

Independent Provider Portal User Guide

September 2024





Table of Contents

About This Guide2
Icons Used in Documentation2
Introduction
Logging In/Out
Changing Your Password11
Select a Default Laboratory13
Verify Eligibility
Obtain Prior Authorization
Extending Authorizations21
Transferring an Authorization
Submit a Claim
Submitting Frame/Lens Materials
Lenses
Frame
Flame
Submitting Contact Lenses – Total Allowance Plan No Digital Retinal Screening
Submitting Contact Lenses – Total Allowance Plan No Digital Retinal Screening
Submitting Contact Lenses – Total Allowance Plan No Digital Retinal Screening
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Submitting Contact Lenses – Total Allowance Plan No Digital Retinal Screening



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:

lcon	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.
С	Shortcuts contain information about a faster way to accomplish a task.
С	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

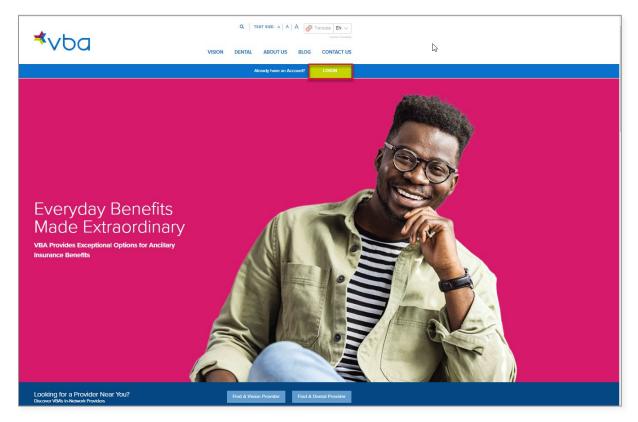
Our Independent Provider Portal provides a user-friendly, web-based environment that allows you to:

- 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.

*vbc	J	Q TEX	T SIZE: A A A Translate EN V
		VISION DENTAL	ABOUT US BLOG CONTACT US
		Alre	ady have an Account? LOGIN
			X
Select Line of Coverage:			
Vision	Member	Administrator	SIGN IN
Dental	Provider	Lab	



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, <u>contact us</u>.

Expert Solutions. Exceptional Service.	
Provider Login	
Provider #:	
l'm not a robot	

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.

Expert Solutions. Exceptional Service.
Provider Login
Provider #: Password: FORGOT PASSWORD Cancel
I'm not a robot



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.

vba	Expert Solutions Exceptional Serv	vice.
Network Provider Reg	istration	
Provider #:	-	* (examples PA04321, CA12345)
Zip Code:		*
Tax Identification #:		* (no dashes)
Email Address:		*
Password:	9	★ (must be at least 12 characters)
Reenter Password:	(* (must be at least 12 characters)
	* all fields are r	equired
	Register	O Cancel



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

⊀ vba	Change Password Settings Contact Us Logout	
1. Doctor Information Info View InfiniView Labs OptiSource	Home > Portal Home Notice !	Fint Print
	Notice	
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	The operation has been completed successfully.	
3. Work Queue	OK	

The Provider Login page displays.

Enter your **Provider #**.

Enter your **Password**.

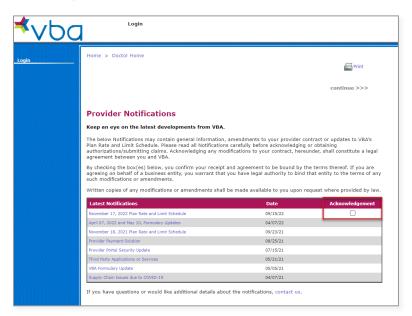
Check the **I'm not a robot** reCAPTCHA box.

Click Login.

Expert Solutions. Exceptional Service.
Provider Login Provider #: Provider #: Password: FORGOT PASSWORD Cancel Concel Concel
I'm not a robot



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.



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.

Continue >>> C	Home > Doctor Home		
Provider Notifications Kep 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 such modifications to your modifications or amendments. Written copies of any modifications or amendments shall be made available to you upon request where provided by late terms of a such modifications or 2002 Remarks and Limit Schedule 00/15/22 Nowenber 12, 2022 Rem Rate and Limit Schedule 00/23/21 Nowenber 13, 2022 Rem Rate and Limit Schedule 00/23/21 Nowenber 13, 2022 Rem Rate and Limit Schedule 00/23/21 Nowenber 13, 2022 Rem Rate and Limit Schedule 00/23/21 Provider Paymet Solution 00/23/21 Provider Paymet Solution 00/23/21 Provider Paymet Solution 00/23/21 Provider Paymet Solution 00/23/21 Value 00/23/21			en Print
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VBA Formulary Update 05/05/21		07/15/21	
	Provider Portal Security Update		
Supply Chain Issues due to COVID-19 04/07/21		05/21/21	
	Third Party Applications or Services		



Click continue to move on to the Work Queue.

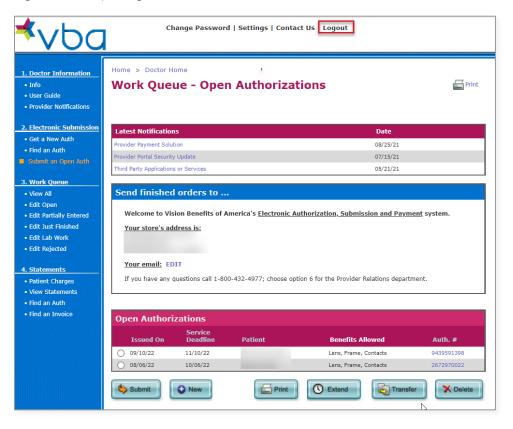
Home > Doctor Home		🚍 Print
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Provider Notifications		
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agreement between you and VBA.		
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The Work Queue displays with the Main Menu for all Provider functions in the left navigation. Any Open Authorizations will also be displayed.

⊀∨Ьа	Ch	ange Password	d Settings Con	tact Us Logout	
1. Doctor Information • Info • Resources	Home > Doctor H Work Que		n Authoriz	ations	Print
2. Electronic Submission	Send finished	orders to			
 Get a New Auth Find an Auth Submit an Open Auth 		notify VBA's Provi	o return the finishe der Relations departm	d eyeglasses to the address b ent.	elow. If the address is
3. Work Queue	Tour recurr auc	<u>11635.</u>			
• View All					
• Edit Open		-			
Edit Partially Entered	Your email: EDIT VBA requires all requests for changes to be submitted in writing. You may fax your written request to 412-				
Edit Just Finished Edit Lab Work					
Edit Lab work Edit Rejected	885-5646, email your request to providers@visionbenefits.com or mail your request to <u>Vision Benefits of America</u> , 400 Lydia Street, Suite 300, Carnegie, PA 15106.				
• Luit Rejected	If you have any questions call 1-800-432-4977: choose option 6 for the Provider Relations department.				
4. Electronic Information	If you have any c	questions can 1-00	0-432-4377, 010030		is department.
View Prices					
View Labs	Open Authori	zations			
Provider Notifications	Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
5. Statements	09/28/22	11/28/22	Patient	Eull Service	Autii. # 8217319251
View Statements	0				
Find an Auth	09/02/22	11/02/22		Lens	6802590918
• Find an Invoice	🍫 Submit	New	Print	Extend	Transfer X Delete



To log out, click Logout in the top navigation.





