single Vision Lens	\$50.00	\$25.00		\$15.00	\$10.00
Lens, polycarbonate or equal, any index, per lens	\$40.00	\$0.00		\$0.00	\$40.00
Backside UV Treatment	\$15.00	\$0.00		\$0.00	\$15.00
Roll & Polish - Roll Edge	\$40.00	\$8.00		\$0.00	\$32.00
Blue Light	\$15.00	\$0.00		\$0.00	\$15.00
Rimless Drill	\$30.00	\$6.00		\$0.00	\$24.00
Total	\$490.00	\$135.08		\$86.92	\$268.00

Frames Data

[Show Details](#)

Click the Submit Claim button to submit the claim for processing.

Submit Claim Back to Claim Entry Back to U&C Delete Claim

Under member responsibility the total member out-of-pocket cost is shown. Please verify the member accepts their out-of-pocket costs before submitting the claim. Then, submit the claim.

STEP 13: Once submitting the claim, you'll see the benefits summary. Here you can view retail price, contractual write-off, plan payment and member payment.

Claim Status:	Pending Payment				
Benefit Category:	Routine				

Benefits Summary

Vision Care Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
Frame, Deluxe	\$200.00	\$76.08	\$0.00	\$71.92	\$52.00
Premium A/R - Tier 1	\$100.00	\$20.00	\$0.00	\$0.00	\$80.00
Single Vision Lens	\$50.00	\$25.00	\$0.00	\$15.00	\$10.00
Lens, polycarbonate or equal, any index, per lens	\$40.00	\$0.00	\$0.00	\$0.00	\$40.00
Backside UV Treatment	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Roll & Polish - Roll Edge	\$40.00	\$8.00	\$0.00	\$0.00	\$32.00
Blue Light	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Rimless Drill	\$30.00	\$6.00	\$0.00	\$0.00	\$24.00
Total	\$490.00	\$135.08	\$0.00	\$86.92	\$268.00

Frames Data
[Show Details](#)

Progressive lens calculations are estimated at pricing and will be finalized on the remittance.

[Print](#)

Claims are always paid based on the actual transaction details and the eligibility as of the date of service. They're paid in a first-in, first-out basis. You should expect to receive payment within 7 business days after the claim is completed and lab information is returned.