



Independent Provider Portal User Guide

September 2024



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The information presented in this user guide is for educational purposes only and does not alter or expand the terms of any agreement between you and VBA. To the extent there are any inconsistencies between this presentation and your agreement with VBA, the terms of the written agreement shall control.

About This Guide

Icons Used in Documentation

As you read this document, you will notice the following icons:

Icon	Description
	Notes contain additional information to help you complete your work more efficiently.
	Important facts contain critical information that can affect your Independent Provider Portal procedures.
	Shortcuts contain information about a faster way to accomplish a task.
	To increase the viewing size of the information and screen captures in this document, use the zoom feature of Adobe Acrobat Reader. Click the plus (+) sign to increase the viewing size and the minus (-) sign to decrease the viewing size of the documents.



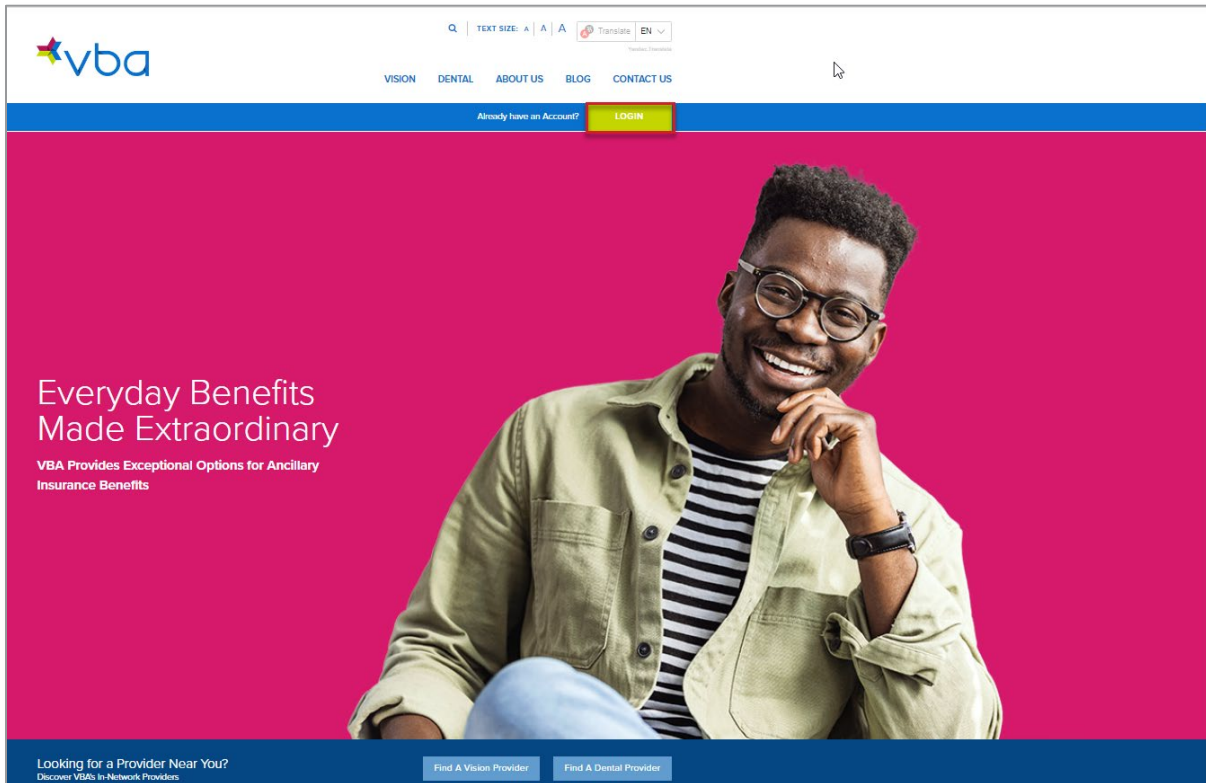
Introduction

Our Independent Provider Portal provides a user-friendly, web-based environment that allows you to:

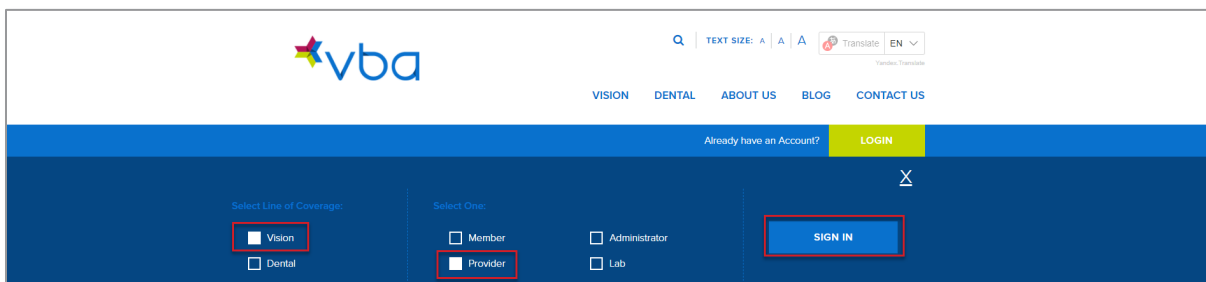
- Select a Default Laboratory
- Verify Eligibility
- Obtain Prior Authorization
- Submit a Claim
- Search Claims
- View In-Progress Claims
- Void Claims
- Check Payment Statements
- Read notifications
- View Plan Rate & Limit Schedule

Logging In/Out

Go to www.vbaplans.com, then click **LOGIN**.



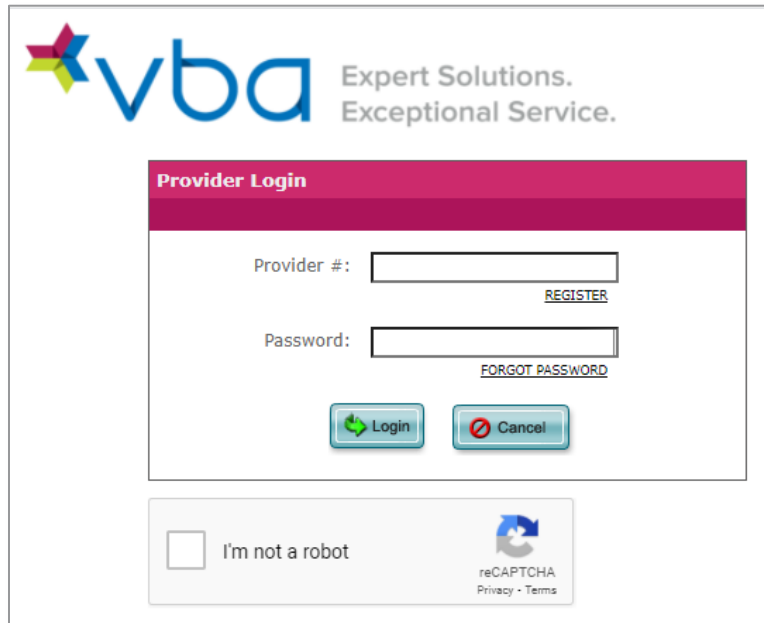
Select **Vision**, then **Provider**, then click **SIGN IN**.



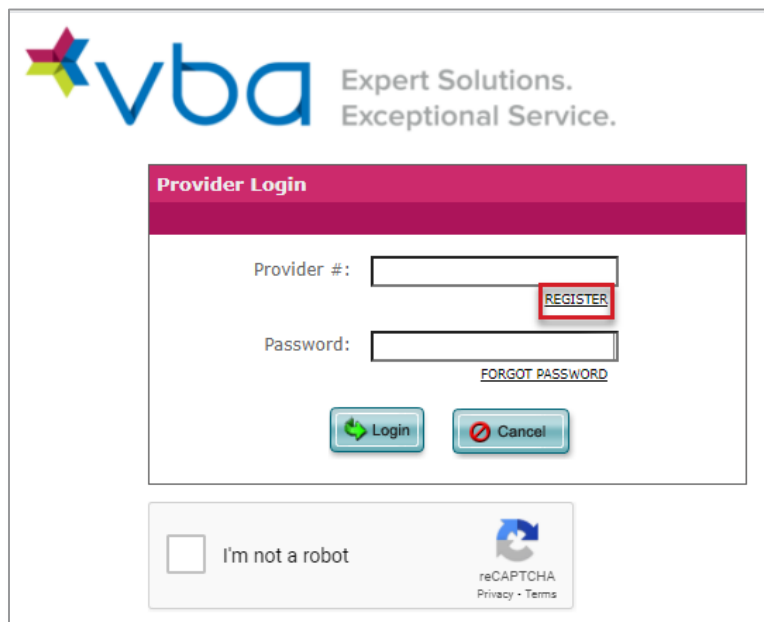
The Provider Login page displays.



Access and use of this portal by and through any third-party software applications or services is strictly prohibited without the express written consent of VBA. VBA may suspend or terminate your access to these online services at any time, for any reason or for no reason at all. If you experience a disruption in service due to the unauthorized access or misuse of this portal, [contact us](#).



The first time you access the Portal, you will need to register your unique Provider ID on the Portal to create your password. Click the **Register** link.



The Network Provider Registration page displays.



All fields on the Registration page are required.

For **Provider #**, enter your **unique provider ID** or **Billing Account**, as provided in your Welcome Letter.

Enter your **Zip Code**.



If your **Billing Account** is different than your unique provider ID, please ensure you enter the **Zip Code** for your **Billing Address** when registering your **Billing Account**.

If you have a Billing Account, statements and submitted claims are only visible through the Billing Account and cannot be accessed through location accounts.

Enter your **Tax Identification #** (without the dash).

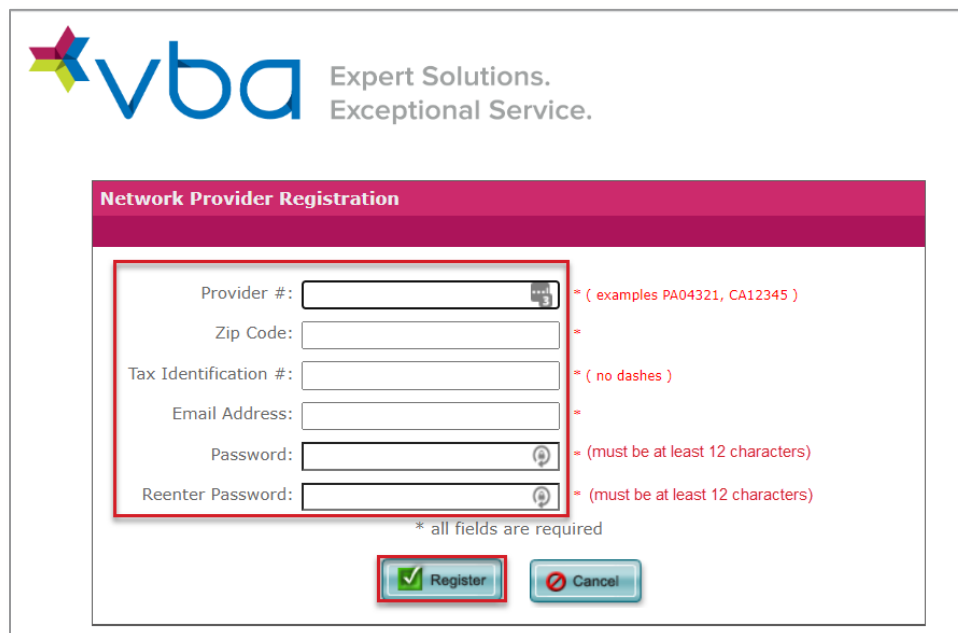
Enter your **Email Address** (this should be a general office e-mail if possible).

Enter your **Password**.



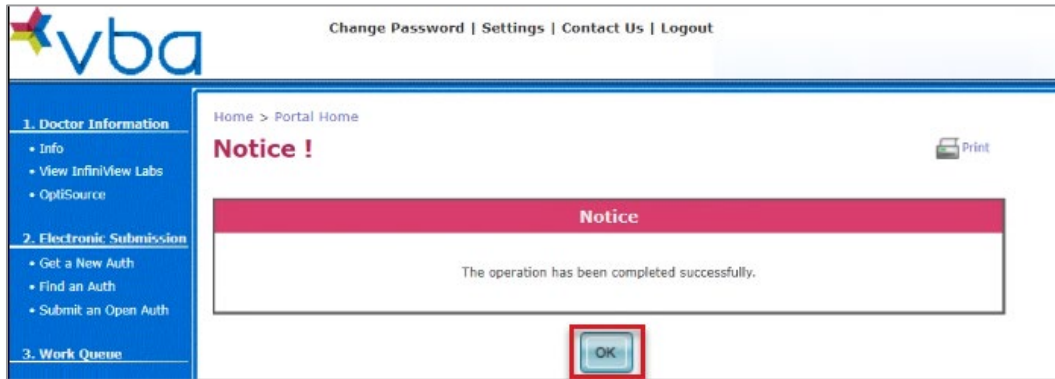
Passwords must be at least 12 characters and are case sensitive.

Reenter your **Password**, then click **Register**.



The screenshot shows the 'Network Provider Registration' form. At the top left is the vba logo with the tagline 'Expert Solutions. Exceptional Service.' The form title 'Network Provider Registration' is in a pink header. Below it, a red-bordered box highlights the input fields: 'Provider #:' with a dropdown arrow and examples '(examples PA04321, CA12345)'; 'Zip Code:'; 'Tax Identification #:' with a note '(no dashes)'; 'Email Address:'; 'Password:' with a note '(must be at least 12 characters)'; and 'Reenter Password:' with a note '(must be at least 12 characters)'. Below the fields is the note '* all fields are required'. At the bottom are two buttons: 'Register' (with a green checkmark icon) and 'Cancel' (with a red X icon).

Once confirmation is provided, click **OK**.



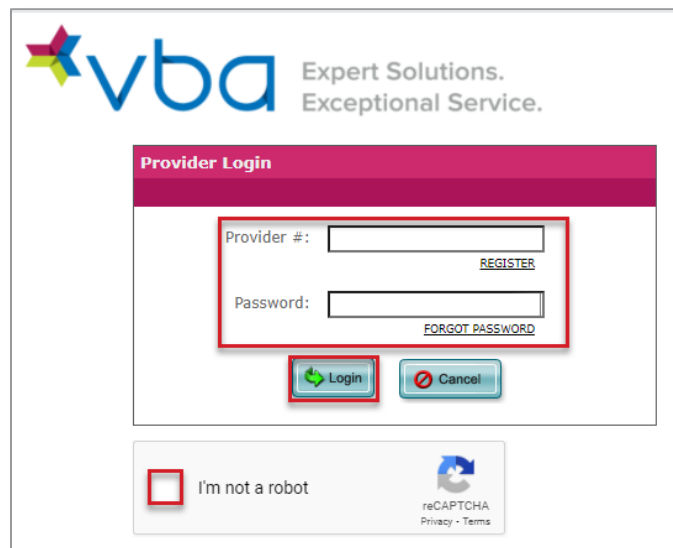
The Provider Login page displays.

Enter your **Provider #**.

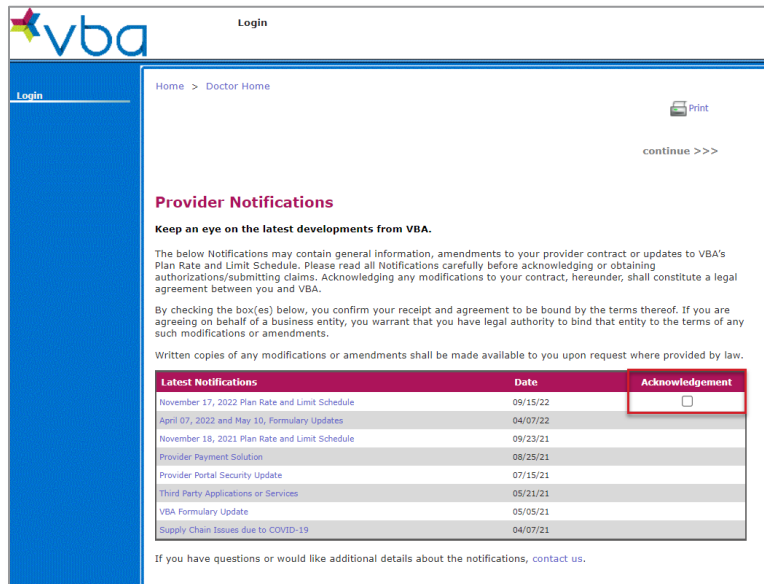
Enter your **Password**.