Changing Your Password



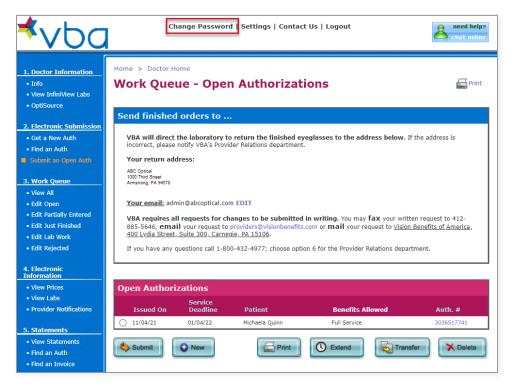
Providers requesting their current password must use the email password recovery option in the VBA Provider Portal.

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.





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.

[⊀] ∨bc	Change Password Settings Contact Us Logout	
1. Doctor Information • Info • Resources	Home > Doctor Home Change Password	Print
2. Electronic Submission	Change Password	
 Get a New Auth Find an Auth 	Old Password:	
• Submit an Open Auth	New Password:	(must be at least 12 characters)
3. Work Queue	Re-enter New Password:	
 View All Edit Open Edit Partially Entered 	Save Cancel	



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.



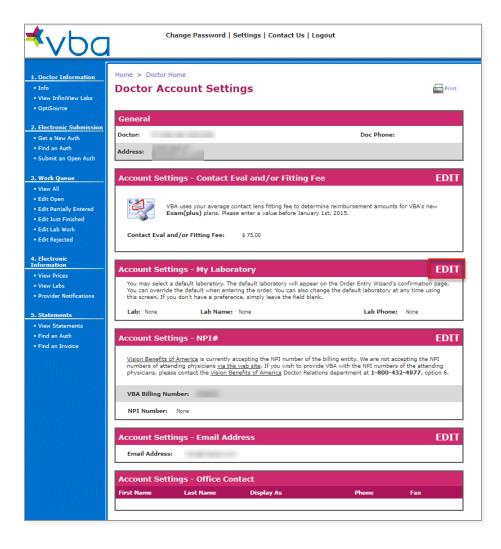
You can also view your Practice Information under Settings. If you need to make a Practice Update, please complete and return either the <u>Voluntary Termination Notification Form</u> or <u>Provider Change Request Form</u> to the address, fax number or email listed on the page.



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.

⊀ ∨bc	Change Password Settings Contact Us Logout
1. Doctor Information • Info • View InfiniView Labs • OptiSource	Home > Doctor Home Account Settings - Set My Laboratory
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General Doctor: Doc Phone: Address:
3. Work Queue • View All • Edit Open • Edit Partially Entered • Edit Just Finished • Edit Lab Work • Edit Rejected	Default Laboratory INSTRUCTIONS: You may select a default laboratory. The default laboratory will appear on the Order Entry Wizard's confirmation page. You can override the default when entering the order. You can also change the default laboratory at any time using this screen. If you don't have a preference, simply leave the field blank. Lab: Lab Name: None Lab Phone: None
4. Electronic Information • View Prices	Cancel Save

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

Choos	e a Lab - Google Chrome					—		\times
A Not	secure vtest.vba.local	/Pages/EFrmDoc/EFrmLab	Pick.aspx?Ei	d=08	kBx=F	Beddles	Beddl	e
Choos	e a Lab							
Labs								
#	Lab Name	Address	City	State	Zip			
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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.

⊀ ∨ba	Cł	ange Password	l Settings Con	tact Us Logout	
1. Doctor Information Info User Guide Provider Notifications	Home > Doctor H Work Que		n Authoriz	ations	nint 🔄 Print
2. Electronic Submission	Latest Notification	15		Date	
Get a New Auth Find an Auth	Provider Payment Solu	tion		08/25/21	
 Find an Auth Submit an Open Auth 	Provider Portal Security	y Update		07/15/21	
	Third Party Application	s or Services		05/21/21	
View All View All Edit Open Edit Partially Entered Edit Just Finished Edit Lab Work Edit Rejected A Statements Patient Charges View Statements Find an Auth Edit an Invoice	<u>Your store's ad</u> <u>Your email:</u> ED	sion Benefits of A Idress is: DIT	merica's <u>Electronic</u>	Authorization, Submission and Pay	
Find an Invoice	Open Authori				
	Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
	09/10/22	11/10/22		Lens, Frame, Contacts	9439591398
	08/06/22	10/06/22		Lens, Frame, Contacts	2672970022
	Submit	• New	Print	Extend Extend	sfer NDelete

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.

⊀ ∨ba	Change Password Settings Contact Us Logout
1. Doctor Information Info View InfiniView Labs OptiSource	Home > Doctor Home Request New Authorization
2. Electronic Submission Get a New Auth • Find an Auth • Submit an Open Auth	You may obtain an electronic authorization number by entering the policy holder's SSN, DOB and ZIP.
Subinit an Open Addi Subinit an Open Addi View All Edit Open	Policy Holder's SSN (or Member ID): Image: Signal and Sig
Eult Open Edit Partially Entered Edit Just Finished Edit Lab Work Edit Rejected	Policy Holder's ZIP:

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

≮ ∨ba	Ch	ange Passv	word Setting	js Contact Us Logout
1. Doctor Information • Info • Resources	Home > Doctor Ho Family Ber			E Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	GeneralGroup:4016 -Coverage:FAMILY		INEFITS SERVICES	(BASIC PLAN) (0030 - BALDWIN BOROUGH)
3. Work Queue • View All • Edit Open • Edit Partially Entered • Edit Just Finished	Employee WILLIAM PITTSBURGH, PA 15236			
Edit Lab Work Edit Rejected 4. Electronic Information				with spectacle lens and frame OR a routine exam and an allowance that evaluation/fitting and contact materials.
View Prices View Labs Provider Notifications	Benefits First Name	Birth Day	Relation	Benefits Allowed †
5. Statements • View Statements • Find an Auth • Find an Invoice	 William Christine Kayla 		Member Spouse/domest partner Child	Exam: YES Lens: YES Frame: YES Contacts: \$100 ^{ic} Exam: YES Lens: YES Frame: YES Contacts: \$100 Exam: YES Lens: YES Frame: YES Contacts: \$100
	Jacob		Child Plan Rules	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.

⊀ ∨Ьс	Cł	iange Pass	word Settin	gs Contact Us Logout
1. Doctor Information • Info • Resources	Home > Doctor H Family Bei			E Print
2. Electronic Submission	General			
Get a New Auth	Group: 4016	- MUNICIPAL B	ENEFITS SERVICES	5 (BASIC PLAN) (0030 - BALDWIN BOROUGH)
Find an Auth	Coverage: FAMIL	Y		
 Submit an Open Auth 				
3. Work Queue	Employee			
View All	WILLIAM			
• Edit Open				
• Edit Partially Entered	PITTSBURGH, PA 1523	6		
Edit Just Finished				
Edit Lab Work	Benefit Notice			
Edit Rejected				m with spectacle lens and frame OR a routine exam and an allowance that
4. Electronic Information	can be used to	oward the cost	of the contact lens	evaluation/fitting and contact materials.
View Prices	Benefits			
View Labs	First Name	Birth	Relation	Benefits Allowed †
Provider Notifications		Day		
5. Statements	William		Member	Exam: YES Lens: YES Frame: YES Contacts: \$100
View Statements	O Christine		Spouse/domes	tic Exam: YES Lens: YES Frame: YES Contacts: \$100
• Find an Auth	🔿 Kayla		Child	Exam: YES Lens: YES Frame: YES Contacts: \$100
Find an Invoice	U rwyla		Ching	count read on a read runner read contacts: proo
	O Jacob		Child	Exam: YES Lens: YES Frame: YES Contacts: \$100
	Service Histor	y 🗈	Plan Rules	New Authorization

Choose the Authorization Type, then select New Authorization.

