

Submitting Non-lab claims

Getting started

Step 1

Request an [online claims system login](#) if you don't already have one.

Provider Forms eye Med

Important Notice
Please allow 15 business days for your request to be processed. Some changes may require additional paperwork and processing time may extend longer than 15 business days. Please look at the bottom of page for required attachments needed before form submission.

- Add a New Location
- Add Credentialed Provider to Existing Location(s)
- Change/Move Practice Address or Change Provider Name
- Remove Provider from Location
- Change TIN or Owner
- Update Payment Address/Upload Sales & Use Tax Resale Certificate
- Remove TIN or Remove Location
- Join or Leave Network(s)
- Sign Up for or Change Direct Deposit
- Request Online Claims System Login** Request access to the online claims system to file claims electronically.
- Special Programs / Documents
- Join EyeMed as New Provider

1 Form Selection | 2 Requestor Details | 3 Form Details | Cancel or Next

Complete the "Requests Online Claims System Login" form.

Step 2

Login to the [online claims system](#).

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

eye Med

Please upgrade your browser to securely view our site.

Seeing life to the fullest is our priority and this includes viewing our secure site. For secure access required by new international security regulations, at a minimum upgrade to Google Chrome version 40, Google Android OS browser 5.1 - 5.1.1, Mozilla Firefox 34, Microsoft Internet Explorer 11, Microsoft Edge 12, Apple Safari 1, Apple Safari mobile 3, Opera mobile 8 or more up-to-date versions.

Welcome to the Online Claims Processing System

Welcome to the Online Claims Processing System. To request account access, complete our [online registration form](#).

Need to access resources on inFocus? Log in here first.

Log in below with your existing User ID and password to begin.

User ID:

Password:

[Forgot Password?](#)

[Click Here](#) to view the Terms & Conditions and Privacy Policy

Searching for members

Once you have ensured you have an enable lab, select "Member Search" from the left-hand side navigation. From here, you'll be taken directly to the member search page.

Provider Tools

- Members
 - Member Search
 - Aetna Subscribers
- Assignment Plans
- BSCA Commercial
- Discount Plans
- Groups
- Military Group Order
- Discount Group Order
- Claims
- Lab Order
- Billing
- Disbursement History
- Audits
- Manage My Profile
- Order Lenses
- Contact EyeMed
- Utilization Management

Provider Resources

- Forms
- Provider Website
- Training
- Provider Manual
- Healthy Blue NC Survey

STEP 1

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

STEP 2

Click search.

Name Search | Member ID Search | SSN Search | ZIP Code Search

Member's Last Name: *

Member's First Name: *

Date of Birth: *

Date of Service: *

* Required Fields

Search

[Searching for an Aetna member?](#)
[Searching for a Discount Group?](#)
[Searching for a Military Group?](#)

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 provider who is providing services.

Select a provider and location below to determine service eligibility and submit a claim.

Provider Select a Provider * **Select Provider**

* Required Fields

STEP 2

After selecting the provider, select the location at which the services are being performed.

Provider Provider, Test (NPI-12345678, Tax ID_****1234) (Change)

Location Choose a Location

Date of Service: 06/18/2024

Check Eligibility

Step 3

After selecting the provider and location, you'll then be able to view the services and materials the member is eligible for.

Provider: Provider, Test (NPI-12345678, Tax ID-*****1234) [\(Change\)](#)
 Location: 1234 Fake St., Cincinnati, OH, 45010
 Date of Service: 06/18/2024

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
<input checked="" type="checkbox"/>	Exam	Yes	06/01/2024	Once every 12 months from the date of service
<input checked="" type="checkbox"/>	Lenses	Yes	06/01/2024	Once every 12 months from the date of service
<input checked="" type="checkbox"/>	Frame	Yes	06/01/2024	Once every 24 months from the date of service
<input type="checkbox"/>	Contact Lenses	Yes	06/01/2024	Once every 12 months from the date of service
<input type="checkbox"/>	Contact Lens Fit and Follow-up	Yes	06/01/2024	Unlimited

Step 4

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

Note

Prior authorization is not needed to submit a claim.

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.