Check the **I'm not a robot** reCAPTCHA box.

Click **Login**.



The Portal landing page will display **Provider Notifications**. If there is a communication you need to acknowledge prior to moving on to the Work Queue, there will be an **Acknowledgement check box** in the right column next to the notification that requires acknowledgement.



Provider Notifications

Keep an eye on the latest developments from VBA.

The below Notifications may contain general information, amendments to your provider contract or updates to VBA's Plan Rate and Limit Schedule. Please read all Notifications carefully before acknowledging or obtaining authorizations/submitting claims. Acknowledging any modifications to your contract, hereunder, shall constitute a legal agreement between you and VBA.

By checking the box(es) below, you confirm your receipt and agreement to be bound by the terms thereof. If you are agreeing on behalf of a business entity, you warrant that you have legal authority to bind that entity to the terms of any such modifications or amendments.

Written copies of any modifications or amendments shall be made available to you upon request where provided by law.

Latest Notifications	Date	Acknowledgement
November 17, 2022 Plan Rate and Limit Schedule	09/15/22	<input type="checkbox"/>
April 07, 2022 and May 10, Formulary Updates	04/07/22	
November 18, 2021 Plan Rate and Limit Schedule	09/23/21	
Provider Payment Solution	08/25/21	
Provider Portal Security Update	07/15/21	
Third Party Applications or Services	05/21/21	
VBA Formulary Update	05/05/21	
Supply Chain Issues due to COVID-19	04/07/21	

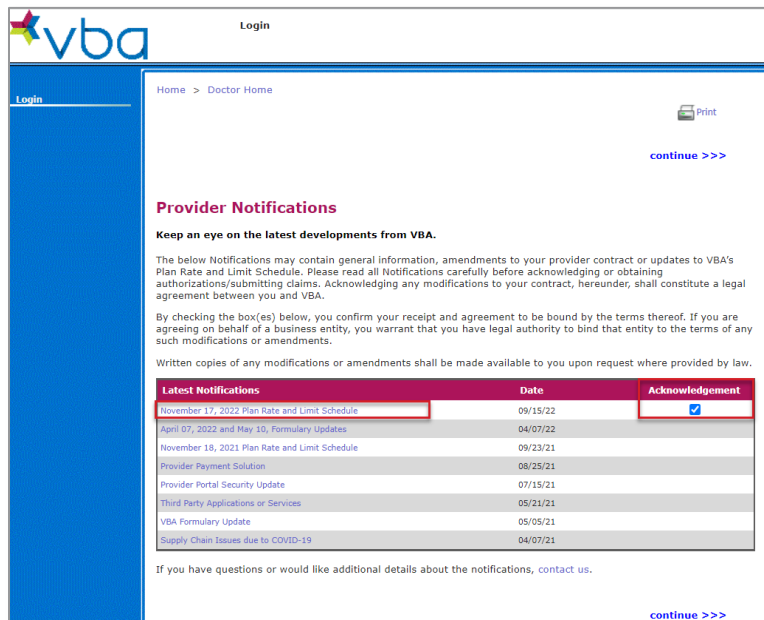
If you have questions or would like additional details about the notifications, [contact us](#).

Click the **hyperlink to the notification** to review it, then check the **Acknowledgement check box**.



Once a notification is marked as acknowledged, it cannot be unmarked.

Written copies of any modifications or amendments shall be made available to you upon request where provided by law.



Provider Notifications

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Written copies of any modifications or amendments shall be made available to you upon request where provided by law.

Latest Notifications	Date	Acknowledgement
November 17, 2022 Plan Rate and Limit Schedule	09/15/22	<input checked="" type="checkbox"/>
April 07, 2022 and May 10, Formulary Updates	04/07/22	
November 18, 2021 Plan Rate and Limit Schedule	09/23/21	
Provider Payment Solution	08/25/21	
Provider Portal Security Update	07/15/21	
Third Party Applications or Services	05/21/21	
VBA Formulary Update	05/05/21	
Supply Chain Issues due to COVID-19	04/07/21	

If you have questions or would like additional details about the notifications, [contact us](#).

Click **continue** to move on to the **Work Queue**.

Provider Notifications

Keep an eye on the latest developments from VBA.

The below Notifications may contain general information, amendments to your provider contract or updates to VBA's Plan Rate and Limit Schedule. Please read all Notifications carefully before acknowledging or obtaining authorizations/submitting claims. Acknowledging any modifications to your contract, hereunder, shall constitute a legal agreement between you and VBA.

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Latest Notifications	Date	Acknowledgement
November 17, 2022 Plan Rate and Limit Schedule	09/15/22	<input checked="" type="checkbox"/>
April 07, 2022 and May 10, Formulary Updates	04/07/22	<input type="checkbox"/>
November 18, 2021 Plan Rate and Limit Schedule	09/23/21	<input type="checkbox"/>
Provider Payment Solution	08/25/21	<input type="checkbox"/>
Provider Portal Security Update	07/15/21	<input type="checkbox"/>
Third Party Applications or Services	05/21/21	<input type="checkbox"/>
VBA Formulary Update	05/05/21	<input type="checkbox"/>
Supply Chain Issues due to COVID-19	04/07/21	<input type="checkbox"/>

If you have questions or would like additional details about the notifications, [contact us](#).

The **Work Queue** displays with the **Main Menu** for all Provider functions in the left navigation. Any **Open Authorizations** will also be displayed.

Work Queue - Open Authorizations

Send finished orders to ...

VBA will direct the laboratory to return the finished eyeglasses to the address below. If the address is incorrect, please notify VBA's Provider Relations department.

Your return address:

Your email: [EDIT](#)

VBA requires all requests for changes to be submitted in writing. You may fax your written request to 412-885-5646, email your request to providers@visionbenefits.com or mail your request to [Vision Benefits of America, 400 Lydia Street, Suite 300, Carnegie, PA 15106](#).

If you have any questions call 1-800-432-4977; choose option 6 for the Provider Relations department.

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
<input type="radio"/> 09/28/22	11/28/22		Full Service	8217319251
<input type="radio"/> 09/02/22	11/02/22		Lens	6802590918

Submit New Print Extend Transfer Delete

To log out, click **Logout** in the top navigation.

Change Password | Settings | Contact Us | **Logout**

Home > Doctor Home

Work Queue - Open Authorizations

Print

Latest Notifications		Date
Provider Payment Solution		08/25/21
Provider Portal Security Update		07/15/21
Third Party Applications or Services		05/21/21

Send finished orders to ...

Welcome to Vision Benefits of America's Electronic Authorization, Submission and Payment system.

Your store's address is:

Your email: [EDIT](#)

If you have any questions call 1-800-432-4977; choose option 6 for the Provider Relations department.

Open Authorizations				
Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
<input type="radio"/> 09/10/22	11/10/22	<input type="text"/>	Lens, Frame, Contacts	9439591398
<input type="radio"/> 08/06/22	10/06/22	<input type="text"/>	Lens, Frame, Contacts	2672970022

Submit New Print Extend Transfer Delete

Changing Your Password



Providers requesting their current password must use the email password recovery option in the VBA Provider Portal.

If you contact VBA Provider Relations regarding your password and your password is reset, you will receive a temporary password sent directly to the email listed on your account. Temporary passwords are valid for 24 hours and must be changed to a new password within the 24-hour period.



If you do not receive the email or you want to verify that the email address listed in our system is up-to-date and accurate, VBA Provider Relations can verify the email address associated with the account. If the account requires an email address update prior to retrieving or resetting the password, VBA Provider Relations is required to make a note of the name of the person making the request.

To create your own password, select **Change Password** from the top navigation.

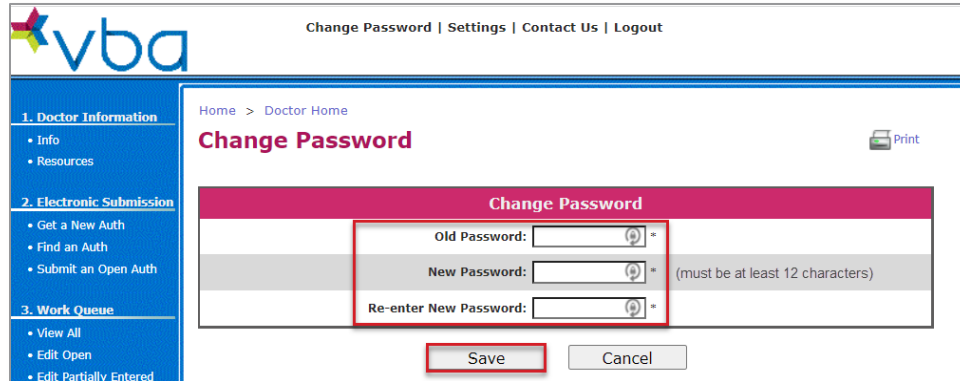
The screenshot shows the VBA Provider Portal interface. At the top, the navigation bar includes the VBA logo, a 'Change Password' link (highlighted with a red box), and other links: 'Settings | Contact Us | Logout'. A 'need help? chat online' button is also present. The main content area is titled 'Work Queue - Open Authorizations' and contains a section for 'Send finished orders to ...' with instructions on returning eyeglasses and a table of 'Open Authorizations'.

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
11/04/21	01/04/22	Michaela Quinn	Full Service	3036517741

Enter your **Old Password**, a **New Password**, then **Re-enter your New Password**. Finally, click **Save**.



Passwords must be at least 12 characters and are case sensitive.



The screenshot shows the VBA website interface for changing a password. The page title is "Change Password | Settings | Contact Us | Logout". The breadcrumb trail is "Home > Doctor Home". The main heading is "Change Password" with a "Print" icon. The form contains three password fields: "Old Password:", "New Password:", and "Re-enter New Password:". The "New Password" field has a note "(must be at least 12 characters)". There are "Save" and "Cancel" buttons at the bottom. A red box highlights the three password input fields.



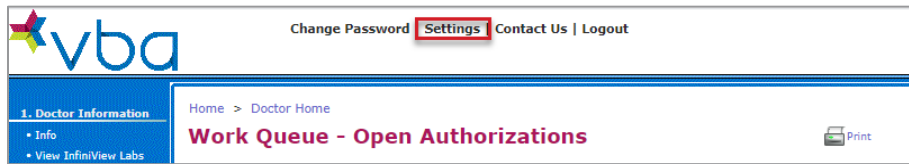
If you need assistance with a **Provider #** or **Password**, please contact **VBA Provider Relations**.

Select a Default Laboratory

From the **Work Queue**, select **Settings** from the top navigation.



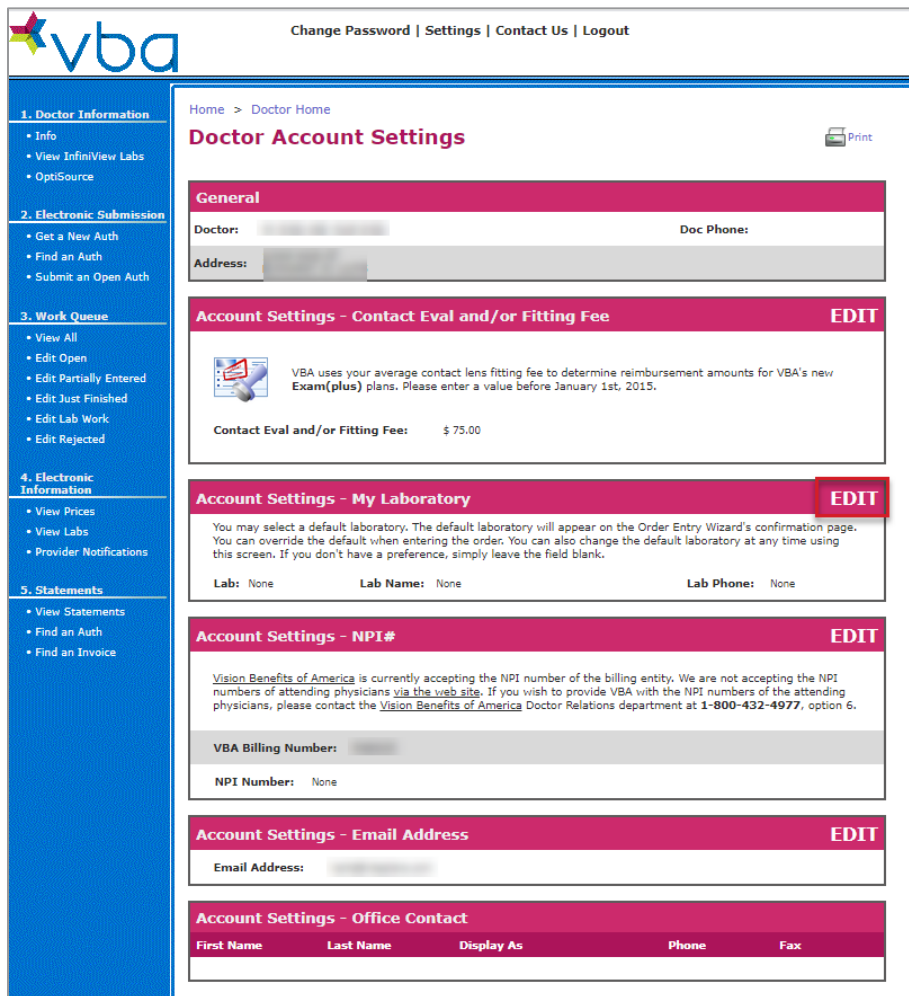
You can also view your Practice Information under Settings. If you need to make a Practice Update, please complete and return either the [Voluntary Termination Notification Form](#) or [Provider Change Request Form](#) to the address, fax number or email listed on the page.



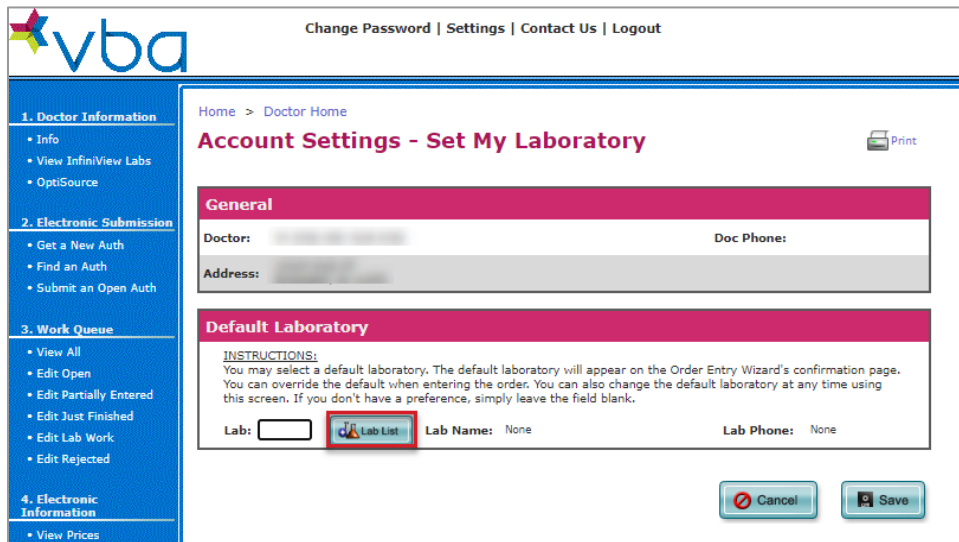
Select **EDIT** in the **Account Settings – My Laboratory** box.