≮ ∨bc	Cha	nge Password Settings	Contact Us Logout		
1. Doctor Information • Info • Resources	Home > Doctor Hon Authorizati				Frint Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General Group: Patient: WILLIAN	4		Relation to	• Member: Member
3. Work Queue • View All • Edit Open • Edit Partially Entered • Edit Just Finished • Edit Lab Work	Benefit Notice If eligible, this pl can be used town Benefits EXAM	an covers either a routine exam w rd the cost of the contact lens ev LENS	ith spectacle lens and frame OR luation/fitting and contact mate	a routine exam rials.	and an allowance that
Edit Rejected A. Electronic Information	ELIGIBLE	ELIGIBLE	ELIGIBLE	OR	\$100
View Prices View Labs Provider Notifications <u>5. Statements View Statements Find an Auth </u>	Authorization T Separate Autho		ient eligibility) ination Authorizations am + Materials		
• Find an Invoice			Previous	🛃 Exit	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

rces Home > Doctor Home > Doct	e <mark>fits of America</mark> ·	- Coverage	& Authorization	ו 🚔 ^{pr}
ronic Submission General				
New Auth Authorization Numb	er: 9597518655	Valid for Serv	rice between: 10/04/2022 - 12/	04/2022
n Auth Doctor:		Fil	ing Deadline: 12/18/2022	
Group:		Polatio	n to Member: Member	
Address:		Relatio	in to Member. Member	
pen	SH, PA 15236			
artially Entered This is a VBA E	xam(plus) Plan. VBA will pay for tl erformed, the patient pays 85% o	ne exam (minus any ap f your UCR, the 15% wi	plicable copay). If a contact le Il be taken off automatically.	ns fitting
ab Work				
ejected Benefit Notice				
ronic can be used tow	lan covers either a routine exam with ard the cost of the contact lens evalua	spectacle lens and frame ation/fitting and contact m	DR a routine exam and an allowand aterials.	e that
Prices				
Labs Benefits				
ler Notifications <u>Exam</u>	<u>Lenses</u>	<u>Frames</u>	- OR - <u>Contacts</u> ²	
ments 💎 Eligible	💎 Eligible	💎 Eligible	\$100.00	
Statements				
n Auth Plan Copays &				
Frame Allowance: Copays:	Wholesale: \$60.0 Exam: \$0.00 Lens) 🔀 Retail /Frame: \$0.00	N/A	
Cost Contained Fees			R	
Frame Dispensing:	\$21.00 Services and Materials			
Vision Care Exam	Digital Retin Screening	nal	Single Vision Lens	
Lined Multifocals	Lenticular L	ens	Basic Scratch	
Blended Bifocal	Medical Con	tacts	Polycarb., 18 & Under	
Dartially Cours	rod Comisos and Mator			
Contacts	red Services and Mater Frame ¹	Idis (See PRLS to)	Basic Progressive (Z)	insidiiity
Premium 1&2 Progressive (B&C)	Premium 38 Progressive	4 (V&D)	Standard Progressive (A)	
Progressive (bac)	Progressive	(V&D)	(A)	
Non-Covered S	ervices and Materials		mine member responsibil	ity)
Aspheric & Atoric	Blue Protec Materials	tion	Color Coating	
Computer/Near Var Focus	iable Digital Surf	acing, SV	Edge Treatments	
High Index	Mid Index /	Trivex	Mirror Coating	
Photochromic	Plano		Polarized	
Polycarb., Adult Premium Scratch	Premium A/ Rimless Mo		Premium A/R 2 Solid or Gradient Tints	
Standard A/R 1	Standard A	-	UV 400	
Ultra A/R				
	Print	Previous	Exit	



Retail Frame Allowance without Digital Retinal Screening

a New Auth A J an Auth D mit an Open Auth G rk Queue P w All : : Open . Partially Entered : : Just Finished : Lab Work : Rejected B		PA 17362	Filin	2 between: 10/04/2022 - 12/04/20 1 Deadline: 12/18/2022 0 Member: Member	122
a New Auth A J an Auth D mit an Open Auth G rk Queue P v All Open Partially Entered Just Finished Lab Work Rejected B	uthorization Number: octor: roup: atient: JOSHUA ddress: SPRING GROVE, This is a VBA Exam(n	PA 17362	Filin	J Deadline: 12/18/2022	122
an Auth D mit an Open Auth G k Queue P r All Open Partially Entered Just Finished Lab Work B	octor: roup: atient: JOSHUA ddress: SPRING GROVE, This is a VBA Exam(n	PA 17362	Filin	J Deadline: 12/18/2022)22
mit an Open Auth k Queue / All Open Partially Entered Just Finished Lab Work Rejected B	roup: atient: JOSHUA ddress: SPRING GROVE, This is a VBA Exam()	PA 17362			
k Queue P k All A Open A Partially Entered Just Finished Lab Work B	atient: JOSHUA ddress: SPRING GROVE, This is a VBA Exam()	PA 17362	Relation t	o Member: Member	
All All Appendent Appenden	ddress: SPRING GROVE, This is a VBA Exam()	PA 17362			
Open Partially Entered Just Finished Lab Work Rejected	This is a VBA Exam(
Just Finished Lab Work Rejected B					
Lab Work Rejected B	is perior			cable copay). If a contact lens fit	ting 💡
Rejected		ned, the patient pays 85%	of your UCR, the 15% will b	e taken on automatically.	
	enefit Notice				
	If eligible, this plan co	vers either a routine exam wit	th spectacle lens and frame OR	a routine exam and an allowance the	ıt
tronic ation	can be used toward th	e cost of the contact lens eva	luation/fitting and contact mate	nais.	
Prices	Benefits				
	xam	Lenses	<u>Frames</u> -	OR - Contacts ²	
		-			
ements	🥖 Eligible	💙 Eligible	💙 Eligible	\$110.00	
Statements an Auth	lan Conque 9 All				
an Invoice	Plan Copays & Allo rame Allowance:	Wholesale: N/A	👩 Retail:	\$125.00	
	opays:	-	s/Frame: \$0.00	\$120100	
C	ost Contained Fees:	Contact Eval and/or Fi			
	Dispensing Fees (Paid by VBA)			
	ens Dispensing:	\$15.00			
F	rame Dispensing:	\$17.00			
F	ully-Covered Ser	vices and Material	s		
v	ision Care Exam	Single Vis	ion Lens	Lined Multifocals	
L	enticular Lens	Basic Scra	tch	Blended Bifocal	
M	edical Contacts	Polycarb.,	18 & Under		
	Partially-Covered	Services and Mate	erials (See DPLS to de	termine member responsil	aility)
	ontacts	Frame ¹		Basic Progressive (Z)	incy)
P	remium 1&2	Premium		Standard Progressive	
P	rogressive (B&C)	Progressiv	/e (V&D)	(A)	
	Ion-Covered Serv	ices and Materials	Gisee PRLS to determine	ne member responsibility)	
D	igital Retinal Screening	Aspheric 8	& Atoric	Blue Protection Materials	
c	olor Coating	Computer Variable F		Digital Surfacing, SV	
E	dge Treatments	High Inde		Mid Index / Trivex	
м	irror Coating	Photochro	omic	Plano	
P	olarized	Polycarb.,	Adult	Premium A/R 1	
	remium A/R 2	Premium		Rimless Mounting	
	olid or Gradient Tints V 400	Standard Ultra A/R	A/R 1	Standard A/R 2	
		Print	Previous	Exit	



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.