Provider: Provider, Test (NPI-12345678, Tax ID-*****1234) [\(Change\)](#)
 Location: 1234 Fake St., Cincinnati, OH, 45010
 Date of Service: 06/18/2024

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
<input checked="" type="checkbox"/>	Exam	Yes	06/01/2024	Once every 12 months from the date of service
<input checked="" type="checkbox"/>	Lenses	Yes	06/01/2024	Once every 12 months from the date of service
<input checked="" type="checkbox"/>	Frame	Yes	06/01/2024	Once every 24 months from the date of service
<input type="checkbox"/>	Contact Lenses	Yes	06/01/2024	Once every 12 months from the date of service
<input type="checkbox"/>	Contact Lens Fit and Follow-up	Yes	06/01/2024	Unlimited

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 Dilatation

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

If a disease is diagnosed, it is important and required to enter the disease diagnosis code and any relevant information in the fields provided. Even if you're not treating the patient for a condition or related complications, we need to know if a diagnosis is present based on the patient's medical history, any reported medications, or your clinical findings. We can then report to health plans and disease management vendors so these patients are flagged for appropriate follow-up care. Additionally, it reiterates the importance of vision care to overall health.

STEP 3

After completing the exam section, you'll see the Prescription Information section. You can choose to manually enter the prescription information or select whether you've provided a Single Vision or MultiFocal prescription.

Lens

Enter the patient's prescription information, then click the Continue Lens Order Entry button to provide details about the products you're dispensing.

Prescription Information

Prescription Focal: [Instructions](#)

* Required Fields

	SP				Add
OD (R)	<input type="text"/>	<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 type="text"/>
<input 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"/>	<input type="text"/>
Prism (L)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STEP 4:

If you've selected either Single Vision or MultiFocal, select "Continue Lens Order Entry."

Lens

Enter the patient's prescription information, then click the Continue Lens Order Entry button to provide details about the products you're dispensing.

Prescription Information

Prescription Focal:

Continue Lens Order Entry

If you've selected to manually enter the prescription information, please follow the on-screen prompts before beginning step 5.

STEP 5

Enter the Distance PD, Near PD and Height. Then, select the lens type.

Lens

Enter the patient's prescription information, then click the Continue Lens Order Entry button to provide details about the products you're dispensing.

Prescription Information

* Required Fields [Instructions](#)

	Sphere *	Cylinder	Axis	Add
OD (R)	-03.25			+02.00
OS (L)	-03.00			+02.00

With Prism

	Prism 1	Base 1	Prism 2	Base 2
Prism (R)		-		-
Prism (L)		-		-

Edit RX

Distance PD*		Near PD		Height	
<input type="text" value="32.00"/>		<input type="text" value="32.00"/>		<input type="text" value=""/>	
(RE)mm	(LE)mm (RE)mm	(LE)mm (RE)mm	(LE)mm (RE)mm	(LE)mm	(LE)mm

Lens Design & Material

Lens Type:

STEP 6

After selecting lens type, you will be prompted to enter additional lens information. For example, a progressive lens type will prompt you to enter in the manufacturer, product, and lens material. A single vision lens type will prompt you to enter lens type, lens design and lens material.

Lens

Enter the patient's prescription information, then click the Continue Lens Order Entry button to provide details about the products you're dispensing.

Prescription Information

Prescription Focal:

[Edit RX](#)

Lens Design & Material

Lens Type: *

Lens Design: *

Lens Material: *

Index 1.5

Default Diagnosis: *

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

If a progressive product being offered is a private label, please select one of the options under the progressive product dropdown that is labeled as "nonspecific" as shown below. If a product being offered is not displayed in the dropdown, please select a similar product with an equivalent tier.

Lens Design & Material

Lens Type: *

Progressive Manufacturer: *

Progressive Product: *

Lens Material: *

- Premium Tier 1 Progressive (NonSpecific)
- Premium Tier 2 Progressive (NonSpecific)
- Premium Tier 3 Progressive (NonSpecific)
- Premium Tier 4 Progressive (NonSpecific)
- Standard Progressive (NonSpecific)

STEP 7

After selecting the lens and design material, you'll enter the lens coatings and treatments. The options available for selection are shown based on the previous lens and materials selected and will filter options based on availability.

Lens Coatings & Treatments

Anti-Reflective Manufacturer:

Anti-Reflective Product:

Available Treatments (click to add)

- Hoya Clarityshield 2
- Premium Scratch
- TD2
- TD2 Optifog
- Polish Edge

Selected Treatments (click to remove)

Frame Details

Frame Type: *

STEP 8

After completing the lens section, an additional section will request you to select a frame source. Two options will appear, "doctor supplied" and "patient supplied."

Frame

Frame Source: *

Default Diagnosis: *

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

* Required Fields

Click "Next page" to validate the information above. Data will be lost if you leave this page before correcting errors and clicking "Next Page."