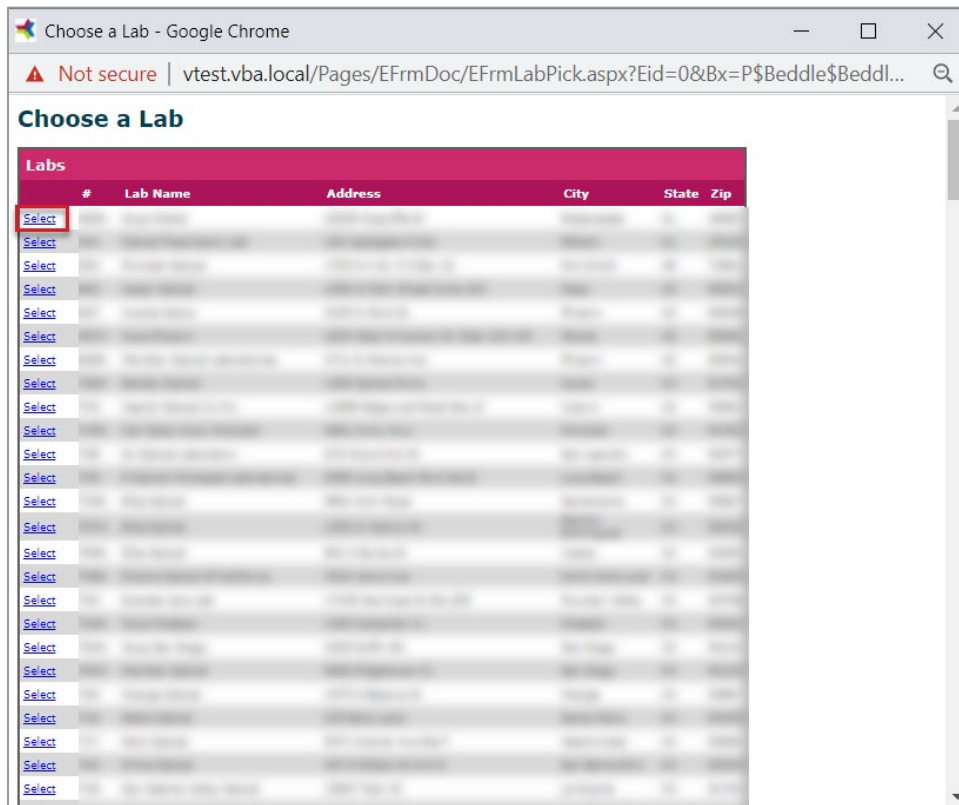
You can change your default lab at any time by utilizing the Edit button and following the steps below.



Click the Lab List button.



Click **Select** next to the Laboratory you want to make your default.



Your selected Laboratory number will appear in the Lab box. Click Save.

The Laboratory you selected will appear in the Account Settings – My Laboratory box.



When submitting an order, you may select a different lab without changing the default laboratory. Prior to submitting an order to the lab, you must have an account with that lab.

Verify Eligibility

To check a member’s eligibility, click **Get a New Auth** in the left navigation, or click the **New** button at the bottom of the Open Authorizations queue.

The screenshot shows the VBA Doctor Home interface. The left navigation menu includes sections for Doctor Information, Electronic Submission, Work Queue, and Statements. Under Electronic Submission, 'Get a New Auth' is highlighted. The main content area shows a 'Work Queue - Open Authorizations' section with a table of latest notifications and a table of open authorizations. The 'New' button is highlighted at the bottom of the open authorizations table.

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
<input type="radio"/> 09/10/22	11/10/22		Lens, Frame, Contacts	9439591398
<input type="radio"/> 08/06/22	10/06/22		Lens, Frame, Contacts	2672970022

To find the member, enter the **last four (4) digits of the primary member’s social security number**, their **birthdate** and **zip code**. Click **Submit**.

In most cases, a member’s ID is the last four digits of the policyholder’s Social Security Number (SSN).



Occasionally, the member ID may be a unique number assigned and provided by the policyholder’s employer or the assigning clinic of the Pennsylvania Vision Foundation.



VBA receives member name, address and date of birth from the employer.

If a member’s information is incorrect, they must contact their employer’s human resources department.

Changes to a member’s information can only be made by their employer.



Members do not need an ID card to make an appointment or visit an in-network provider.

- When making an appointment, the member should indicate they have coverage through VBA.
- The member will need to provide their VBA Member ID Number.
- If a member would like an ID card, they can print one from the VBA Member Portal.

The member and all covered dependents will be listed with a summary of eligible benefits.

First Name	Birth Day	Relation	Benefits Allowed †
<input type="radio"/> William		Member	Exam: YES Lens: YES Frame: YES Contacts: \$100
<input type="radio"/> Christine		Spouse/domestic partner	Exam: YES Lens: YES Frame: YES Contacts: \$100
<input type="radio"/> Kayla		Child	Exam: YES Lens: YES Frame: YES Contacts: \$100
<input type="radio"/> Jacob		Child	Exam: YES Lens: YES Frame: YES Contacts: \$100

Obtain Prior Authorization

To obtain prior authorization, click on the **radio button** next to the member's name and then **New Authorization** to create and select the type of prior authorization desired.

Choose the **Authorization Type**, then select **New Authorization**.

This is an example of a member authorization. **Fully-Covered Services and Materials** result in no out-of-pocket expenses from the Member less applicable copayments. **Partially-Covered Services and Materials** are covered in part by the Plan and are charged at the pricing listed. **Non-Covered Services and Materials** are not covered, in whole or in part, by the Plan.

Prior approval for an authorization requested through VBA's Provider Portal includes covered services for a member and is within the limits set forth in the **Plan Rate and Limit Schedule**.

Wholesale Frame Allowance with Digital Retinal Screening

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Vision Benefits of America - Coverage & Authorization Print

General

Authorization Number: 9597518655	Valid for Service between: 10/04/2022 - 12/04/2022
Doctor: [REDACTED]	Filing Deadline: 12/18/2022
Group: [REDACTED]	
Patient: WILLIAM [REDACTED]	Relation to Member: Member
Address: PITTSBURGH, PA 15236	

! This is a VBA Exam(plus) Plan. VBA will pay for the exam (minus any applicable copay). If a contact lens fitting is performed, the patient pays 85% of your UCR, the 15% will be taken off automatically. **!**

Benefit Notice

If eligible, this plan covers either a routine exam with spectacle lens and frame **OR** a routine exam and an allowance that can be used toward the cost of the contact lens evaluation/fitting and contact materials.

Benefits

Exam	Lenses	Frames	- OR -	Contacts ²
✓ Eligible	✓ Eligible	✓ Eligible		✓ \$100.00

Plan Copays & Allowances

Frame Allowance:	✓ Wholesale: \$60.00	✗ Retail: N/A
COPAYS:	Exam: \$0.00	Lens/Frame: \$0.00
Cost Contained Fees:	Contact Eval and/or Fitting Fee: 85% of UCR	

Dispensing Fees (Paid by VBA)

Lens Dispensing:	\$15.00
Frame Dispensing:	\$21.00

Fully-Covered Services and Materials

Vision Care Exam	Digital Retinal Screening	Single Vision Lens
Lined Multifocals	Lenticular Lens	Basic Scratch
Blended Bifocal	Medical Contacts	Polycarb., 18 & Under

Partially-Covered Services and Materials (See PRLS to determine member responsibility)

Contacts	Frame ¹	Basic Progressive (Z)
Premium 1&2 Progressive (B&C)	Premium 3&4 Progressive (V&D)	Standard Progressive (A)

Non-Covered Services and Materials (See PRLS to determine member responsibility)

Aspheric & Atoric	Blue Protection Materials	Color Coating
Computer/Near Variable Focus	Digital Surfacing, SV	Edge Treatments
High Index	Mid Index / Trivex	Mirror Coating
Photochromic	Plano	Polarized
Polycarb., Adult	Premium A/R 1	Premium A/R 2
Premium Scratch	Rimless Mounting	Solid or Gradient Tints
Standard A/R 1	Standard A/R 2	UV 400
Ultra A/R		

Print Previous Exit

¹ up to group's allowance / patient must have non-plano Rx unless plano is covered by the Member's plan

² no additional monies for contact lenses and/or contact lens exam costs will be paid over this amount

Retail Frame Allowance without Digital Retinal Screening

[Change Password](#) | [Settings](#) | [Contact Us](#) | [Logout](#)

Home > Doctor Home

Vision Benefits of America - Coverage & Authorization Print

General

Authorization Number: 9171279551	Valid for Service between: 10/04/2022 - 12/04/2022
Doctor: [REDACTED]	Filing Deadline: 12/18/2022
Group: [REDACTED]	
Patient: JOSHUA [REDACTED]	Relation to Member: Member
Address: [REDACTED] SPRING GROVE, PA 17362	

⚠ This is a VBA Exam(plus) Plan. VBA will pay for the exam (minus any applicable copay). If a contact lens fitting is performed, the patient pays 85% of your UCR, the 15% will be taken off automatically. ⚠

Benefit Notice

If eligible, this plan covers either a routine exam with spectacle lens and frame **OR** a routine exam and an allowance that can be used toward the cost of the contact lens evaluation/fitting and contact materials.

Benefits

Exam	Lenses	Frames	- OR -	Contacts ²
✔ Eligible	✔ Eligible	✔ Eligible	✔	✔ \$110.00

Plan Copays & Allowances

Frame Allowance:	✘ Wholesale:	N/A	✔ Retail:	\$125.00
Copays:	Exam: \$0.00	Lens/Frame: \$0.00		
Cost Contained Fees:	Contact Eval and/or Fitting Fee: 85% of UCR			

Dispensing Fees (Paid by VBA)

Lens Dispensing:	\$15.00
Frame Dispensing:	\$17.00

Fully-Covered Services and Materials

Vision Care Exam	Single Vision Lens	Lined Multifocals
Lenticular Lens	Basic Scratch	Blended Bifocal
Medical Contacts	Polycarb., 18 & Under	

Partially-Covered Services and Materials (See PRLS to determine member responsibility)

Contacts	Frame ¹	Basic Progressive (Z)
Premium 1&2 Progressive (B&C)	Premium 3&4 Progressive (V&D)	Standard Progressive (A)

Non-Covered Services and Materials (See PRLS to determine member responsibility)

Digital Retinal Screening	Aspheric & Atoric	Blue Protection Materials
Color Coating	Computer/Near Variable Focus	Digital Surfacing, SV
Edge Treatments	High Index	Mid Index / Trivex
Mirror Coating	Photochromic	Plano
Polarized	Polycarb., Adult	Premium A/R 1
Premium A/R 2	Premium Scratch	Rimless Mounting
Solid or Gradient Tints	Standard A/R 1	Standard A/R 2
UV 400	Ultra A/R	

Print

Previous

Exit

1 up to group's allowance / patient must have non-plano Rx unless plano is covered by the Member's plan

2 no additional monies for contact lenses and/or contact lens exam costs will be paid over this amount

400 Lydia Street, Suite 300 | Carnegie, PA 15106 | 1-800-432-4966 | www.vbaplans.com

- 20 -

Extending Authorizations

In the Open Authorization section, click the **Service Deadline** column header. This will sort the authorizations that are close to expiring to the top



Authorizations are purged from the Portal 14/15 days after the service deadline unless extended.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Work Queue - Open Authorizations

Print

Open Authorizations					
Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #	
<input type="radio"/>	02/27/24	04/27/24	Lens, Frame, Contacts	3926795084	
<input type="radio"/>	02/29/24	04/30/24	Full Service	9146246559	
<input type="radio"/>	03/01/24	05/01/24	Exam, Lens, Contacts	1948359762	
<input type="radio"/>	03/01/24	05/01/24	Full Service	4284495348	
<input type="radio"/>	03/01/24	05/01/24	Full Service	1468570513	
<input type="radio"/>	03/01/24	05/01/24	Exam, Lens, Contacts	8519663300	
<input type="radio"/>	03/07/24	05/07/24	Exam, Lens, Frame	5424259000	
<input type="radio"/>	03/20/24	05/20/24	Full Service	9853868335	
<input type="radio"/>	03/21/24	05/21/24	Exam, Lens, Contacts	9223768074	
<input type="radio"/>	03/27/24	05/27/24	Full Service	6115225110	
<input type="radio"/>	04/03/24	06/03/24	Exam, Lens, Contacts	2353422184	
<input type="radio"/>	04/22/24	06/22/24	Exam	0284181772	
<input type="radio"/>	04/26/24	06/26/24	Full Service	5096782613	
<input type="radio"/>	04/26/24	06/26/24	Full Service	8675046171	
<input type="radio"/>	04/30/24	06/30/24	Full Service	4870978717	
<input type="radio"/>	05/01/24	07/01/24	Full Service	0886345314	
<input type="radio"/>	05/01/24	07/01/24	Full Service	1243022075	
<input type="radio"/>	05/02/24	07/02/24	Full Service	6726860203	
<input type="radio"/>	05/01/24	07/03/24	Lens, Frame, Contacts	2563428513	
<input type="radio"/>	05/03/24	07/03/24	Full Service	1049384726	

Submit New Print Extend Transfer Delete

To extend an authorization, click the **radio** button in front of the authorization, then click the Extend button at the bottom of the section. This extends filing deadline for 14/15 additional days.



You must select one authorization at a time.



You can extend an authorization twice for a maximum of 30 days.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Work Queue - Open Authorizations

Print

Open Authorizations	Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
<input type="radio"/>	02/27/24	04/27/24		Lens, Frame, Contacts	3926795084
<input type="radio"/>	02/29/24	04/30/24		Full Service	9146246559
<input type="radio"/>	03/01/24	05/01/24		Exam, Lens, Contacts	1948359762
<input type="radio"/>	03/01/24	05/01/24		Full Service	4284495348
<input type="radio"/>	03/01/24	05/01/24		Full Service	1468570513
<input type="radio"/>	03/01/24	05/01/24		Exam, Lens, Contacts	8519663300
<input type="radio"/>	03/07/24	05/07/24		Exam, Lens, Frame	5424259000
<input type="radio"/>	03/20/24	05/20/24		Full Service	9853868535
<input type="radio"/>	03/21/24	05/21/24		Exam, Lens, Contacts	9223768074
<input type="radio"/>	03/27/24	05/27/24		Full Service	6115225110
<input type="radio"/>	04/03/24	06/03/24		Exam, Lens, Contacts	2353422184
<input type="radio"/>	04/22/24	06/22/24		Exam	0284181772
<input type="radio"/>	04/26/24	06/26/24		Full Service	5096782613
<input type="radio"/>	04/26/24	06/26/24		Full Service	8675046171
<input type="radio"/>	04/30/24	06/30/24		Full Service	4870978717
<input type="radio"/>	05/01/24	07/01/24		Full Service	0886345314
<input type="radio"/>	05/01/24	07/01/24		Full Service	1243022075
<input type="radio"/>	05/02/24	07/02/24		Full Service	6726860303
<input type="radio"/>	05/01/24	07/03/24		Lens, Frame, Contacts	2563428513
<input type="radio"/>	05/03/24	07/03/24		Full Service	1049384726

Submit New Print **Extend** Transfer Delete

If you need to have the service date changed, please contact providers@vbaplans.com with the authorization number and new service date.

Transferring an Authorization

To transfer an authorization, click the **radio button** in front of the authorization, then click the **Transfer button** at the bottom of the section.



You must select one authorization at a time.