• Doctor Information • Info • Resources	Home > Doctor H Work Que	Print			
• Electronic Submission • Get a New Auth	Open Authori	izations			
Find an Auth	Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
 Submit an Open Auth 	02/27/24	04/27/24		Lens, Frame, Contacts	3926795084
	02/29/24	04/30/24		Full Service	9146246559
. Work Queue	03/01/24	05/01/24		Exam, Lens, Contacts	1948359762
• View All	0 03/01/24	05/01/24		Full Service	4284495348
Edit Open Edit Partially Entered	03/01/24	05/01/24		Full Service	1468570513
Edit Partially Entered	0 03/01/24	05/01/24		Exam, Lens, Contacts	8519663300
Edit Lab Work	03/07/24	05/07/24		Exam, Lens, Frame	5424259000
Edit Rejected	0 03/20/24	05/20/24		Full Service	9853868535
	03/21/24	05/21/24		Exam, Lens, Contacts	9223768074
. Electronic nformation	03/27/24	05/27/24		Full Service	6115225110
View Prices	04/03/24	06/03/24		Exam, Lens, Contacts	2353422184
• View Labs	04/22/24	06/22/24		Exam	0284181772
Provider Notifications	04/26/24	06/26/24		Full Service	5096782613
	04/26/24	06/26/24		Full Service	8675046171
. Statements	04/30/24	06/30/24		r Full Service	4870978717
View Statements	05/01/24	07/01/24		Full Service	0886345314
Find an Auth	05/01/24	07/01/24		Full Service	1243022075
Find an Invoice	05/02/24	07/02/24		Full Service	6726860303
	05/01/24	07/03/24		Lens, Frame, Contacts	2563428513
	0 05/03/24	07/03/24		Full Service	1049384726



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.

Doctor Information	Home > Doctor H	ome			
Info Resources	Work Que	ue - Oper	n Authoriza	itions	Print
Electronic Submission	Open Authori	zations			
Get a New Auth Find an Auth	Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
Submit an Open Auth	02/27/24	04/27/24		Lens, Frame, Contacts	3926795084
	02/29/24	04/30/24		Full Service	9146246559
Work Queue	03/01/24	05/01/24		Exam, Lens, Contacts	1948359762
Edit Open	03/01/24	05/01/24		Full Service	4284495348
Edit Partially Entered	03/01/24	05/01/24		Full Service	1468570513
Edit Just Finished	03/01/24	05/01/24		Exam, Lens, Contacts	8519663300
Edit Lab Work	03/07/24	05/07/24		Exam, Lens, Frame	5424259000
Edit Rejected	03/20/24	05/20/24		Full Service	9853868535
	03/21/24	05/21/24		Exam, Lens, Contacts	9223768074
Electronic	03/27/24	05/27/24		Full Service	6115225110
View Prices	04/03/24	06/03/24		Exam, Lens, Contacts	2353422184
View Labs	04/22/24	06/22/24		Exam	0284181772
Provider Notifications	04/26/24	06/26/24		Full Service	5096782613
	04/26/24	06/26/24		Full Service	8675046171
Statements	04/30/24	06/30/24		r Full Service	4870978717
View Statements	05/01/24	07/01/24		Full Service	0886345314
Find an Auth	05/01/24	07/01/24		Full Service	1243022075
Find an Invoice	05/02/24	07/02/24		Full Service	6726860303
	05/01/24	07/03/24		Lens, Frame, Contacts	2563428513
	Ŭ	07/03/24		Full Service	1049384726

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.

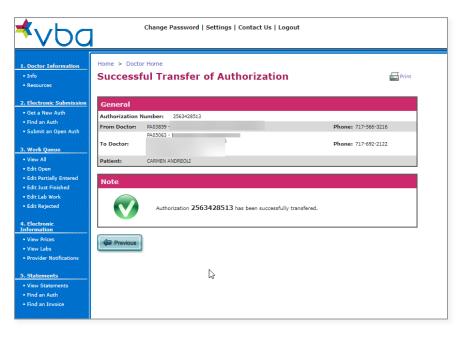
I. Doctor Information Info Resources	Home > Doctor H		n Authorizat	tions	Print
2. Electronic Submission	Open Author	izations			
• Get a New Auth • Find an Auth	Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
Submit an Open Auth	05/01/24	07/03/24		Lens, Frame, Contacts	2563428513
3. Work Queue	03/27/24	05/27/24		Full Service	6115225110
View All	03/01/24	05/01/24		Exam, Lens, Contacts	1948359762
View All Edit Open	03/01/24	05/01/24		Full Service	4284495348
Edit Partially Entered	05/03/24	07/03/24		Full Service	1049384726
Edit Just Finished	04/26/24	06/26/24		Full Service	5096782613
Edit Lab Work	05/02/24	07/02/24		Full Service	6726860303
• Edit Rejected	05/01/24	07/01/24		Full Service	0886345314
	02/29/24	04/30/24		Full Service	9146246559
I. Electronic	03/20/24	05/20/24		Full Service	9853868535
View Prices	04/26/24	06/26/24		Full Service	8675046171
View Labs	03/21/24	05/21/24		Exam, Lens, Contacts	9223768074
Provider Notifications	05/01/24	07/01/24		Full Service	1243022075
	04/30/24	06/30/24		Full Service	4870978717
5. Statements	03/07/24	05/07/24		Exam, Lens, Frame	5424259000
View Statements	03/01/24	05/01/24		Full Service	1468570513
Find an Auth Find an Invoice	03/01/24	05/01/24		Exam, Lens, Contacts	8519663300
Find an Invoice	04/03/24	06/03/24		Exam, Lens, Contacts	2353422184
	04/22/24	06/22/24		Exam	0284181772
	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.

⊀ ∨ba	Change Pas	sword Settings Contact U	s Logout
1. Doctor Information • Info • Resources	Home > Doctor Home Transfer Author	ization	₽rint [
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth 3. Work Queue	payment using this Authoriza	your Authorization for the specified ation Number, the payment will also er and the ZIPCode of the doctor to	patient to another account. If you have submitted for be transfered. which you wish to transfer the Authorization. Also, Cick NQ to return to the previous screen.
View All Edit Open Edit Partially Entered Edit Just Finished	Authorization Number:	2563428513 PA03859 - S	
Edit Lab Work Edit Rejected 4. Electronic	Patient: Valid for Service between:	05/01/2024 - 07/03/2024	
Information View Prices View Labs Provider Notifications	Filing Deadline:		
5. Statements View Statements Find an Auth Find an Invoice	Transfer to Doctor Account: Transfer to Doctor ZIP: Your Name:	PA05063	(examples are PA12345, OH54321)
	Wo	uld you like to transfer the Auth	orization displayed above ?