STEP 9

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

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	300.00	<input type="checkbox"/>
Progressive Lens, Premium - Tier 3	275.00	<input type="checkbox"/>
Premium A/R - Tier 3	250.00	<input type="checkbox"/>
Mirror coating, any type, solid, gradient or equal, any lens material, per lens	100.00	<input type="checkbox"/>
Backside UV Treatment	100.00	<input type="checkbox"/>

[Next Page](#) [Previous Page](#)

Refractions are part of a comprehensive routine eye exam, so there is no member charge. For this, you should check the box labeled Permit \$0 charge.

STEP 10

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

Point of Sale

Vision Care Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
Frame, Deluxe	\$300.00	\$109.00		\$63.00	\$128.00
Progressive Lens, Premium - Tier 3	\$275.00	\$55.00		\$45.00	\$175.00
Premium A/R - Tier 3	\$250.00	\$50.00		\$0.00	\$200.00
Mirror coating, any type, solid, gradient or equal, any lens material, per lens	\$100.00	\$20.00		\$0.00	\$80.00
Backside UV Treatment	\$100.00	\$85.00		\$0.00	\$15.00
Total	\$1,025.00	\$319.00		\$108.00	\$598.00

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 11

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

Point of Sale

Vision Care Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
Frame, Deluxe	\$200.00	\$87.25		\$60.75	\$52.00
Photo Plastic	\$100.00	\$20.00		\$0.00	\$80.00
Single Vision Lens	\$50.00	\$25.00		\$15.00	\$10.00
PREMIUM SCRATCH COATING	\$90.00	\$18.00		\$0.00	\$72.00
Premium A/R - Tier 3	\$150.00	\$30.00		\$0.00	\$120.00
Backside UV Treatment	\$15.00	\$0.00		\$0.00	\$15.00
Total	\$605.00	\$180.25		\$75.75	\$349.00

Frames Data

[Hide Details](#)

Frame Information

Manufacturer	
Brand	
Model	
Color	
Temple Length	
Eye Size	
SKU	

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

[Submit Claim](#) [Back to Claim Entry](#) [Back to U&C](#) [Delete Claim](#)

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.

Voiding and Correcting Claims

For most transactions, EyeMed offers the ability to void or correct a claim through the online claims system. If you are correcting a claim, you'll first need to void the existing claim and submit a new one.

STEP 1

Log into the online claims system and choose Claims from the left-hand side navigation menu.

Provider Tools

- Members
- Discount Plans
- Groups
- Military Group Order
- Discount Group Order
- Claims**
- Lab Order
- Billing
- Disbursement History
- Audits
- Manage My Profile
- Order Lenses
- Contact EyeMed
- Utilization Management

Member Search

Credentials for one or more associated providers have expired or are about to expire. Please select View Credentials from the Manage My Profile navigation to view details and next steps. Recredentialing is not applicable to opticians.

Choose from four search options by selecting a tab below. You must fill in all fields within a tab.

You can also do a "Wild Card" search. Wild Card allows you to search for names that begin with your search criteria. Enter as few as three letters in the Last Name field, and as few as one letter for the first name, with the * or % character at the end.

View our [sample ID card](#) to see which fields on the card can help you in a member search.

Once your search results are returned, be sure to scroll down to view all of the results.

To receive a full list of members, including those on networks you do not participate on, enter the member's full last name.

[Name Search](#) [Member ID Search](#) [SSN Search](#) [ZIP Code Search](#)

STEP 2

Enter either the claim number or filter by member ID, claim etc. to locate your claim.

STEP 3

Once you've located the claim that needs voided or corrected, select it to view the Benefits Summary screen. On the screen, choose either Void Claim or Claim Correction.

Claim Details

The claim is summarized below. To continue filing the claim, click the Edit Claim button.
If a claim is listed as "Paid" in the status field, you can view the disbursement by selecting the Disbursement ID.

Claim Number: 10000000000000000000
Claim Status: Pending Payment
Member Name: [REDACTED]
Date of Service: 01/01/2020 - 01/01/2020
Place of Service: Office

Benefits Summary

Below are the estimated payments you'll receive for each service you're providing to this member. Exact payment information will be populated once the claim is processed. To view your payments, go to www.evemedinfoocus.com and download a copy of your contract and fee schedules.

Vision Care Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
Routine Exam, Intermediate	\$50.00	\$0.00	\$0.00	\$40.00	\$10.00
Refraction - Routine	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00
Remark(s): Procedure is included as part of a comprehensive vision exam					
Total	\$70.00	\$20.00	\$0.00	\$40.00	\$10.00

Return Void Claim Claim Correction

STEP 4

On the void claim page, confirm the claim number and member name, then select the reason for the void or correction.

Void Claim

A summary of the claim you'd like to correct is provided below.