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
<input checked="" type="radio"/> 05/01/24	07/03/24		Lens, Frame, Contacts	2563428513
<input type="radio"/> 03/27/24	05/27/24		Full Service	6115225110
<input type="radio"/> 03/01/24	05/01/24		Eiam, Lens, Contacts	1948339762
<input type="radio"/> 03/01/24	05/01/24		Full Service	4284493348
<input type="radio"/> 05/03/24	07/03/24		Full Service	1049384726
<input type="radio"/> 04/26/24	06/26/24		Full Service	5096782613
<input type="radio"/> 05/02/24	07/02/24		Full Service	6726860303
<input type="radio"/> 05/01/24	07/01/24		Full Service	0886345314
<input type="radio"/> 02/29/24	04/30/24		Full Service	9146246559
<input type="radio"/> 03/20/24	05/20/24		Full Service	9853868533
<input type="radio"/> 04/26/24	06/26/24		Full Service	8675046171
<input type="radio"/> 03/21/24	05/21/24		Eiam, Lens, Contacts	9223768074
<input type="radio"/> 05/01/24	07/01/24		Full Service	1242022075
<input type="radio"/> 04/30/24	06/30/24		Full Service	4870978717
<input type="radio"/> 03/07/24	05/07/24		Eiam, Lens, Frame	5424239000
<input type="radio"/> 03/01/24	05/01/24		Full Service	1468570513
<input type="radio"/> 03/01/24	05/01/24		Eiam, Lens, Contacts	8519663300
<input type="radio"/> 04/03/24	06/03/24		Eiam, Lens, Contacts	2353422184
<input type="radio"/> 04/22/24	06/22/24		Eiam	0284181772
<input type="radio"/> 02/27/24	04/27/24		Lens, Frame, Contacts	3926795084

Enter the **Account Number** and **Zip Code** for the office that you are sending the authorization to, enter your **name**, then click **Yes**.

Transfer Authorization

Authorization Overview

INSTRUCTIONS:
You have elected to **transfer** your Authorization for the specified patient to another account. If you have submitted for payment using this Authorization Number, the payment will also be transferred.
Enter the VBA account number and the ZIPCode of the doctor to which you wish to **transfer** the Authorization. Also, please enter **your name** then click **YES** to complete the **transfer**. Click **NO** to return to the previous screen.

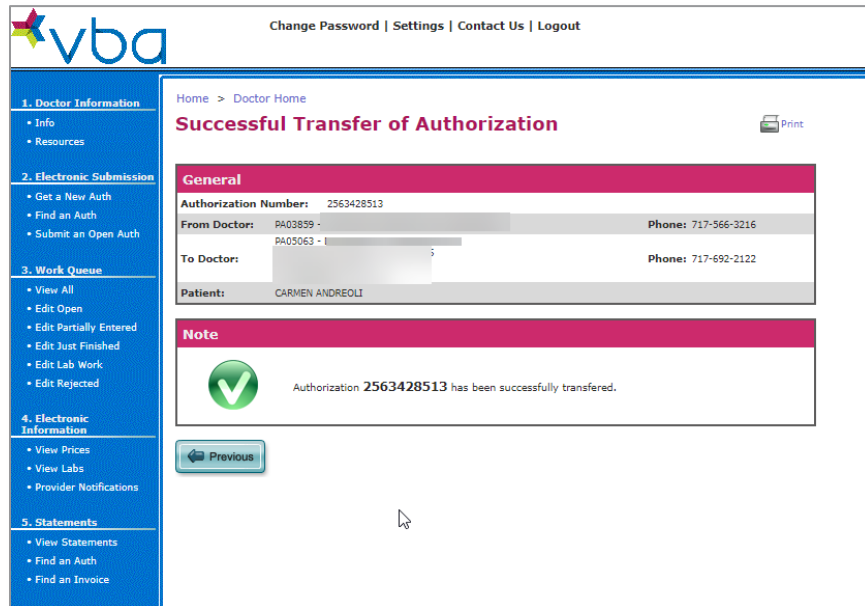
Authorization Number: 2563428513
 Doctor: PA03859 - E
 Patient:
 Valid for Service between: 05/01/2024 - 07/03/2024
 Filing Deadline: 7/17/2024

Transfer the Authorization to ...

Transfer to Doctor Account: PA05063 (examples are PA12345, OH54321)
 Transfer to Doctor ZIP: 17061
 Your Name: Yvonne

Would you like to **transfer** the Authorization displayed above ?

The following Confirmation screen will display that the transfer was successful and includes the information for the new office.



The screenshot displays the vba portal interface. At the top, there is a navigation bar with the vba logo and links for 'Change Password | Settings | Contact Us | Logout'. Below this is a breadcrumb trail: 'Home > Doctor Home'. The main heading is 'Successful Transfer of Authorization' with a 'Print' icon to its right. A 'General' section contains the following information:

Authorization Number:	2563428513	
From Doctor:	PA03859 - [Redacted]	Phone: 717-566-3216
To Doctor:	PA05063 - [Redacted]	Phone: 717-692-2122
Patient:	CARMEN ANDREOLI	

A 'Note' section features a green checkmark icon and the text: 'Authorization 2563428513 has been successfully transferred.' Below the note is a 'Previous' button with a left-pointing arrow. On the left side of the page, there is a blue sidebar menu with the following categories and sub-items:

- 1. Doctor Information**
 - Info
 - Resources
- 2. Electronic Submission**
 - Get a New Auth
 - Find an Auth
 - Submit an Open Auth
- 3. Work Queue**
 - View All
 - Edit Open
 - Edit Partially Entered
 - Edit Just Finished
 - Edit Lab Work
 - Edit Rejected
- 4. Electronic Information**
 - View Prices
 - View Labs
 - Provider Notifications
- 5. Statements**
 - View Statements
 - Find an Auth
 - Find an Invoice

Clicking the Previous button will direct you back to the Work Queue. You will notice that the authorization is no longer in the Work Queue.

This screenshot shows the 'Successful Transfer of Authorization' page in the provider portal. The page title is 'Successful Transfer of Authorization' with a 'Print' icon. Below the title is a 'General' section containing the following information:

- Authorization Number:** 2563428513
- From Doctor:** PA03859 - [Redacted] **Phone:** 717-566-3216
- To Doctor:** PA05063 - [Redacted] **Phone:** 717-692-2122
- Patient:** CARMEN ANDREOLI

Below the general information is a 'Note' section with a green checkmark icon and the text: 'Authorization 2563428513 has been successfully transferred.' At the bottom of the page, a 'Previous' button is highlighted with a red box, indicating it is the focus of the instruction.

This screenshot shows the 'Work Queue - Open Authorizations' page in the provider portal. The page title is 'Work Queue - Open Authorizations' with a 'Print' icon. Below the title is a table of 'Open Authorizations' with the following columns: Issued On, Service Deadline, Patient, Benefits Allowed, and Auth. #.

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
03/27/24	05/27/24	[Redacted]	Full Service	6115225110
03/01/24	05/01/24	[Redacted]	Exam, Lens, Contacts	1948359762
03/01/24	05/01/24	[Redacted]	Full Service	4284495348
05/03/24	07/03/24	[Redacted]	Full Service	1049384726
04/26/24	06/26/24	[Redacted]	Full Service	5096782613
05/02/24	07/02/24	[Redacted]	Full Service	6726860303
05/01/24	07/01/24	[Redacted]	Full Service	0886345314
02/29/24	04/30/24	[Redacted]	Full Service	9146246539
03/20/24	05/20/24	[Redacted]	Full Service	9853868535
04/26/24	06/26/24	[Redacted]	Full Service	8675046171
03/21/24	05/21/24	[Redacted]	Exam, Lens, Contacts	9223768074
05/01/24	07/01/24	[Redacted]	Full Service	1243022075
04/30/24	06/30/24	[Redacted]	Full Service	4870978717
03/07/24	05/07/24	[Redacted]	Exam, Lens, Frame	5424259000
03/01/24	05/01/24	[Redacted]	Full Service	1468570513
03/01/24	05/01/24	[Redacted]	Exam, Lens, Contacts	8519663300
04/03/24	06/03/24	[Redacted]	Exam, Lens, Contacts	2353422184
04/22/24	06/22/24	[Redacted]	Exam	0284181772
02/27/24	04/27/24	[Redacted]	Lens, Frame, Contacts	3926795084

At the bottom of the page, there are several action buttons: Submit, New, Print, Extend, Transfer, and Delete.

This authorization has been removed from the original account - PA03859 and will now display under account PA05063. Notice that the Authorization number and dates remain the same.

The screenshot shows the 'Vision Benefits of America - Coverage & Authorization' page. The left sidebar contains navigation menus for Doctor Information, Electronic Submission, Work Queue, Electronic Information, and Statements. The main content area includes a 'General' section with authorization details, a 'Benefit Notice' section, a 'Benefits' table, and a 'Plan Copays & Allowances' section.

General

Authorization Number: 2563428513 Valid for Service between: 05/01/2024 - 07/03/2024
 Doctor: PA05063 - Filing Deadline: 07/17/2024
 Group: 2280 -
 Patient: Relation to Member: Child
 Address:

Benefit Notice

If eligible, this plan covers either a routine exam with spectacle lens and frame OR a routine exam and an allowance that can be used toward the cost of the contact lens evaluation/fitting and contact materials.

Benefits

Exam	Lenses	Frames	- OR -	Contacts ²
✗ None	✓ Eligible	✓ Eligible		✓ \$150.00

Plan Copays & Allowances

Frame Allowance: ✓ Wholesale: \$60.00 ✗ Retail: N/A
 Copays: Exam: \$0.00 Lens/Frame: \$0.00
 Cost Contained Fees: Contact Eval and/or Fitting Fee: 85% of UCR

After all authorizations have been removed from the original account follow instructions for terminating an account if applicable.

Submit a Claim

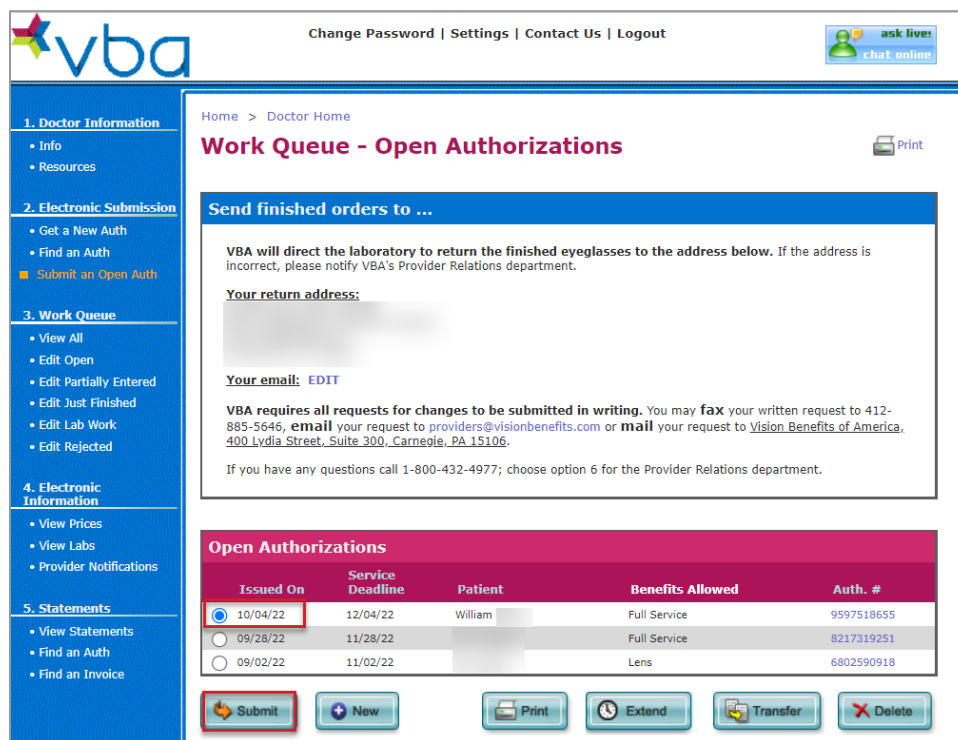
After the exam and/or the selection of materials, you will revisit the Portal and submit the claim. You will need:

- Exam and Prescription details
- Contact Lens details, as needed
- Lens Options
- Frame Cost and details

The Portal Order Entry Wizard will confirm all the information you need, including member out-of-pocket costs you need to collect. The screens displayed during the order process are determined by the Authorization Type.

To submit an order using an open authorization, navigate back to the Work Queue by selecting **Exit** from the bottom of the authorization. This will display the current list of open authorizations for the practice.

Choose the authorization to submit by clicking the **radio button** in front of the member’s name and then **Submit**.



Home > Doctor Home

Work Queue - Open Authorizations

Send finished orders to ...

VBA will direct the laboratory to return the finished eyeglasses to the address below. If the address is incorrect, please notify VBA's Provider Relations department.

Your return address:

Your email: [EDIT](#)

VBA requires all requests for changes to be submitted in writing. You may fax your written request to 412-885-5646, email your request to providers@visionbenefits.com or mail your request to Vision Benefits of America, 400 Lydia Street, Suite 300, Carnegie, PA 15106.

If you have any questions call 1-800-432-4977; choose option 6 for the Provider Relations department.

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
<input checked="" type="radio"/> 10/04/22	12/04/22	William	Full Service	9597518655
<input type="radio"/> 09/28/22	11/28/22		Full Service	8217319251
<input type="radio"/> 09/02/22	11/02/22		Lens	6802590918

Submit New Print Extend Transfer Delete

Enter the **Service On** date.



The **Service On** date should be the member’s date of service. The date must be between the date the authorization was issued and the date the authorization expires.

Directly below the **Service On** date is the **Bill Exam To** field:

- If the member is eligible for an exam and is receiving a vision care exam, choose **VBA**.
- If the member had an exam previously and the exam claim was already submitted, choose **None – Prior RX**.
- If the member is getting a new exam but is paying you for the service, choose **Patient**.

Next is the **Bill Digital Retinal Screening To:** field.

- If the member is eligible for digital retinal screening and is receiving digital retinal screening, choose **VBA**.
- If the member isn’t eligible or had digital retinal screening previously and the claim was already submitted, choose **None**.
- If the member is getting digital retinal screening but is paying you for the service, choose **Patient**.

Enter your **U&C** for digital retinal screening.

Wholesale Frame with Digital Retinal Screening

The screenshot shows the 'Exam - Order Entry Wizard' interface. The 'General' section contains the following fields:

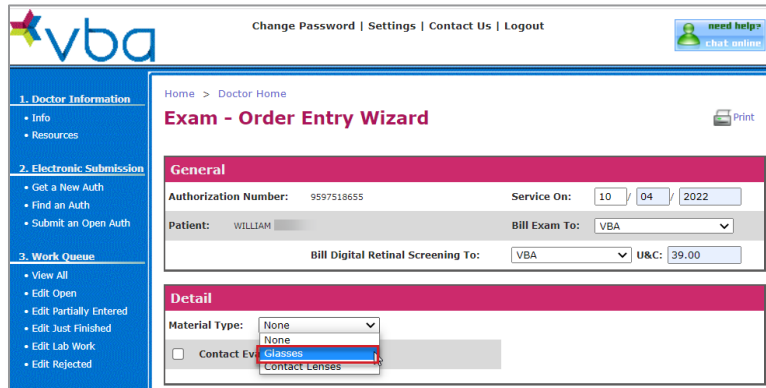
- Authorization Number: 9597518655
- Service On: 10 / 04 / 2022
- Patient: WILLIAM
- Bill Exam To: VBA
- Bill Digital Retinal Screening To: VBA
- U&C: 39.00

Retail Frame without Digital Retinal Screening

The screenshot shows the 'Exam - Order Entry Wizard' interface. The 'General' section contains the following fields:

- Authorization Number: 9171279651
- Service On: 10 / 04 / 2022
- Patient: JOSHUA
- Bill Exam To: VBA
- Bill Digital Retinal Screening To: None
- U&C: []

Lastly, choose the member's **Prescription Type** – Glasses or Contact Lenses.



The screenshot shows the 'Exam - Order Entry Wizard' interface. The 'General' section includes fields for Authorization Number (9597518655), Service On (10/04/2022), Patient (WILLIAM), Bill Exam To (VBA), and Bill Digital Retinal Screening To (VBA) with a U&C of 39.00. The 'Detail' section has a 'Material Type' dropdown menu with options: None, None, Glasses, and Contact Lenses. The 'Glasses' option is currently selected and highlighted in blue.