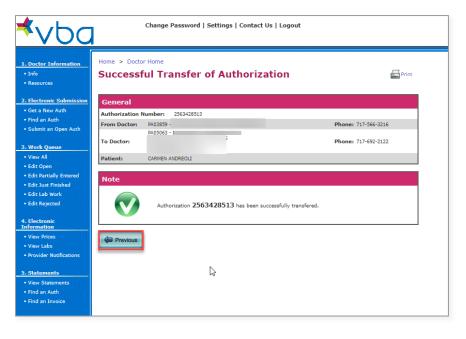


The following Confirmation screen will display that the transfer was successful and includes the information for the new office.





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.



ctor Information o sources	Home > Doctor H Work Que		n Authorizat	ions	Pr
ctronic Submission	Open Authori	zations			
t a New Auth d an Auth	Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
bmit an Open Auth	03/27/24	05/27/24		Full Service	6115225110
	03/01/24	05/01/24		Exam, Lens, Contacts	1948359762
ork Queue	03/01/24	05/01/24		Full Service	4284495348
w All t Open	05/03/24	07/03/24		Full Service	1049384726
t Partially Entered	04/26/24	06/26/24		Full Service	5096782613
t Just Finished	05/02/24	07/02/24		Full Service	6726860303
t Lab Work	05/01/24	07/01/24		Full Service	0886345314
t Rejected	02/29/24	04/30/24		Full Service	9146246559
	03/20/24	05/20/24		Full Service	9853868535
ectronic mation	04/26/24	06/26/24		Full Service	8675046171
w Prices	03/21/24	05/21/24		Exam, Lens, Contacts	9223768074
w Labs	05/01hm4	07/01/24		Full Service	1243022075
vider Notifications	04/30/24	06/30/24		Full Service	4870978717
	03/07/24	05/07/24		Exam, Lens, Frame	5424259000
itements	03/01/24	05/01/24		Full Service	1468570513
w Statements	03/01/24	05/01/24		Exam, Lens, Contacts	8519663300
d an Auth d an Invoice	04/03/24	06/03/24		Exam, Lens, Contacts	2353422184
d an invoice	04/22/24	06/22/24		Exam	0284181772
	02/27/24	04/27/24		Lens, Frame, Contacts	3926795084



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.

≮∨Ьс	Change Password Setting	s Contact Us Logout
1. Doctor Information • Info • Resources	Home > Doctor Home Vision Benefits of Americ	a - Coverage & Authorization Eprint
2. Electronic Submission	General	
Get a New Auth	Authorization Number: 2563428513	Valid for Service between: 05/01/2024 - 07/03/2024
Find an Auth	Doctor: PA05063 -	Filing Deadline: 07/17/2024
 Submit an Open Auth 	Group: 2280 -	
. Work Queue	Patient:	Relation to Member: Child
View All	Address:	
Edit Open		
Edit Partially Entered		his authorization covers spectacle lens and a frame OR an allowance
 Edit Just Finished Edit Lab Work 		ntact lens evaluation/fitting and contact materials. If a contact lens 💡 s 85% of your UCR, the 15% will be taken off automatically.
Edit Rejected		
	Benefit Notice	
. Electronic		with spectacle lens and frame OR a routine exam and an allowance that
View Prices	can be used toward the cost of the contact lens e	waluation/fitting and contact materials.
• View Labs		
Provider Notifications	Benefits	
	Exam Lenses	<u>Frames</u> - OR - <u>Contacts</u> ²
Statements View Statements	None 🐼 Eligible	C Eligible S150.00
Find an Auth	•	V the V
	Dian Consure & Allowances	
	Plan Copays & Allowances	
	Frame Allowance: 💎 Wholesale: 🗧	60.00 😵 Retail: N/A
• Find an Invoice	Frame Allowance: 🕥 Wholesale: 🗧	ens/Frame: \$0.00

After all authorizations have been removed from the original account follow instructions for terming 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.

⊀ vba	CI	nange Password	l Settings Con	tact Us Logout	ask live: chat online
1. Doctor Information Info Resources	Home > Doctor H Work Que		n Authoriza	ations	Print
2. Electronic Submission Get a New Auth Find an Auth Submit an Open Auth Submit an Open Auth Get View All Edit Open Edit Partially Entered Edit Lab Work Edit Rejected	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 <u>Vision Benefits of America.</u> 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.				
4. Electronic Information • View Prices • View Labs • Provider Notifications	Open Authori Issued On	zations Service Deadline	Patient	Benefits Allowed	Auth. #
5. Statements • View Statements • Find an Auth • Find an Invoice	 10/04/22 09/28/22 09/02/22 	12/04/22 11/28/22 11/02/22	William	Full Service Full Service Lens	9597518655 8217319251 6802590918
	Submit	New	Print	Extend	ransfer X 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

⊀ ∨ba	Change Password Settings Contact Us Logout
1. Doctor Information • Info • Resources	Home > Doctor Home Exam - Order Entry Wizard
2. Electronic Submission	General
Get a New Auth Find an Auth	Authorization Number: 9597518655 Service On: 10 / 04 / 2022
Submit an Open Auth	Patient: WILLIAM Bill Exam To: VBA V
3. Work Queue • View All	Bill Digital Retinal Screening To: VBA V U&C: 39.00

Retail Frame without Digital Retinal Screening

⊀∨Ьа	Change	Password Settings Contact Us	Logout	B need help? Chat online
<u>1. Doctor Information</u> • Info • Resources	Home > Doctor Home Exam - Order	Entry Wizard		Print
2. Electronic Submission	General			
Get a New Auth Find an Auth	Authorization Number:	9171279651	Service On: 10	04 / 2022
• Submit an Open Auth	Patient: JOSHUA		Bill Exam To: VBA	~
3. Work Queue • View All		Bill Digital Retinal Screening To:	None 🗸	U&C:



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

⊀ vba	Change Password Settings Contact Us Logo	ut <u>eed help</u> ; chat online
<u>1. Doctor Information</u> • Info • Resources	Home > Doctor Home Exam - Order Entry Wizard	E Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth		ice On: 10 / 04 / 2022 xam To: VBA
3. Work Queue • View All • Edit Open • Edit Partially Entered • Edit Las Finished • Edit Lab Work • Edit Rejected	Bill Digital Retinal Screening To: VB2 Detail Material Type: None Contact Even Contact Lenses Contact Lenses	v ∪B.C: <u>39,00</u>



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.