Claim Number: 10000000000000000000
Claim Status: Pending Payment
Member Name: [REDACTED]
Void Reason: Please Select a Void Reason

Please Confirm

The selected claim will be removed from the patient's record, and any payments made to this provider will be recouped from future payments.

void Claim Acknowledgement

Yes, I Acknowledge Voiding No, Cancel

STEP 5

After selecting your void reason, read and acknowledge the confirmation statement by checking the box to void or correct the claim.

Void Claim

A summary of the claim you'd like to correct is provided below.

Claim Number: 14770502
Claim Status: Pending Payment
Member Name:
Void Reason: Please Select a Void Reason

Please Confirm

The selected claim will be reversed from the patient's record, and any payments made to this provider will be recouped from future payments.

void Claim Acknowledgement

[Yes, I Acknowledge Voiding](#) [No, Cancel](#)

Viewing Payments

Your RAs and statements are available to view online.

STEP 1

Login to the online claims system and click on "Disbursement History" in the left-hand navigation.

Provider Tools

- Members
- Groups
- Claims
- Lab Order
- Billing
- Disbursement History**
- Disbursement Search
- Disb. Reconciliation
- Authorizations
- Manage My Profile
- Contact EyeMed
- Utilization Management
- Complaints & Appeals

Provider Resources

- Forms
- inFocus Link
- Training
- Provider Manual

Step 2

Once the RA or statement is available, you can download it by clicking the "View" link next to the disbursement.

Checking Account	Disbursement ID	Payee	Disbursement Date	Disbursement Amount	RA
120	1470502	TRINITY OF ALABAMA INC	07/10/2015	\$10,644.50	View
120	1474755	TRINITY OF ALABAMA INC	07/10/2015	\$18,412.75	View
120	9226159	TRINITY OF ALABAMA INC	10/30/2015	(\$38.00)	View
103	9533245	TRINITY OF ALABAMA INC	08/28/2015	\$740.00	View
103	9533395	TRINITY OF ALABAMA INC	08/28/2015	\$914.00	View

The first page of your RA will show an at-a-glance summary of your disbursement.

Check Summary

Tax ID	Check Date	Check ID	Total Claims Payment	Paper Check Admin Fee	Chargebacks	Sales Tax	Check Net Total
22-000000	02/19/19	D907X 0000014026950	\$69.15	-\$1.26	-\$44.00	\$0.00	\$23.89

- 1 **Check ID** - Disbursement ID or EFT/direct deposit number
- 2 **Total Claims Payment** - Total amount paid in this disbursement before deducting any withholds or administrative fees
- 3 **Paper Check Admin Fee**: 5% of claims fee for paper check, if applicable
- 4 **Total Net Payment**: A net total of all of the claims included in the disbursement, including any prior negative claims and less admin fees, if applicable, that will be sent to you via check or EFT/direct deposit. It is always a positive amount.

The RA will detail out each claim paid in the disbursement. Claims are organized in a clear manner to help understand how you're being paid.

Claim #: 103000000000		Subscriber Name: SUSAN SAMPLE		Subscriber #: 1000000000		Claim Detail	
Member Name: SUSAN SAMPLE		Subscriber #: 1000000000		Place of Service Code: 11			
Member #: [Redacted]		Place of Service Date: 01/19/19		Other Insurance: 01			
Provider Name: PROOF PRO		[Redacted]		[Redacted]			

Date of Service	Service Code	# of Units	Total Charges	Contractual Write-Off	Member Resp.	Claim Payment	Dispensing Amount	Copay Amount	Other Insurance	Chargebacks	Remark Code(s)
02/08/19	V2025	1	\$389.00	\$107.85	\$215.20	\$86.15	\$0.00	\$0.00	\$0.00	\$0.00	POC
02/08/19	V275022	1	\$175.00	\$35.00	\$140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37.00	
02/08/19	V2100	1	\$125.00	\$107.00	\$15.00	\$3.00	\$3.00	\$15.00	\$0.00	\$0.00	
02/08/19	V2755	1	\$20.00	\$5.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7.00	
Totals			\$709.00	\$254.65	\$385.20	\$69.15	\$3.00	\$15.00	\$0.00	\$44.00	

11 Total Claim Revenue: \$454.35	Chargebacks: \$44.00
	Sales Tax: \$0.00
5 Claim Net Payment: \$25.15	

1. Total Charge
2. Contractual Write-Off
3. Member Pays (Includes Copay)
4. Payment - total before tax/chargebacks
5. Net Payment (1 - 2 - 3 = 4)
6. Dispensing Amount
7. Member copay
8. Other Insurance
9. Chargebacks
10. Withhold Tax
11. Total Revenue