VBA submits all orders where members are using in-network benefits submitted through the VBA Provider Portal directly to the lab. In cases where VBA is not being billed for an exam but glasses are being ordered, you will be asked to enter the member's prescription in order to submit that information to the lab.

Submitting Frame/Lens Materials



All fields listed in the Exam Order Entry Wizard page are not required.

When choosing glasses as the member's Prescription Type, the Order Entry Wizard opens to allow entry of the prescription detail. Enter the **script** as written by the doctor.

Enter either the **binocular** or **monocular Pupil Distance**.

If the member is ordering a multi-focal lens, be sure to enter the **ADD power** and **segment height**.

You must enter at least one **Diagnosis**. If you don't have one, select None.



Information collected will be kept confidential following the HIPAA Privacy Rule. VBA will report only summary health information. Under the Privacy Rule, summary health information is information that summarizes claims history, claims expenses, or types of claims experience of the individuals for whom the plan sponsor has provided health benefits through the group health plan, and that is stripped of all individual identifiers other than five digit zip code.

Once finished entering the **Diagnoses**, select **Save and Continue** to move on to the Lens Options.

Wholesale Frame with Digital Retinal Screening

Retail Frame without Digital Retinal Screening

Lenses

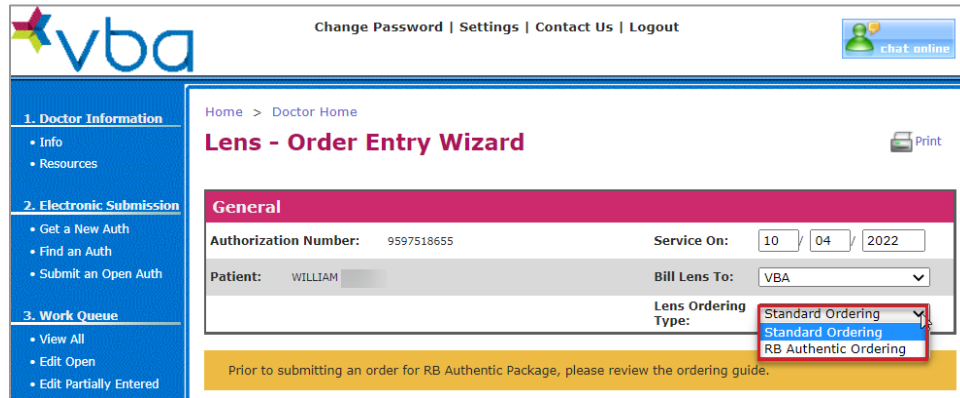
The **Service On** date will be shown at the top right.

Directly below the Service On date is the **Bill Lens To** field. To use the member’s lens benefit, change the drop-down box from **No Lens Dispensed** to **VBA**.



If a member is purchasing a frame, you cannot select **No Lens Dispensed**.

For Lens Ordering type, select Standard Ordering or RayBan Authentic.



Once a selection is made, the screen will expand to select Lens Options.



For more information about ordering Ray-Ban Authentic Essilor Edition lenses through the VBA Provider Portal, reference the RBE Ophthalmic Ordering Guide for VBA from Essilor.



Please contact VBA Provider Relations for assistance with submitting doctor-supplied lenses.

In the **Base Lens** box, choose **Lens Type** and **Material**. You can then select the **options** using the **drop-down boxes**.

Any special requests for the lab should be entered in the **Lens Note**.

Once all lens options are selected, click **Save and Continue**.



Please contact the Approved Lab of your choice to verify the availability of all materials and/or options prior to ordering.

- Edit Just Finished
- Edit Lab Work
- Edit Rejected
- 4. Electronic Information**
- View Prices
- View Labs
- Provider Notifications
- 5. Statements**
- View Statements
- Find an Auth
- Find an Invoice

Base Lens*
Progressive Availability Chart

Lens Type: Progressive	Brand: Varilux Physio W3+ Fit
Material: Polycarbonate	Center: 1.5 - Standard

* Although every effort has been made to ensure current material and option availability, it is the dispenser's responsibility to accurately submit lens and option orders. If you are uncertain about the index, warranty or availability of a lens material or option, contact the lab **prior** to ordering.

Lens Options*

A/R: Crizal Alize UV	
Color Coating: None	
Edge Treatment: None	
Photochromic: Transitions Signature	Color: Brown
Polarized: None	
Mirror: None	
Scratch Resistant: Basic Scratch	
Tint Type: None	
Digital Surfacing: None	
UV Protection: <input type="checkbox"/>	
Licensed Branding: <input type="checkbox"/>	

Lens Note

← Previous
Save and Continue →
↶ Save and Exit
↷ Exit



Lens Remakes due to Rx or laboratory error (not frame change) will be completed without charge to any party (including, but not limited to VBA, the Provider or the Member) by the original laboratory. The remake must be requested within sixty (60) days of job completion using the original frame by providing the original laboratory with the VBA Work Order. All subsequent remakes are the sole responsibility of the Provider and shall be considered non-covered, private-pay transactions.

Requests for new optical materials related solely to upgrades, lost, broken and/or damaged lenses are not covered under this policy. Remakes require at least one of the following:

1. Power changes (not including changes resulting in Plano lenses)
2. Axis changes
3. Segment height/segment style changes due to no adaption (i.e. Flat Top 28 to Executive)
4. Change in lens style (i.e. Trifocal to Bifocal, Bifocal to Single Vision, PAL to non-PAL)
5. Errors in transcription
6. Change in materials (i.e. glass to plastic, plastic to polycarbonate, plastic to high index plastic or glass)
7. Changes in base curves
8. Lenses within ANSI standards but rejected by Provider



VBA does not offer warranties on lens materials or enhancements. Providers shall contact the Approved Laboratories for questions regarding product-specific warranties.

Frame



The member may not be eligible for a frame because they have a plan that is a 24-month frame frequency.



This screen will appear even if the member has no reimbursement for the frame. Frame information must be provided for lenses to aid the lab in manufacturing the lenses.



Many VBA plans include the option to select between a complete pair of eyeglasses (eyeglass frames and lenses) or elective contact lenses. Coverage does not include frame only purchases for most plans, unless Plano is a covered option.

Service On date will be shown at the top right.

Choose either **Doctor**, **Lab** or **Patient** as the **Supplier** of the frame.

Select to **Bill Frame To VBA** or the **Patient**.

Enter the **Frame Specifications** requested.



For a doctor supplied frame, enter the cost_of the frame. See the Plan Rate and Limit Schedule for more information on frame allowances.

Click **Save and Continue**.

Wholesale Frame Allowance

Change Password | Settings | Contact Us | Logout

ask live! chat online

Home > Doctor Home

Frame - Order Entry Wizard

Print

General

Authorization Number: 9597518655 Service On: 10 / 04 / 2022

Patient: WILLIAM Supplier: Doctor

Bill Frame To: VBA

Frame Specification

Wholesale Cost: 62.00 Retail Cost: N/A

Manufacturer Name: Luxottica Model: MK4035

Eye Size: 53 Bridge Size: 15

Temple Length: 135 Color: Tortoise

Frame Type: None (dropdown menu open)

Frame Note

Previous Save and Continue Save and Exit Exit

Retail Frame Allowance

Change Password | Settings | Contact Us | Logout

ask live! chat online

Home > Doctor Home

Frame - Order Entry Wizard

Print

General

Authorization Number: 9171279651 Service On: 10 / 04 / 2022

Patient: JOSHUA Supplier: Doctor

Bill Frame To: VBA

Frame Specification

Wholesale Cost: N/A Retail Cost: 125.00

Manufacturer Name: Luxottica Model: MK4035

Eye Size: 53 Bridge Size: 15

Temple Length: 135 Color: Tortoise

Frame Type: None (dropdown menu open)

Frame Note

Previous Save and Continue Save and Exit Exit

Your Default Lab ID will automatically populate in the **Lab** box and will be transferred to the order. If no default lab was selected, the Lab field will be blank. The Lab field is required to submit an order to VBA for glasses.

Review the order details.

If corrections are needed, click on the **Previous** button on the bottom of the page.

If the order is correct, click **Send to Lab** to submit the order.

Wholesale Frame Allowance with Digital Retinal Screening

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Review and Confirm this Order

General

Authorization Number: 9597518655

Patient: WILLIAM I

Lab:

Prescription

Payer: VBA

Prescription Type: Glasses

Digital Retinal Screening Payer: VBA

SPH	CYL	Axis	BC	ADD	SEG HT	SEG HT Source	PD	PD Type	OC HT	OC HT Source
-2.00	+0.00	0		2.00	18.00	From Bottom	31.00	Monocular	None	None
-2.00	+0.00	0		2.00	18.00		32.00		None	

Diagnosis Codes

Reported Diagnoses

Hypertension

Base Lens

Lens Type: Progressive **Brand:** Vanlux Physio W3+ Fit

Material: Polycarbonate **Center:** 1.5

Lens Options

Name	Specification	Color
Anti-Reflective:	Crizal Alize UV	
Geometry:	Standard	
Photochromic:	Transitions Signature	Brown
Scratch:	Basic Scratch	

Frame

Supplier: Doctor **Payer:** VBA

Manufacturer: Luxottica **Model:** HK4035

Eye Size: 53 **Bridge Size:** 15

Temple Length: 135 **Color:** Tortoise

Frame Type: Rimless

Wholesale Cost: 62.00

Explanation of Benefits

Description	Coverage	Receivable From Member	Receivable From VBA	Total Receivable
Routine Examination	Covered	0.00	50.00	50.00
Digital Retinal Screening	Covered	0.00	39.00	39.00
Dispensing Fee	Covered	0.00	36.00	36.00
Basic Scratch Coating	Covered	0.00	0.00	0.00
Premium 3 (V) Progressive - Base	Covered	0.00	0.00	0.00
Premium 3 (V) Progressive - Upcharge	Cost Contained	175.00	0.00	175.00
Photochromic MF	Cost Contained	70.00	0.00	70.00
Polycarbonate MF	Covered if Child	27.00	0.00	27.00
Premium A/R 1	Cost Contained	69.00	0.00	69.00
Rimless Mounting	Cost Contained	8.00	0.00	8.00
Frames	Wholesale	4.00	60.00	64.00
(Lab Bill)	Cost Contained	0.00	-229.00	-229.00
		353.00	-44.00	309.00

Retail Frame Allowance without Digital Retinal Screening

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Review and Confirm this Order

Print

General

Authorization Number: 9171279651

Patient: JOSHUA

Lab:

Prescription

Payer: VBA

Prescription Type: Glasses

SPH	CYL	Axis	BC	ADD	SEG HT	SEG HT Source	PD	PD Type	OC HT	OC HT Source
-2.00	+0.00	0		2.00	18.00	From Bottom	31.00	Monocular	None	None
-2.00	+0.00	0		2.00	18.00		32.00		None	

Diagnosis Codes

Reported Diagnoses

Type 1 Diabetes

Base Lens

Lens Type: Progressive **Brand:** Varilux Physio W3+

Material: Polycarbonate **Center:** 1.5

Lens Options

Name	Specification	Color
Anti-Reflective:	Crizal Alize UV	
Geometry:	Standard	
Photochromic:	Transitions Signature	Brown
Scratch:	Basic Scratch	

Frame

Supplier: Doctor **Payer:** VBA

Manufacturer: Luxottica **Model:** MK4035

Eye Size: 53 **Bridge Size:** 15

Temple Length: 135 **Color:** Tortoise

Frame Type: Unspecified

Retail Cost: 125.00

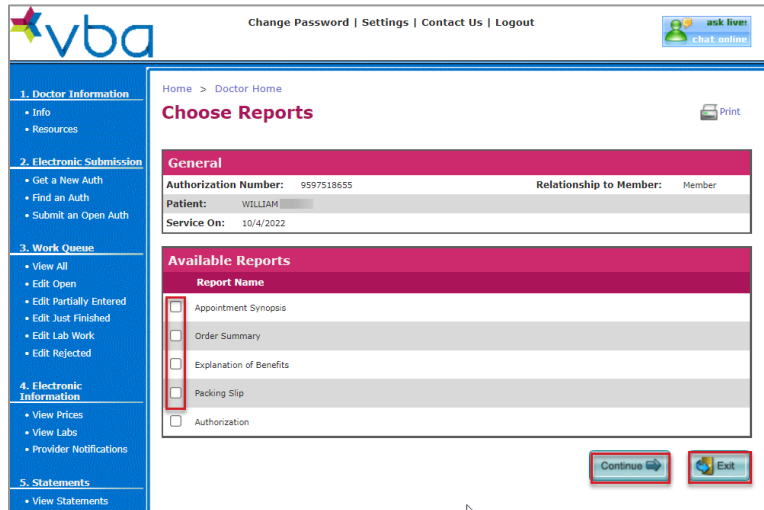
Explanation of Benefits

Description	Coverage	Receivable From Member	Receivable From VBA	Total Receivable
Routine Examination	Covered	0.00	50.00	50.00
Dispensing Fee	Covered	0.00	32.00	32.00
Basic Scratch Coating	Covered	0.00	0.00	0.00
Premium 3 (V) Progressive - Base	Covered	0.00	0.00	0.00
Premium 3 (V) Progressive - Upcharge	Cost Contained	175.00	0.00	175.00
Photochromic MF	Cost Contained	70.00	0.00	70.00
Polycarbonate MF	Covered if Child	27.00	0.00	27.00
Premium A/R 1	Cost Contained	69.00	0.00	69.00
Frames	Retail	0.00	50.00	50.00
(Lab Bill)	Cost Contained	0.00	-224.00	-224.00
		341.00	-92.00	249.00

All reports are based off the information entered in the VBA Order Entry Wizard. To select the reports to print, click on the square in front of the report and click **Continue**.

The reports will display on one page but print on separate sheets.

If no reports are needed, click **Exit**.



Appointment Synopsis shows the member charges (like a receipt).

Wholesale Frame Allowance with Digital Retinal Screening



Retail Frame Allowance without Digital Retinal Screening

Change Password | Settings | Contact Us | Logout

1. Doctor Information

- Info
- Resources

2. Electronic Submission

- Get a New Auth
- Find an Auth
- Submit an Open Auth

3. Work Queue

- View All
- Edit Open
- Edit Partially Entered
- Edit Just Finished
- Edit Lab Work
- Edit Rejected

4. Electronic Information

- View Prices
- View Labs
- Provider Notifications

5. Statements

- View Statements
- Find an Auth
- Find an Invoice

Home > Doctor Home

Vision Benefits of America - Appointment Synopsis Print

General

Authorization Number: 9171279651	Relationship to Member: Member
Patient: JOSHUA	
Service On: 10/4/2022	

Appointment Synopsis

Item	Member Owes
Routine Examination	\$0.00
Base Lens	\$202.00
Option: Basic Scratch	\$0.00
Option: Photochromic	\$70.00
Option: Premium A/R 1	\$69.00
Retail Frames	\$0.00
Appointment Total:	\$341.00

Diagnosis Codes

Reported Diagnoses

Type 1 Diabetes

Benefit Notice

If eligible, this plan covers either a routine exam with spectacle lens and frame OR a routine exam and an allowance that can be used toward the cost of the contact lens evaluation/fitting and contact materials.

Print Exit

Order Summary is a copy of the order placed.