≮ vba	Change Password Settings Contact Us Logout
1. Doctor Information Info Resources	Home > Doctor Home Exam - Order Entry Wizard
2. Electronic Submission	General
Get a New Auth	Authorization Number: 9597518655 Service On: 10 / 04 / 2022
 Find an Auth Submit an Open Auth 	Patient: WILLIAM REISS Bill Exam To: VBA
3. Work Queue	Bill Digital Retinal Screening To: VBA VBA V8C: 39.00
• View All	
Edit Open Edit Partially Entered	Detail
Edit Just Finished	Material Type: Glasses 🗸
Edit Lab Work	Sphere CYL Axis BC DIA ADD
 Edit Rejected 	③ -2.00 +0.00 0
4. Electronic Information	
View Prices	Pupil Distance
View Labs Provider Notifications	31 O Binocular Monocular
	32
5. Statements View Statements	Segment Height Optical Center
Find an Auth	18 From Bottom From Center From Bottom From Center
Find an Invoice	0 18
	Horizontal Prism Vertical Prism
	O In O Out O None O Up O Down O None
	O In O Out O None O Down O None O Down O None

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

Diagnosis Codes	s
Diagnosis 1:	Diagnosis 3:
Diagnosis 2:	Abnormal Pupil Diagnosis 4:
Other Diagnosis:	Glaucoma Hypercholesterol
Prescription Not	Hypertension Macular Degeneration Type 1 Diabetes Type 2 Diabetes Unspecified Diabetes None
Pri	evious Save and Continue 📦

Retail Frame without Digital Retinal Screening

Diagnosis Codes	
Diagnosis 1:	Type 1 Diabetes V Diagnosis 3: V
Diagnosis 2:	Abnormal Pupil Diagnosis 4:
Other Diagnosis:	Glaucoma Hypercholesterol
	Hypertension Macular Degeneration
Prescription Note	Type 1 Diabetes
	Type 2 Diabetes Unspecified Diabetes
	None
	1
· · · · · · · · · · · · · · · · · · ·	
Prev	vious Save and Continue 📦

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**.

⊀∨Ьа	Change Password Settings Conta	act Us Logout	chat online
1. Doctor Information • Info • Resources	Home > Doctor Home Lens - Order Entry Wizard		Print
2. Electronic Submission	General		
Get a New Auth Find an Auth	Authorization Number: 9597518655	Service On: 10	04 / 2022
Submit an Open Auth	Patient: WILLIAM	Bill Lens To: No Len	ns Dispensed
3. Work Queue • View All		Lens Ordering VBA Type: Patient	ns Dispensed



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

⊀ ∨ba	Change Password Settings Conta	ct Us Logout	B chat online
1. Doctor Information • Info • Resources	Home > Doctor Home Lens - Order Entry Wizard		Print
2. Electronic Submission	General		
 Get a New Auth Find an Auth 	Authorization Number: 9597518655	Service On:	10 / 04 / 2022
• Submit an Open Auth	Patient: WILLIAM	Bill Lens To:	VBA 🗸
3. Work Queue		Lens Ordering Type:	Standard Ordering
• View All • Edit Open • Edit Partially Entered	Prior to submitting an order for RB Authentic Package, pl	ease review the ordering guid	RB Authentic Ordering

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	Base Len	s*							Progr	essive Availa	bility Char
• Edit Rejected	ens Type:	Progressi	ive	~	Brand	V	arilux Phy	sio W3+ F	it 🗸	1	
. Electronic nformation	Material:	Polycarbo	onate	~	Cente	: 1	.5 - Stand	ard	~		
c c c c c c c c c c c c c c c c c c c	Although ever	y effort has	been made t	to ensure	e current i ain about	nateria the inc	l and option	availability,	it is the dis	penser's responsibility s material or option, o	to accurately
	prior to order		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	e ancere	an about			, or aranap	int, or a term	o material of option, e	
		- *									
Statements	Lens Opt	ions									
View Statements	A/R:		Crizal Al	ize UV		~					
Find an Auth Find an Invoice	Color Coatin	g:	None			~					
E	Edge Treatm	ent:	None			~					
F	Photochrom	ic:	Transitio	ns Sigr	nature	~	Color:	Brown	Ŷ	2	
F	Polarized:		None			~					
	Mirror:		None			~					
station of the state of s	Scratch Resi	stant:	Basic Sc	ratch		~					
1	Fint Type:		None			~					
E	Digital Surfa	cing:	None			\sim					
u de la companya de l	JV Protectio	n:									
L	licensed Bra	anding:									
	Lens Not	e									
		Pro	evious	Sa	ve and C	ontin	ie 🛋	🧐 Sa	ve and Exi	it 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.

⊀ vba	Change Password Settings Contact t	Js Logout	B chat online
1. Doctor Information Info Resources 	Home > Doctor Home Frame - Order Entry Wizard		Print
2. Electronic Submission	General		
Get a New Auth Find an Auth	Authorization Number: 9597518655	Service On:	10 / 04 / 2022
• Submit an Open Auth	Patient: WILLIAM	Supplier:	No Frame Dispensed
3. Work Queue • View All		Bill Frame To:	No Frame Dispensed
Edit Open			Patient
Edit Partially Entered			
Edit Just Finished Edit Lab Work	Previous Save and Continue	Save and Exit	Exit

Select to Bill Frame To VBA or the Patient.

⊀ ∨ba	Change Password Settings Contact Us	Logout	chat online
1. Doctor Information • Info • Resources	Home > Doctor Home Frame - Order Entry Wizard		Print
2. Electronic Submission	General		
 Get a New Auth Find an Auth 	Authorization Number: 9597518655	Service On:	10 / 04 / 2022
• Submit an Open Auth	Patient: WILLIAM	Supplier:	Doctor 🗸
3. Work Queue		Bill Frame To:	VBA
View All Edit Open Edit Dartially Entered	Frame Specification		VBA 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

⊀∨Ьа	Change	Password Settings Contz	act Us Logout		ask live: chat online
1. Doctor Information Info Resources	Home > Doctor Home Frame - Orde	r Entry Wizard			Print
2. Electronic Submission • Get a New Auth	General				
Find an Auth	Authorization Number:	9597518655	Service 0	on: 10 / 04	/ 2022
• Submit an Open Auth	Patient: WILLIAM		Supplier:	Doctor	~
3. Work Queue			Bill Fram	e To: VBA	~
• View All					
• Edit Open	Frame Specification	n			
Edit Partially Entered Edit Just Finished	Wholesale Cost:	62.00	🛞 Retail Cost:	N/A	
Edit Lab Work	•				
Edit Rejected	Manufacturer Name:	Luxottica	Model:	MK4035	
4. Electronic	Eye Size:	53	Bridge Size:	15	
4. Electronic Information	Temple Length:	135	Color:	Tortoise	
View Prices	F		_		
View Labs Provider Notifications	Frame Type:	None Y			
	Frame Note	Drill & Notch Drilled			
5. Statements	Frame Note	Metal			
View Statements Find an Auth		Rimless Zyl			
Find an Invoice					
	Previs	Save and Continue	Save and	Exit	it

Retail Frame Allowance

⊀ ∨ba	Change I	Password Settings Conta	act Us Logout	ask live:
1. Doctor Information Info Resources 	Home > Doctor Home Frame - Order	Entry Wizard		Print .
2. Electronic Submission • Get a New Auth	General			
• Find an Auth	Authorization Number:	9171279651	Service O	n: 10 / 04 / 2022
• Submit an Open Auth	Patient: JOSHUA		Supplier:	Doctor 🗸
3. Work Queue			Bill Frame	To: VBA
View All				
• Edit Open	Frame Specificatio	_		
• Edit Partially Entered	Frame Specificatio	n		
Edit Just Finished	😵 Wholesale Cost:	N/A	💎 Retail Cost:	125.00
Edit Lab Work	Manufacturer Name:	Luxottica	Model:	MK4035
Edit Rejected	Hundracturer nume.		Houen	111(1055
4. Electronic	Eye Size:	53	Bridge Size:	15
Information	Temple Length:	135	Color:	Tortoise
View Prices	rempte congent			
View Labs	Frame Type:	None 🗸		
Provider Notifications		None Drill & Notch		
5. Statements	Frame Note	Drilled		
View Statements		Rimless	т	
Find an Auth		Zyl	I	
• Find an Invoice				
	Previo	us Save and Continue	Save and	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