Wholesale Frame Allowance with Digital Retinal Screening

[Change Password](#) | [Settings](#) | [Contact Us](#) | [Logout](#)

Home > Doctor Home

Vision Benefits of America - Order Summary Print

General

Authorization Number: 9597518655	Service Date: 10/4/2022
Doctor:	Doc Phone: 570-343-2591
Address:	
Lab:	Lab Phone: 800-233-8373
Patient: WILLIAM	

Prescription

Payer: VBA											
Prescription Type: Glasses											
Digital Retinal Screening Payer: VBA											
SPH	CYL	Axis	BC	ADD	SEG HT	SEG HT Source	PD	PD Type	OC HT	OC HT Source	
⊕ -2.00	+0.00	0		⊕ 2.00	18.00	From Bottom	31.00	Monocular	None	None	
⊖ -2.00	+0.00	0		⊕ 2.00	18.00		32.00		None		

Diagnosis Codes

Reported Diagnoses
Hypertension

Base Lens

Lens Type: Progressive	Brand: Varilux Physio W3+ Fit
Material: Polycarbonate	Center: 1.5

Lens Options

Name	Specification	Color
Anti-Reflective:	Crizal Alize UV	
Geometry:	Standard	
Photochromic:	Transitions Signature	Brown
Scratch:	Basic Scratch	

Frame

Supplier: Doctor	Payer: VBA
Manufacturer: Luxottica	Model: MK4035
Eye Size: 53	Bridge Size: 15
Temple Length: 135	Color: Tortoise
Frame Type: Rimless	
Wholesale Cost: 62.00	

Benefit Notice
 If eligible, this plan covers either a routine exam with spectacle lens and frame **OR** a routine exam and an allowance that can be used toward the cost of the contact lens evaluation/fitting and contact materials.

Print

Exit

Retail Frame Allowance without Digital Retinal Screening

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Vision Benefits of America - Order Summary Print

General

Authorization Number: 9171279651	Service Date: 10/4/2022
Doctor: [REDACTED]	Doc Phone: 570-343-2591
Address: [REDACTED]	
Lab: [REDACTED]	Lab Phone: 800-233-8373
Patient: JOSHUA [REDACTED]	

Prescription

Payer: VBA

Prescription Type: Glasses

SPH	CYL	Axis	BC	ADD	SEG HT	SEG HT Source	PD	PD Type	OC HT	OC HT Source
R -2.00	+0.00	0		+ 2.00	18.00	From Bottom	31.00	Monocular	None	None
L -2.00	+0.00	0		+ 2.00	18.00		32.00		None	

Diagnosis Codes

Reported Diagnoses

Type 1 Diabetes

Base Lens

Lens Type: Progressive	Brand: Vanlux Physio W3+
Material: Polycarbonate	Center: 1.5

Lens Options

Name	Specification	Color
Anti-Reflective:	Crizal Alize UV	
Geometry:	Standard	
Photochromic:	Transitions Signature	Brown
Scratch:	Basic Scratch	

Frame

Supplier: Doctor	Payer: VBA
Manufacturer: Luxottica	Model: MK4035
Eye Size: 53	Bridge Size: 15
Temple Length: 135	Color: Tortoise
Frame Type: Unspecified	
Retail Cost: 125.00	

Benefit Notice

If eligible, this plan covers either a routine exam with spectacle lens and frame OR a routine exam and an allowance that can be used toward the cost of the contact lens evaluation/fitting and contact materials.

Print Exit

Explanation of Benefits will show the VBA payment combined with the member's cost for the total compensation to the provider.

Wholesale Frame Allowance with Digital Retinal Screening

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ask Ever
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Home > Doctor Home

Vision Benefits of America - Explanation of Benefits

Print

Diagnosis Codes

Reported Diagnoses
Hypertension

General

Authorization Number: 9997518655 Relationship to Member: Member
 Patient: WILLIAM
 Service On: 10/4/2022

Explanation of Benefits

Description	Coverage	Receivable From Member	Receivable From VBA	Total Receivable
Routine Examination	Covered	0.00	50.00	50.00
Digital Retinal Screening	Covered	0.00	39.00	39.00
Dispensing Fee	Covered	0.00	36.00	36.00
Basic Scratch Coating	Covered	0.00	0.00	0.00
Premium 3 (V) Progressive - Base	Covered	0.00	0.00	0.00
Premium 3 (V) Progressive - Upcharge	Cost Contained	175.00	0.00	175.00
Photochromic MF	Cost Contained	70.00	0.00	70.00
Polycarbonate MF	Covered if Child	27.00	0.00	27.00
Premium A/R 1	Cost Contained	69.00	0.00	69.00
Rimless Mounting	Cost Contained	8.00	0.00	8.00
Frames	Wholesale	4.00	60.00	64.00
(Lab Bill)	Cost Contained	0.00	-229.00	-229.00
		353.00	-44.00	309.00

Benefit Notice

If eligible, this plan covers either a routine exam with spectacle lens and frame OR a routine exam and an allowance that can be used toward the cost of the contact lens evaluation/fitting and contact materials.

Print Exit

Retail Frame Allowance without Digital Retinal Screening

Change Password | Settings | Contact Us | Logout

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Home > Doctor Home

Vision Benefits of America - Explanation of Benefits

Print

Diagnosis Codes

Reported Diagnoses
Type 1 Diabetes

General

Authorization Number: 9171279651 Relationship to Member: Member
 Patient: JOSHUA
 Service On: 10/4/2022

Explanation of Benefits

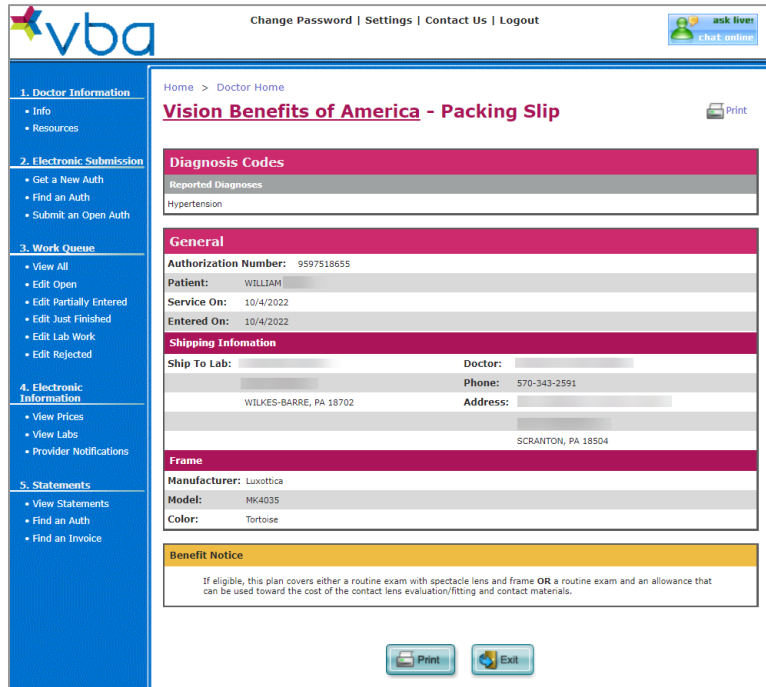
Description	Coverage	Receivable From Member	Receivable From VBA	Total Receivable
Routine Examination	Covered	0.00	50.00	50.00
Dispensing Fee	Covered	0.00	32.00	32.00
Basic Scratch Coating	Covered	0.00	0.00	0.00
Premium 3 (V) Progressive - Base	Covered	0.00	0.00	0.00
Premium 3 (V) Progressive - Upcharge	Cost Contained	175.00	0.00	175.00
Photochromic MF	Cost Contained	70.00	0.00	70.00
Polycarbonate MF	Covered if Child	27.00	0.00	27.00
Premium A/R 1	Cost Contained	69.00	0.00	69.00
Frames	Retail	0.00	50.00	50.00
(Lab Bill)	Cost Contained	0.00	-224.00	-224.00
		341.00	-92.00	249.00

Benefit Notice

If eligible, this plan covers either a routine exam with spectacle lens and frame OR a routine exam and an allowance that can be used toward the cost of the contact lens evaluation/fitting and contact materials.

Print Exit

The **Packing Slip** can be wrapped around the frame and sent to your lab.
 When finished, click **Exit**.



The screenshot displays the 'Vision Benefits of America - Packing Slip' page. The page includes a navigation menu on the left with categories: Doctor Information, Electronic Submission, Work Queue, Electronic Information, and Statements. The main content area is divided into several sections: Diagnosis Codes (Reporting Diagnoses: Hypertension), General (Authorization Number: 9597518655, Patient: WILLIAM, Service On: 10/4/2022, Entered On: 10/4/2022), Shipping Information (Ship To Lab: WILKES-BARRE, PA 18702; Doctor: SCRANTON, PA 18504; Phone: 570-343-2591; Address: [redacted]), Frame (Manufacturer: Luxottica, Model: MK4035, Color: Tortoise), and a Benefit Notice. At the bottom of the page, there are 'Print' and 'Exit' buttons.

Your submission will be listed under **Lab Work** in the **Work Queue** as **Submitted to Lab**.

Home > Doctor Home

Work Queue Print

1 Expand Table

Open Authorizations

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
<input type="radio"/> 09/28/22	11/28/22	[Redacted]	Full Service	8217319251
<input type="radio"/> 09/02/22	11/02/22	[Redacted]	Lens	6802590918

Submit New Print Extend Transfer Delete

2 Expand Table

Order Submissions

Service On	Patient Name	Billed Services	Status	Amount	Auth. #
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Edit Print Extend Transfer Delete

3 Expand Table

Lab Work

Work Sent On	Work Started On	Patient Name	Lab Name	Status	Auth. #
<input type="radio"/> 10/04/22		William [Redacted]	[Redacted]	Submitted to Lab	9597518655
<input type="radio"/> 08/17/22	08/17/22	[Redacted]	[Redacted]	Lab Work in Progress	5623266911
<input type="radio"/> 08/15/22	08/16/22	[Redacted]	[Redacted]	Lab Work in Progress	8413116518

Edit Print Transfer Delete

Submitting Contact Lenses – Total Allowance Plan No Digital Retinal Screening



Please note, there are different types of contact lens coverage. Please refer to the member's authorization to determine the type of plan they have and the **Plan Rate and Limit Schedule** for plan details. Contact **VBA Provider Relations** with any questions or for more detailed explanations.

Enter the **Service On** date.



The **Service On** date should be the member's date of service. The date must be between the date the authorization was issued on and the date the authorization expires.

Directly below the **Service On** date is the **Bill Exam To** field:

- If the member is eligible for an exam and is receiving a vision care exam, choose **VBA**.
- If the member had an exam previously and the exam claim was already submitted, choose **None – Prior RX**.
- If the member is getting a new exam but is paying you for the service, choose **Patient**.

Next is the **Bill Digital Retinal Screening To:** field.

- If the member is eligible for digital retinal screening and is receiving digital retinal screening, choose **VBA**.
- If the member isn't eligible or had digital retinal screening previously and the claim was already submitted, choose **None**.
- If the member is getting digital retinal screening but is paying you for the service, choose **Patient**.

When choosing contact lenses as the member's prescription type, the Order Entry Wizard opens to allow entry of the prescription detail.



Be sure to enter the full contact lens prescription, including base curve.

Check the box stating **Contacts Dispensed** and the portal will open to allow charges to be entered for **Routine Exam**, **Contact Eval and/or Fitting Fee** and **Materials**.



A Contact Eval and/or Fitting Fee can only be submitted when all services (exam, fit and materials) are billed on the same DOS.

Click **Save and Continue**.

The screenshot shows the 'Professional Services - Order Entry Wizard' interface. The left sidebar contains navigation menus for Doctor Information, Electronic Submission, Work Queue, Electronic Information, and Statements. The main content area is divided into several sections:

- General:** Authorization Number: 8766301592, Service On: 10 / 04 / 2022, Patient: DAVID AARON, Bill Exam To: VBA, Bill Digital Retinal Screening To: None.
- Detail:** Prescription Type: Contact Lenses. A table lists two prescriptions with Sphere, CYL, Axis, BC, and DIA values.
- Contact Materials:** Contacts Dispensed: . Routine Exam: \$ 120.00, Contact Eval and/or Fitting Fee: \$ 70.00, Materials: \$ 160.00.
- Diagnosis Codes:** Four dropdown menus for Diagnosis 1 through 4, and an 'Other Diagnosis' field.
- Prescription Note:** A large text area for entering notes.

At the bottom, there are four buttons: Previous, Save and Continue (highlighted), Save and Exit, and Exit.

Review the order details. If corrections are needed, click on the **Previous** button on the bottom of the page.

If the order is correct, click **Submit**.

The order will then be submitted to VBA for payment.

Home > Doctor Home

Review and Confirm this Order

General

Authorization Number: 8766301592
 Patient: DAVID

Prescription

Prescription Type: Contact Lenses
 Prescription Note: None

SPH	CYL	Axis	BC	ADD	DIA
-1.25	+0.00	0	8.50	0.00	
-1.50	+0.00	0	8.50	0.00	

Fees

Routine Exam: \$120.00
 Contact Eval and/or Fitting Fee: \$70.00
 Materials: \$160.00
TOTAL: \$350.00

Previous Submit Exit

The next page will show available reports.

All reports are based off the information entered in the claim.

To select the reports to print, click on the square in front of the report and click **Continue**. The reports will display on one page but print on separate sheets.

If no reports are needed, click **Exit**.

Home > Doctor Home

Choose Reports

General

Authorization Number: 8766301592 Relationship to Member: Member
 Patient: DAVID
 Service On: 10/4/2022

Available Reports

Report Name

Appointment Synopsis
 Order Summary
 Authorization

Continue Exit

Appointment Synopsis shows the member charges (like a receipt).

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Home > Doctor Home

Vision Benefits of America - Appointment Synopsis

General

Authorization Number: 8766301592 Relationship to Member: Member
 Patient: DAVID
 Service On: 10/4/2022

Appointment Synopsis

Item	Member Owes
Routine Examination	\$120.00
Contact Eval and/or Fitting Fee	\$70.00
Contact Lenses	\$160.00
Subtotal:	\$350.00
VBA Contribution:	-\$175.00
Appointment Total:	\$175.00

Print Exit

Order Summary is a copy of the order placed.

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Home > Doctor Home

Vision Benefits of America - Order Summary

General

Authorization Number: 8766301592 Service Date: 10/4/2022
 Doctor: [Redacted] Doc Phone: 570-343-2591
 Address: [Redacted]
 Patient: DAVID

Prescription

Prescription Type: Contact Lenses
 Prescription Note: None

SPH	CYL	Axis	BC	ADD	DIA
-1.25	+0.00	0	8.50	0.00	
-1.50	+0.00	0	8.50	0.00	

Fees

Routine Exam: \$120.00
 Contact Eval and/or Fitting Fee: \$70.00
 Materials: \$160.00
TOTAL: \$350.00

Print Exit

When finished, click **Exit**.

You will be returned to the **Work Queue** where your submission will be listed as **Payment Submitted**.

The screenshot shows the VBA Work Queue interface. It features a navigation menu on the left with sections: 1. Doctor Information, 2. Electronic Submission, 3. Work Queue, 4. Electronic Information, and 5. Statements. The main content area is titled 'Work Queue' and contains three sections:

- Open Authorizations:** A table with columns: Issued On, Service Deadline, Patient, Benefits Allowed, and Auth. #. It lists three entries with dates and service types like Exam, Full Service, and Lens.
- Order Submissions:** A table with columns: Service On, Patient Name, Billed Services, Status, Amount, and Auth. #. It shows two entries with status 'Payment Submitted' and amounts of \$175.00 and \$110.00.
- Lab Work:** A table with columns: Work Sent On, Work Started On, Patient Name, Lab Name, Status, and Auth. #. It lists four entries with statuses like 'Submitted to Lab' and 'Lab Work in Progress'.

Submitting Contact Lenses - Exam Plus Plan No Digital Retinal Screening



Please note, there are different types of contact lens coverage. Please refer to the member’s authorization to determine the type of plan they have and the **Plan Rate and Limit Schedule** for plan details. Contact **VBA Provider Relations** with any questions or for more detailed explanations.

Enter the **Service On** date.