Doctor Information	Home > Doctor H	ome					
nfo tesources	Review an	d Confirm t	his Order				E Print
lectronic Submission	General						
Get a New Auth	Authorization Nun	ber: 9597518655					
ind an Auth	Patient: WILLI	AM I					
Submit an Open Auth	Lab:	Lab List					
Vork Queue							
/iew All	Prescription						
dit Open	Payer:	VBA					
dit Partially Entered	Prescription Type:						
dit Just Finished	Digital Retinal	VBA					
dit Lab Work dit Rejected	Screening Payer:						
uit Rejected	SPH CYL -2.00 +0.00	Axis BC		SEG HT Sourc			OC HT Source
lectronic	-2.00 +0.00		2.00 18.00	From Bottom	31.00 Mono 32.00	cular None None	None
rmation	G -2.00 +0.00	•	2.00 18.00		52.00	None	
iew Prices iew Labs	Diagnosis Co	dec					
rovider Notifications	Reported Diagnoses	103					
	Reported Diagnoses						
itatements	hypertension						
iew Statements	Base Lens						
nd an Auth	Lens Type:	Progressive	Brand: Va	arilux Physio W3			
ind an Invoice	Material:	Polycarbonate	Center: 1.		r ril		
	Huteriu.	Polycarbonate	Center. 1.	2			
	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					
	Tour la service de	f Dama Cha					
	Explanation of	n benefits			Peceivable		
					Receivable From	Receivable From VBA	Total Receivable
	Description		Con		Member		Receivable
	Routine Examination		Cov		0.00	50.00	50.00
	Digital Retinal Scree	ning	Cov		0.00	39.00	39.00
	Dispensing Fee	_	Cov	ered	0.00	36.00	36.00
	Basic Scratch Coatin						
	Premium 3 (V) Progr		Cov		0.00	0.00	0.00
	Premium 3 (V) Progr Photochromic MF	essive - upcharge		t Contained t Contained	175.00	0.00	175.00 70.00
						0.00	
	Polycarbonate MF Premium A/R 1			ered if Child t Contained	27.00	0.00	27.00
	Rimless Mounting			t Contained	8.00	0.00	8.00
	Rimless Mounting			lesale	4.00	60.00	64.00
			who	resdie			
				t Contained	0.00	.000.00	
	(Lab Bill)		Cos	t Contained	0.00 353.00	-229.00	-229.00 309.00



Retail Frame Allowance without Digital Retinal Screening

⊀∨Ьа	Ch	ange Password Se	ettings Conta	ct Us Logout	:	é	chat online
1. Doctor Information • Info • Resources	Home > Doctor Ho Review an	ome d Confirm tl	his Ordei				nint
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth 3. Work Queue	General Authorization Num Patient: JOSHU Lab:						
View All Edit Open Edit Partially Entered Edit Partially Entered Edit Just Finished Edit Lab Work Edit Rejected Electronic Information View Prices View Labs	Prescription Payer: Prescription Type: SPH CYL C -2.00 +0.00 C -2.00 +0.00 Diagnosis Coo Reported Diagnoses	0 💿	ADD SEG HT 2.00 18.00 2.00 18.00	SEG HT Source From Bottom	PD PD Ty 31.00 Monoc 32.00		OC HT Source None
Provider Notifications <u>5. Statements</u> View Statements Find an Auth	Type 1 Diabetes Base Lens Lens Type:	Progressive	Brand:	/arilux Physio W3+			
• Find an Invoice	Material: Lens Options Name Anti-Reflective: Geometry:	Polycarbonate Specification Crizal Alize UV Standard	Color	5	-		
	Photochromic: Scratch: Frame Supplier:	Transitions Signature Basic Scratch	Brown	VBA			
	Manufacturer: Eye Size: Temple Length: Frame Type: Retail Cost:	Doctor Luxottica 53 135 Unspecified 125.00	Payer: Model: Bridge Size: Color:	MK4035			
	Explanation o	f Benefits		werage	Receivable From Member	Receivable From VBA	Total Receivable
	Routine Examination Dispensing Fee Basic Scratch Coating Premium 3 (V) Progr		Co	vered vered vered vered	0.00 0.00 0.00 0.00	50.00 32.00 0.00 0.00	50.00 32.00 0.00 0.00
	Premium 3 (V) Progr Photochromic MF Polycarbonate MF Premium A/R 1	essive - Upcharge	Ca Ca Ca	st Contained st Contained vered if Child st Contained	175.00 70.00 27.00 69.00	0.00 0.00 0.00 0.00	175.00 70.00 27.00 69.00
	Frames (Lab Bill)			tail st Contained	0.00 0.00 341.00	50.00 -224.00 -92.00	50.00 -224.00 249.00
		Previo	us 🔣 Si	and to Lab	Exit		



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.

⊀ ∨ba	Change Password Settings Contact Us Logout	ask live:
1. Doctor Information Info Resources	Home > Doctor Home Choose Reports	Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General Xuthorization Number: 9597518655 Relationship to Member: Patient: WILLIAM Service On: 10/4/2022	Member
3. Work Queue • View All • Edit Open • Edit Partially Entered • Edit Just Finished • Edit Lab Work • Edit Rejected	Available Reports Report Name Apportment Synopsis Order Summary Explanation of Benefits	
4. Electronic Information • View Prices • View Labs • Provider Notifications	Padding Slip Authorization Contrue	Exit
5. Statements • View Statements		

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

Wholesale Frame Allowance with Digital Retinal Screening

≮ vba	Change Password Settings Contact Us Logout	ask live: chat online
1. Doctor Information • Info • Resources	Home > Doctor Home <u>Vision Benefits of America</u> - Appointmen	t Synopsis 🛛 🛱 Print
2. Electronic Submission • Get a New Auth	General Authorization Number: 9597518655 Rela	tionship to Member: Member
• Find an Auth • Submit an Open Auth	Patient: WILLIAM Service On: 10/4/2022	
3. Work Queue • View All	Appointment Synopsis	
Edit Open Edit Partially Entered	Item Routine Examination	Member Owes
 Edit Just Finished Edit Lab Work 	Digital Retinal Screening	\$0.00
Edit Rejected	Base Lens <u>Option:</u> Basic Scratch	\$202.00 \$0.00
4. Electronic Information	Option: Photochromic Option: Premium A/R 1	\$70.00 \$69.00
View Prices View Labs	Option: Rimless Mounting	\$8.00
Provider Notifications	Wholesale Frames Appointment Total:	\$4.00
5. Statements • View Statements	Diagnosis Codes	
 Find an Auth Find an Invoice 	Reported Diagnoses Hypertension	
	Benefit Notice If elipike, this plan covers either a mutine exam with spectracle lens and frame OR a can be used toward the cost of the contact lens evaluation/fitting and contact materia	
	Print Ext	



Retail Frame Allowance without Digital Retinal Screening

Doctor Information Info Resources	Home > Doctor Home <u>Vision Benefits of America</u> - Appointment Synopsis	₽ Frint
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General Authorization Number: 9171279651 Relationship to Member: Patient: DOSHUA Service On: 104/2022	Member
3. Work Queue • View All • Edit Open • Edit Partially Entered	Appointment Synopsis Item Mem Rodine Examination	ber Owes \$0.00
Edit Just Finished Edit Lab Work Edit Rejected	Base Lans <u>Option</u> : Basic Scratch <u>Option</u> : Photodramic <u>Option</u> : Permum A/R 1	\$202.00 \$0.00 \$70.00 \$69.00
A. Electronic Information View Prices View Labs Provider Notifications	Retail Frames Appointment Total:	\$0.00 \$341.00
5. Statements • View Statements	Diagnosis Codes Reported Diagnoses Type 1 Diabetes	
• Find an Auth • Find an Invoice	Benefit Notice If eligible, this plan covers either a routine exam with spectacle lens and frame OR a routine exam and an allow can be used toward the cost of the contact lens evaluation/fitting and contact materials.	ance that
	Print Ext	



Order Summary is a copy of the order placed.