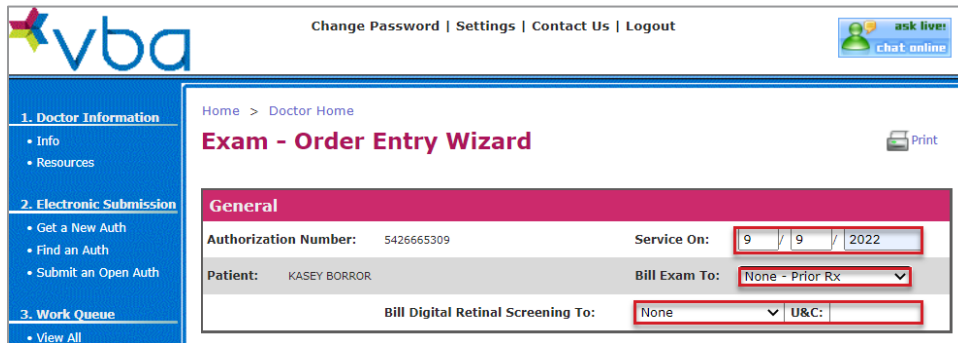
The **Service On** date should be the member’s date of service. The date must be between the date the authorization was issued on and the date the authorization expires.

Directly below the **Service On** date is the **Bill Exam To** field:

- If the member is eligible for an exam and is receiving a vision care exam, choose **VBA**.
- If the member had an exam previously and the exam claim was already submitted, choose **None – Prior RX**.
- If the member is getting a new exam but is paying you for the service, choose **Patient**.

Next is the Bill Digital Retinal Screening To: field.

- If the member is eligible for digital retinal screening and is receiving digital retinal screening, choose **VBA**.
- If the member isn't eligible or had digital retinal screening previously and the claim was already submitted, choose **None**.
- If the member is getting digital retinal screening but is paying you for the service, choose **Patient**.



The screenshot shows the 'Exam - Order Entry Wizard' interface. The 'General' section contains the following fields:

- Authorization Number:** 5426665309
- Service On:** 9 / 9 / 2022
- Patient:** KASEY BORROR
- Bill Exam To:** None - Prior Rx
- Bill Digital Retinal Screening To:** None

Once you make your selection, select **Contacts** as the **Material Type** and then enter the **prescription detail**.



Be sure to enter the full contact lens prescription, including base curve.

Check the box stating **Apply Allowance to Fitting Fee** if the member elects to have the contact lens fitting submitted through VBA.

You do not need to enter information about exam fees when submitting an order for an Exam Plus Plan. You will be reimbursed at your contracted exam rate.

Optionally, enter a **Diagnosis Code**.

Click Save and Continue.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Exam - Order Entry Wizard

General

Authorization Number: 542665309 Service On: 10 / 4 / 2022

Patient: KASEY Bill Exam To: None - Prior Rx

Bill Digital Retinal Screening To: None U&C:

Detail

Material Type: Contact Lenses

	Sphere	CYL	Axis	BC	DIA	ADD
R	-1.25	0	0	8.5		
L	-1.50	0	0	8.5		

Contact Materials

Contact Eval and/or Fitting Fee: \$ 50 (cost contained)

Materials: \$ 150

Apply Allowance to Fitting Fee

Diagnosis Codes

Diagnosis 1: Diagnosis 3:

Diagnosis 2: Diagnosis 4:

Other Diagnosis:

Prescription Note

Previous
 Save and Continue
 Save and Exit
 Exit

Review the order details.

If you need to make a correction, click the **Previous** button at the bottom of the page.

If the order is correct, click **Submit**.

The order will then be submitted to VBA for payment.

Change Password | Settings | Contact Us | Logout chat online

Home > Doctor Home

Review and Confirm this Order

Print

General

Authorization Number: 542665309
 Patient: KASEY

Prescription

Prescription Type: Contact Lenses
 Prescription Note: None

SPH	CYL	Axis	BC	ADD	DIA
-1.25	+0.00	0	8.50	0.00	
-1.50	+0.00	0	8.50	0.00	

Explanation of Benefits

Description	Coverage	Receivable From Member	Receivable From VBA	Total Receivable
Contact Eval and/or Fitting	Cost Contained	0.00	42.50	42.50
Contacts	Allowance	82.50	67.50	150.00
		82.50	110.00	192.50

Previous Submit Exit

All reports are based off the information entered in the claim.

To select a report to print, click the square in the front of the report, then click **Continue**.

The reports will display on one page but print on separate sheets.

If no reports are needed, click **Exit**.

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Home > Doctor Home

Choose Reports

Print

General

Authorization Number: 542665309
 Patient: KASEY
 Service On: 10/4/2022
 Relationship to Member: Spouse

Available Reports

Report Name
<input type="checkbox"/> Appointment Synopsis
<input type="checkbox"/> Order Summary
<input type="checkbox"/> Explanation of Benefits
<input type="checkbox"/> Authorization

Continue Exit

Appointment Synopsis shows the member charges (like a receipt).

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Home > Doctor Home

Vision Benefits of America - Appointment Synopsis Print

General

Authorization Number: 5426665309 Relationship to Member: Spouse
 Patient: KASEY
 Service On: 10/4/2022

Appointment Synopsis

Item	Member Owes
Contact Eval and/or Fitting Fee	\$42.50
Contact Lenses	\$150.00
Subtotal:	\$192.50
VBA Contribution:	-\$110.00
Appointment Total:	\$82.50

Diagnosis Codes

Reported Diagnoses

Benefit Notice

If eligible, this plan covers either a routine exam with spectacle lens and frame OR a routine exam and an allowance that can be used toward the cost of the contact lens evaluation/fitting and contact materials.

Print Exit

Order Summary is a copy of the order placed.

Change Password | Settings | Contact Us | Logout chat: online

Home > Doctor Home

Vision Benefits of America - Order Summary Print

General

Authorization Number: 5426665309 Service Date: 10/4/2022
 Doctor: Doc Phone: 570-343-2591
 Address:
 Patient: KASEY

Prescription

Prescription Type: Contact Lenses
 Prescription Note: None

SPH	CYL	Axis	BC	ADD	DIA
-1.25	+0.00	0	8.50	0.00	
-1.50	+0.00	0	8.50	0.00	

Diagnosis Codes

Reported Diagnoses

Benefit Notice

If eligible, this plan covers either a routine exam with spectacle lens and frame OR a routine exam and an allowance that can be used toward the cost of the contact lens evaluation/fitting and contact materials.

Print Exit

Explanation of Benefits will show the VBA payment combined with the member's cost for the total compensation to the provider.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Vision Benefits of America - Explanation of Benefits

Diagnosis Codes

Reported Diagnoses

General

Authorization Number: 5426665309 Relationship to Member: Spouse
 Patient: KASEY
 Service On: 10/4/2022

Explanation of Benefits

Description	Coverage	Receivable From Member	Receivable From VBA	Total Receivable
Contact Eval and/or Fitting	Cost Contained	0.00	42.50	42.50
Contacts	Allowance	82.50	67.50	150.00
		82.50	110.00	192.50

Benefit Notice

If eligible, this plan covers either a routine exam with spectacle lens and frame OR a routine exam and an allowance that can be used toward the cost of the contact lens evaluation/fitting and contact materials.

Print Exit

When finished, click **Exit**.

Your submission will be listed in the **Work Queue** as **Payment Submitted**.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Work Queue

1. Open Authorizations

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
10/04/22	12/04/22		Exam	4255718762
09/28/22	11/28/22		Full Service	8217319251
09/02/22	11/02/22		Lens	6802590918

Submit New Print Extend Transfer Delete

2. Order Submissions

Service On	Patient Name	Billed Services	Status	Amount	Auth. #
10/04/22	K	Contacts	Payment Submitted	\$110.00	5426665309

Edit Print Extend Transfer Delete

Submitting Contact Lenses - Exceptions

The Exam Plus+ Plan applies only to the following groups: Western PA Teamsters and Employers - VBA Group 001, Master Freight Program - VBA Group 2601, and Western PA Teamsters and Employee Welfare Fund - VBA Group 3777.

The screenshot displays the 'Vision Benefits of America - Coverage & Authorization' page. The left sidebar contains navigation options: 1. Doctor Information (Info, View InfiView Labs, OptiSource), 2. Electronic Submission (Get a New Auth, Find an Auth, Submit an Open Auth), 3. Work Queue (View All, Edit Open, Edit Partially Entered, Edit Just Finished, Edit Lab Work, Edit Rejected), 4. Electronic Information (View Prices, View Labs, Provider Notifications), and 5. Statements (View Statements, Find an Auth, Find an Invoice). The main content area shows patient information: Authorization Number 6342912415, Doctor PA12345 - ABC Optical, Group 001, Patient KRISTEN, and Address 111 JOAN DRIVE, PITTSBURGH, PA 15613. A yellow warning box states: 'This is a VBA Exam(plus)Plus Plan. VBA will pay for the exam (minus any applicable copay). If a contact lens fitting is performed, the patient pays 85% of your UCR up to \$60 for a standard fit. For a premium fit, the patient pays 85% of your UCR, the 15% will be taken off automatically.' The Benefits table shows Exam, Lenses, Frames, and Contacts are all eligible. The Plan Copays & Allowances table shows a Wholesale Frame Allowance of \$60.00 and a Contact Eval and/or Fitting Fee of 85% UCR to \$60. The Dispensing Fees table shows Lens Dispensing at \$15.00 and Frame Dispensing at \$19.00.

Exam Plus+ Plan

If eligible, the Member is entitled to receive an Exam and a separate allowance for contact lens fittings and materials only. After completion of the Exam, the fitting levels and corresponding Member fee limits are as follows:

Standard Contact Lens Fit for clear, soft, spherical daily wear contact lenses for single vision prescriptions of < 4 diopters. The standard contact lens fitting fee may be charged directly to the Member at a maximum of \$60 or 85% of your Usual and Customary Fee (whichever is lower) at the time of the visit.

Premium Contact Lens Fit includes, but is not limited to, spherical daily wear contact lenses for single vision prescriptions > 4 diopters, all extended wear, toric, bifocal/multifocal and new contact lens members. The premium contact lens fitting fee may be charged directly to the Member at 85% of your Usual and Customary Fee at the time of the visit.

Submitting Contact Lenses - Medical Contacts

Some Plans offer Benefits for medically necessary contacts due to eye disease and injury. If specific criteria are met, the member is entitled to receive an Exam followed by medical contact fittings and medical contacts as necessary.



Prior approval and authorization must be received from VBA before any Optical Products are purchased and/or Optical Services are rendered in connection with this Benefit. Medical Contact Lens Fitting includes a maximum of two (2) follow-up visits within ninety (90) days of the initial fitting.

Search Claims

To search for an existing claim, select **Find an Auth** in the left navigation.

Change Password | Settings | Contact Us | Logout need help? chat online

Home > Doctor Home

Work Queue - Open Authorizations

Send finished orders to ...

VBA will direct the laboratory to return the finished eyeglasses to the address below. If the address is incorrect, please notify VBA's Provider Relations department.

Your return address:
 ABC Optical
 1000 Third Street
 Armstrong, PA 94578

Your email: admin@abcoptical.com [EDIT](#)

VBA requires all requests for changes to be submitted in writing. You may fax your written request to 412-885-5646, email your request to providers@visionbenefits.com or mail your request to Vision Benefits of America, 400 Lydia Street, Suite 300, Carnegie, PA 15106.

If you have any questions call 1-800-432-4977; choose option 6 for the Provider Relations department.

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
11/04/21	01/04/22	Michaela Quinn	Full Service	3036517741

Submit New Print Extend Transfer Delete

Enter the 10-digit Authorization Number, then click **Find**.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Find an Authorization or Invoice

Find

Auth/Invoice Number:

Find Cancel

The Authorization will display.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Vision Benefits of America - Coverage & Authorization Print

1. Doctor Information

- Info
- View InfiniView Labs
- OptiSource

2. Electronic Submission

- Get a New Auth
- Find an Auth
- Submit an Open Auth

3. Work Queue

- View All
- Edit Open
- Edit Partially Entered
- Edit Just Finished
- Edit Lab Work
- Edit Rejected

4. Electronic Information

- View Prices
- View Labs
- Provider Notifications

5. Statements

- View Statements
- Find an Auth
- Find an Invoice

General

Authorization Number: 7479367703	Valid for Service between: 11/04/2021 - 01/04/2022
Doctor: PA12345 - ABC Optical	Filing Deadline: 01/18/2022
Group: 013 - TOWNSHIP	Relation to Member: Member
Patient: DENNIS XANG	
Address: 111 JOAN DRIVE ARDMORE, PA 19003	

Benefit Notice

If eligible, this plan covers either a routine exam with spectacle lens and frame OR an allowance that can be used toward the cost of a routine exam, contact lens evaluation/fitting and contact materials.

Benefits

Exam	Lenses	Frames	- OR -	Contacts ²
✓ Eligible	✓ Eligible	✓ Eligible		✓ TOTAL \$200.00

Plan Copays & Allowances

Frame Allowance:	✓ Wholesale: \$60.00	✗ Retail: N/A
Copays:	Exam: \$0.00	Lens/Frame: \$0.00

Dispensing Fees (Paid by VBA)

Lens Dispensing:	\$17.00
Frame Dispensing:	\$21.00

Fully-Covered Services and Materials

Vision Care Exam	Single Vision Lens	Lined Multifocals
Lenticular Lens	Basic Scratch	Blended Bifocal
Medical Contacts	Polycarb., 18 & Under	Premium Scratch
Solid or Gradient Tints	UV 400	Visual Fatigue

Partially-Covered Services and Materials

Contacts	Frame ¹	Basic Progressive (Z)
Premium 1&2 Progressive (B&C)	Premium 3&4 Progressive (V&D)	Standard Progressive (A)

Non-Covered Services and Materials

Aspheric & Atoric	Blue Protection Materials	Color Coating
Computer/Near Variable Focus	Digital Surfacing, SV	Edge Treatments
High Index	Low Vision	Mid Index / Trivex
Mirror Coating	Photochromic	Plano
Polarized	Polycarb., Adult	Premium A/R 1 ⁴
Premium A/R 2	Rimless Mounting	Standard A/R 1
Standard A/R 2	Ultra A/R	

← Previous
Print
Submit
Delete

† The cost contained prices are shown for your convenience. These are the prices that were in effect when the authorization was obtained. The prices are subject to change between the time of authorization and the time of order entry. Please note, this rarely happens.

1 up to group's allowance / patient must have non-plano Rx unless plano is covered by the Member's plan

2 no additional monies for contact lenses and/or contact lens exam costs will be paid over this amount

4 some A/R coatings can only be ordered with [Backside UV](#)

View in Progress Claims

To view in progress claims, select **Edit Lab Work** from the left navigation.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Work Queue - Open Authorizations

Send finished orders to ...

VBA will direct the laboratory to return the finished eyeglasses to the address below. If the address is incorrect, please notify VBA's Provider Relations department.

Your return address:
 ABC Optical
 1000 Third Street
 Armstrong, PA 94578

Your email: admin@abcoptical.com [EDIT](#)

VBA requires all requests for changes to be submitted in writing. You may fax your written request to 412-885-5646, email your request to providers@visionbenefits.com or mail your request to Vision Benefits of America, 400 Lydia Street, Suite 300, Carnegie, PA 15106.

If you have any questions call 1-800-432-4977; choose option 6 for the Provider Relations department.

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
11/04/21	01/04/22	Michaela Quinn	Full Service	3036517741

Buttons: Submit, New, Print, Extend, Transfer, Delete

The Lab Work Queue displays.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Work Queue - Lab Work

Lab Work

Work Sent On	Work Started On	Patient Name	Lab Name	Status	Auth. #
11/04/21		Michaela Quinn		Submitted to Lab	3036517741
11/02/21	11/04/21	Paula Unger		Lab Work in Progress	8349082588
10/27/21		Nancy		Incomplete Data Entry	5404715772

Buttons: Edit, Print, Transfer, Delete

Void Claims

If a claim has been submitted to the lab and the **Status** shows **Submitted to the Lab**, you can select the claim and click the **Delete** button to void the claim.

If the claim includes an exam, the Provider would need to edit the claim to remove the materials and file for exam only.



If the Provider has already voided the claim and it includes an exam, they will need to contact VBA Provider Relations for a backdated authorization.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Work Queue - Lab Work

Print

Work Sent On	Work Started On	Patient Name	Lab Name	Status	Auth. #
<input checked="" type="radio"/> 11/04/21		Michaela Quinn		Submitted to Lab	3036517741
<input type="radio"/> 11/02/21	11/04/21	Paula Unger		Lab Work in Progress	8349082588
<input type="radio"/> 10/27/21		Nancy Dumont		Incomplete Data Entry	5404715772

Edit Print Transfer Delete

If a claim has been submitted to the lab and the **Status** shows as **Lab Work In Progress**, you must call the lab to reject the work.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Work Queue - Lab Work

Print

Work Sent On	Work Started On	Patient Name	Lab Name	Status	Auth. #
<input type="radio"/> 11/04/21		Michaela Quinn		Submitted to Lab	3036517741
<input checked="" type="radio"/> 11/02/21	11/04/21	Paula Unger		Lab Work in Progress	8349082588
<input type="radio"/> 10/27/21		Nancy Dumont		Incomplete Data Entry	5404715772

Edit Print Transfer Delete

If the claim has been completed by the lab, the only way to correct the claim is to contact VBA Provider Relations to perform a manual billing adjustment. The provider is responsible for the lab bill at UCR according to the lab fee schedule.



Providers are not advised or obligated to accept returns.



Allowing a member to return their glasses does not reopen the member's benefit. The only way to reopen the member's benefit is for the provider to accept the lab bill as a private transaction.

Check Payment Statements

VBA payments are remitted monthly.



Payments will be sent within 15 days of the end of the calendar month.

The provider statement can be viewed online by the 15th of the month.

To view your VBA statement, click **View Statements** in the left navigation.

The screenshot shows the VBA Independent Provider Portal interface. The top navigation bar includes the VBA logo, links for 'Change Password | Settings | Contact Us | Logout', and a 'ask live! chat online' button. The left sidebar contains a navigation menu with five main categories: 1. Doctor Information, 2. Electronic Submission, 3. Work Queue, 4. Electronic Information, and 5. Statements. The 'View Statements' option under the Statements category is highlighted with a red box. The main content area is titled 'Work Queue' and contains three sections: 'Open Authorizations', 'Order Submissions', and 'Lab Work'. Each section has a table of data and a set of action buttons (Submit, New, Print, Extend, Transfer, Delete, Edit).

Open Authorizations Table:

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
11/04/21	01/04/22	Dennis Xang	Full Service	7479367703

Order Submissions Table:

Service On	Patient Name	Billed Services	Status	Amount	Auth. #
11/04/21	M	Contacts	Payment Accepted	\$100.00	9062698536
11/04/21	L	Exam, Contacts	Payment Accepted	\$190.00	9596928234

Lab Work Table:

Work Sent On	Work Started On	Patient Name	Lab Name	Status	Auth. #
11/04/21		Allison		Submitted to Lab	0388268551
11/04/21		Michaela Quinn		Submitted to Lab	3036517741
11/02/21		Paula Unger		Submitted to Lab	8349082588
10/27/21		Nancy		Incomplete Data Entry	5404715772

The **View Statements** page will show the upcoming payment under the heading **Pending Payment**. Prior payments are listed below, by check month, for all payments made within the past two (2) years.

Change Password | Settings | Contact Us | Logout

1. Doctor Information

- Info
- View InfiniView Labs
- OptiSource

2. Electronic Submission

- Get a New Auth
- Find an Auth
- Submit an Open Auth

3. Work Queue

- View All
- Edit Open
- Edit Partially Entered
- Edit Just Finished
- Edit Lab Work
- Edit Rejected

4. Electronic Information

- View Prices
- View Labs
- Provider Notifications

5. Statements

- **View Statements**
- Find an Auth
- Find an Invoice

Home > Doctor Home

View Statements Print

Doctor Information

Mailing Address

Name:

Line 1:

Line 2:

Line 3:

City: State: PA Zip:

Pending Payment

		Statement Date	Patient Payment	Pending Check Amt	Net
View Detail	View EOB	Jun 2021	\$982.80	\$587.95	\$1,570.75
View Detail	View EOB	May 2021	\$2,037.56	-\$55.00	\$1,920.31

Prior Periods More >>

		Check #	Check Date	Statement Date	Patient Payment	Check Amount	Net
View Detail	View EOB	1065623	05/04/2021	Apr 2021	\$1,008.76	\$339.00	\$1,347.76
View Detail	View EOB	1064564	04/05/2021	Mar 2021	\$782.04	\$773.00	\$1,497.54
View Detail	View EOB	1063108	03/02/2021	Feb 2021	\$839.80	\$152.00	\$991.80
View Detail	View EOB	1059557	02/02/2021	Jan 2021	\$1,051.92	\$612.90	\$1,664.32
View Detail	View EOB	1057952	01/06/2021	Dec 2020	\$759.90	\$1,341.93	\$2,133.33
View Detail	View EOB	1057066	12/02/2020	Nov 2020	\$1,840.06	\$1,210.85	\$3,050.91
View Detail	View EOB	1054921	11/04/2020	Oct 2020	\$1,104.98	\$1,192.00	\$2,290.73
View Detail	View EOB	1052524	10/05/2020	Sep 2020	\$1,718.84	\$711.63	\$2,430.47
View Detail	View EOB	1050876	09/03/2020	Aug 2020	\$2,081.44	\$420.00	\$2,501.44
View Detail	View EOB	1048581	08/05/2020	Jul 2020	\$1,232.80	\$571.95	\$1,816.50
View Detail	View EOB	1045980	07/06/2020	Jun 2020	\$587.00	\$468.00	\$1,061.50
View Detail	View EOB	1044408	06/03/2020	May 2020	\$136.00	\$110.00	\$246.00
TOTAL ¹					\$7,903.26	\$21,032.30	

¹ This sum does not include the amounts shown in the [Pending Payment](#) section

400 Lydia Street, Suite 300 | Carnegie, PA 15106 | 1-800-432-4966 | www.vbaplans.com

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Check details can be viewed by clicking **View Detail** on the statement month requested. This will bring up a list of each claim, by member name.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

View Check

Print

Check Overview

Payable To: [Redacted] Check #: [Redacted]
 Check Date: 05/04/2021
 Statement: Apr 2021
 Check Amt: \$339.00

Check Detail

Patient	Grp #	Service Date	Exam	L ¹	F ¹	C ¹	With	Exam Copay	Mat Copay	Non Cov	F Over	Frame / Misc	Amt
R [Redacted]	2447	03/22/21	50.00	15	0	0.00	0.00	0	20	63.00	0.00	0.00	-18.00
R [Redacted]	2450	03/25/21	0.00	15	13	0.00	0.00	0	20	0.00	0.00	40.00	48.00
R [Redacted]	2181	04/15/21	0.00	23	17	0.00	0.00	0	0	68.00	0.00	50.00	22.00
R [Redacted]	2681	04/07/21	50.00	15	17	0.00	0.00	5	20	48.00	0.00	50.00	59.00
R [Redacted]	2433	04/06/21	50.00	16	17	0.00	0.00	0	10	0.00	0.00	50.00	123.00
R [Redacted]	3167	04/10/21	50.00	15	17	0.00	0.00	0	20	103.00	0.00	50.00	9.00
R [Redacted]	3167	04/10/21	50.00	15	17	0.00	0.00	0	20	46.00	0.00	50.00	66.00
R [Redacted]	3167	03/23/21	0.00	15	0	0.00	0.00	0	20	62.00	0.00	0.00	-67.00
R [Redacted]	1713	04/01/21	0.00	15	26	0.00	0.00	0	0	0.00	0.00	56.00	97.00

¹ Ex=Exam, L=Lens Dispensing, F=Frame Dispensing, C=Contacts

By clicking on a member name, you can view the paid authorization and claim details.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

View a Paid Authorization

Print

Order Summary

Authorization Number: [Redacted] Service Date: 3/22/2021
 Check #: [Redacted] Check Date: 5/4/2021
 Doctor: [Redacted] Doc Phone: [Redacted]
 Address: [Redacted]
 Lab: [Redacted] Lab Phone: [Redacted]
 Patient: [Redacted]
 Status: Payment Accepted

Explanation of Benefits

Description	Coverage	Receivable From Member	Receivable From VBA	Total Receivable
Routine Examination	Covered	0.00	50.00	50.00
Dispensing Fee	Covered	0.00	15.00	15.00
Single Vision Plastic (Edged)	Covered	0.00	0.00	0.00
Polycarbonate SV	Covered if Child	19.00	0.00	19.00
Premium A/R with Backside UV	Cost Contained	85.00	0.00	85.00
Rimless Mounting - ZVL	Cost Contained	0.00	0.00	0.00
Scratch Coating (1 Year Warranty)	Covered	0.00	0.00	0.00
Copay	Not Covered	20.00	-20.00	0.00
(Lab Bill)	Cost Contained	0.00	-63.00	-63.00
		124.00	-18.00	106.00

Previous Print Reports

A listing of Explanation of Benefits (EOBs) can be viewed by choosing **View EOB** on the **View Statements** page. This will provide claim details for each submission in the check period.

Change Password | Settings | Contact Us | Logout

1. Doctor Information

- Info
- View InfiniView Labs
- OptiSource

2. Electronic Submission

- Get a New Auth
- Find an Auth
- Submit an Open Auth

3. Work Queue

- View All
- Edit Open
- Edit Partially Entered
- Edit Just Finished
- Edit Lab Work
- Edit Rejected

4. Electronic Information

- View Prices
- View Labs
- Provider Notifications

5. Statements

- View Statements
- Find an Auth
- Find an Invoice

Home > Doctor Home

Explanation of Benefits Print

Check Overview

Payable To: [REDACTED]	Check #: [REDACTED]
Check Date: 06/03/2020	
Statement: May 2020	
Check Amt: \$110.00	

EOB

Patient: [REDACTED]	Service Date: 5/21/2020
Claim #: [REDACTED]	Group #: 3167

Code	Description	VBA Allowance	Co-Pay	Growth Fee	Non-Covered Options	Provider Payment	Patient Obligation	Total Net
99070	Contacts	110.00	0.00	0.00	0.00	110.00	136.00	246.00
		110.00	0.00	0.00	0.00	110.00	136.00	246.00

*• Defines included progressive lens options

Read Notifications

To read notifications, select Provider Notifications in the left navigation.

Change Password | Settings | Contact Us | Logout

ask live! chat online

Home > Doctor Home

Work Queue Print

1 Expand Table

Open Authorizations

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
<input type="radio"/> 10/04/22	12/04/22		Exam	4255718762
<input type="radio"/> 09/28/22	11/28/22		Full Service	8217319251
<input type="radio"/> 09/02/22	11/02/22		Lens	6802590918

Submit New Print Extend Transfer Delete

2 Expand Table

Order Submissions

Service On	Patient Name	Billed Services	Status	Amount	Auth. #
<input type="radio"/> 10/04/22		Contacts	✓ Payment Submitted	\$175.00	8766301592
<input type="radio"/> 10/04/22		Contacts	✓ Payment Submitted	\$110.00	5426665309

Edit Print Extend Transfer Delete

A list of hyperlinks to the latest notifications appears in the center of the screen.

Login

Home > Doctor Home

Print

continue >>>

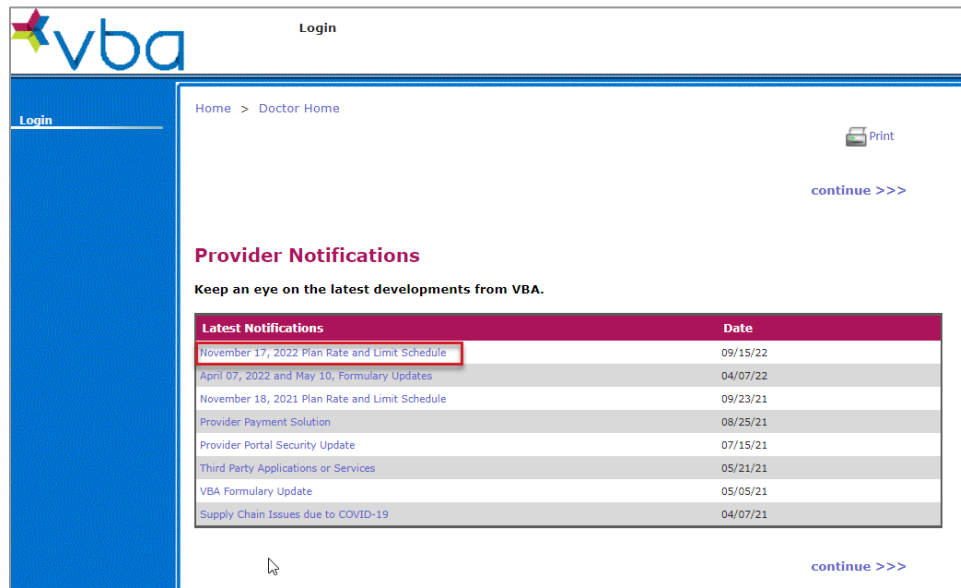
Provider Notifications

Keep an eye on the latest developments from VBA.

Latest Notifications	Date
November 17, 2022 Plan Rate and Limit Schedule	09/15/22
April 07, 2022 and May 10, Formulary Updates	04/07/22
November 18, 2021 Plan Rate and Limit Schedule	09/23/21
Provider Payment Solution	08/25/21
Provider Portal Security Update	07/15/21
Third Party Applications or Services	05/21/21
VBA Formulary Update	05/05/21
Supply Chain Issues due to COVID-19	04/07/21

continue >>>

Simply click the hyperlinked title of the notification to view a PDF of the full notification.



The screenshot shows the VBA Independent Provider Portal interface. At the top left is the VBA logo and the word "Login". Below the logo is a blue sidebar with the word "Login" in white. The main content area has a breadcrumb trail "Home > Doctor Home" and a "Print" icon. Below this is a "continue >>>" link. The main section is titled "Provider Notifications" with the sub-header "Keep an eye on the latest developments from VBA." Below this is a table of "Latest Notifications". The first row of the table is highlighted with a red border, indicating it is the focus of the instruction. The table lists various notifications with their dates. At the bottom right of the table area is another "continue >>>" link.

Latest Notifications	Date
November 17, 2022 Plan Rate and Limit Schedule	09/15/22
April 07, 2022 and May 10, Formulary Updates	04/07/22
November 18, 2021 Plan Rate and Limit Schedule	09/23/21
Provider Payment Solution	08/25/21
Provider Portal Security Update	07/15/21
Third Party Applications or Services	05/21/21
VBA Formulary Update	05/05/21
Supply Chain Issues due to COVID-19	04/07/21

View Plan Rate & Limit Schedule

To view a PDF of the current Plan Rate & Limit Schedule, select **View Prices** from the left navigation.

The screenshot displays the vba Independent Provider Portal interface. The left navigation menu is highlighted, with 'View Prices' selected under the 'Electronic Information' section. The main content area shows the 'Work Queue' page with three sections: 'Open Authorizations', 'Order Submissions', and 'Lab Work'. Each section includes a table of data and a set of action buttons.

Open Authorizations Table:

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
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Service On	Patient Name	Billed Services	Status	Amount	Auth. #
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11/04/21		Michaela Quinn		Submitted to Lab	3036517741
11/02/21		Paula Unger		Submitted to Lab	8349082588
10/27/21		Nancy		Incomplete Data Entry	5404715772

Change Summary

The Change Summary log below will be used to document revisions that are made after the initial publication of this guide.

Version	Date	Change Description
V1	11/2021	
V2	10/2022	<ul style="list-style-type: none">• Password character length• Digital Retinal Screening• Diagnosis Codes
V3	11/2022	<ul style="list-style-type: none">• Provider Notification Acknowledgement
V4	9/2024	<ul style="list-style-type: none">• Added new sections on Extending and Transferring Authorizations