Wholesale Frame Allowance with Digital Retinal Screening

<mark>*</mark> vba	Cł	ange Password S	Settings Conta	act Us Logout			2	e ask live chat online
1. Doctor Information • Info • Resources	Home > Doctor H Vision Ben	ome I efits of Am	<u>ierica</u> - O	rder Sum	imary			and Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General Authorization Num Doctor: Address:					rvice Date c Phone:		4/2022 -343-2591
3. Work Queue • View All • Edit Open • Edit Partially Entered	Lab: Patient: WILLIAM				La	b Phone:	800	-233-8373
• Edit Just Finished • Edit Lab Work	Prescription Payer:	VBA						
Edit Rejected Electronic	Prescription Type: Digital Retinal Screening Payer:	Glasses VBA						
View Prices View Labs	SPH CYL (2.00) +0.00 (1) -2.00) +0.00		ADD SEG HT 2.00 18.00 2.00 18.00	SEG HT Source				OC HT Source
Provider Notifications Statements	Diagnosis Co	les						
view Statements Find an Auth Find an Invoice	Reported Diagnoses Hypertension							
	Base Lens Lens Type:	Progressive	Brand:	Varilux Physio W3+	Fit			
	Material:	Polycarbonate	Center:	1.5				
	Lens Options Name Anti-Reflective:	Specification Crizal Alize UV	Color					
	Geometry: Photochromic: Scratch:	Standard Transitions Signature Basic Scratch	Brown					
	Frame Supplier:	Doctor	Payer:	VBA				
	Manufacturer: Eye Size: Temple Length:	Luxottica 53 135	Model: Bridge Size Color:	MK4035 15 Tortoise				
	Frame Type: Wholesale Cost: Benefit Notice	Rimless 62.00						
	If eligible, this	plan covers either a rout ward the cost of the cont	ine exam with specta act lens evaluation/f	acle lens and frame C itting and contact ma	R a routine (iterials.	exam and ar	n allowand	e that
			Print	Exit				



Retail Frame Allowance without Digital Retinal Screening

or Information Home > Docto	or Home				
	enefits of A	merica - (order Sun	amary	🚍 Print
	ellents of A		nuel Sun	iniar y	
tronic Submission General					
	Number: 9171279651			Service D	ate: 10/4/2022
an Auth Doctor:				Doc Phor	e: 570-343-2591
Address:					
k Queue				Lab Phon	e: 800-233-8373
All	HUA			Lub Filon	e. 800-255-8575
Open					
Partially Entered Prescriptic	on				
Just Finished Payer:	VBA				
Rejected Prescription Ty					
	YL Axis BC	ADD SEG H	T SEG HT Source	PD PD Type	OC HT OC HT Sourc
ronic (R -2.00 +	0.00 0	2.00 18.00	From Bottom	31.00 Monocular	
Ation 0 -2.00 +	0.00 0	3 2.00 18.00		32.00	None
Labs		-			
der Notifications Diagnosis	Codes				
Reported Diagn	oses				
ements Type 1 Diabetes					
Statements					
an Auth Base Lens					
an Invoice Lens Type:	Progressive	Brand:	Varilux Physio W3+		
Material:	Polycarbonate	Center:	1.5		
Lens Optio	ns				
Name	Specification				
Anti-Reflective:	Crizal Alize UV				
Geometry:	Standard				
Photochromic:	Transitions Signatu	re Brown			
Scratch:	Basic Scratch				
Frame					
Supplier:	Doctor	Payer:	VBA		
Manufacturer:	Luxottica	Model:	MK4035		
Eye Size:	53	Bridge Siz	e: 15		
Temple Length		Color:	Tortoise		
Frame Type:	Unspecified				
Retail Cost:	125.00				
Retail Cost.					
Benefit Notice					
Benefit Notice	, this plan covers either a ed toward the cost of the	routine exam with spec contact lens evaluation,	tacle lens and frame fitting and contact m	OR a routine exam an aterials.	d an allowance that



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

Info	Home > Doctor Home Vision Benefits of Ameri	<u>ca</u> - Explanati	on of Ber	efits	and Print
Resources					
Electronic Submission	Diagnosis Codes				
Get a New Auth Find an Auth	Reported Diagnoses				
Submit an Open Auth	Hypertension				
	General				
Work Queue					
View All	Authorization Number: 9597518655		Relationship to	memper:	Member
Edit Open	Patient: WILLIAM				
Edit Partially Entered Edit Just Finished	Service On: 10/4/2022				
Edit Lab Work	E 1 2 (B C)				
Edit Rejected	Explanation of Benefits				
cure rejected			Receivable From Member	Receivable From	
Electronic	Description	Coverage	Member	VBA	Receivable
formation	Routine Examination	Covered	0.00	50.00	50.00
View Prices	Digital Retinal Screening	Covered	0.00	39.00	39.00
View Labs Provider Notifications	Dispensing Fee	Covered	0.00	36.00	36.00
Provider Nouncations	Basic Scratch Coating	Covered	0.00	0.00	0.00
Statements	Premium 3 (V) Progressive - Base	Covered	0.00	0.00	0.00
View Statements	Premium 3 (V) Progressive - Upcharge	Cost Contained	175.00	0.00	175.00
Find an Auth	Photochromic MF	Cost Contained	70.00	0.00	70.00
Find an Invoice	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

. Doctor Information	Iome > Doctor Home /ision Benefits of Americ	<u>ca</u> - Explanati	ion of Be	nefits	🖶 Print
	Diagnosis Codes				
	Reported Diagnoses				
 Find an Auth Submit an Open Auth 	Type 1 Diabetes				
	General				
s. work Queue	Authorization Number: 9171279651		Relationship t	a Mamban	Member
• VIEW All	Patient: JOSHUA		Relationship t	o member:	member
Edit Partially Entered Edit Just Finished	Service On: 10/4/2022				
	Evaluation of Repolits				
Edit Rejected	Explanation of Benefits				
			Receivable From Member	Receivable From VBA	
. Electronic nformation	Description	Coverage			Receivable
View Prices	Routine Examination	Covered	0.00	50.00	50.00
View Labs	Dispensing Fee	Covered	0.00	32.00	32.00
Provider Notifications	Basic Scratch Coating	Covered	0.00	0.00	0.00
	Premium 3 (V) Progressive - Base	Covered	0.00	0.00	0.00
. Statements	Premium 3 (V) Progressive - Upcharge	Cost Contained	175.00	0.00	175.00
View Statements	Photochromic MF	Cost Contained	70.00	0.00	70.00
Find an Auth	Polycarbonate MF	Covered if Child	27.00	0.00	27.00
 Find an Invoice 	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 exar can be used toward the cost of the contact lens	n with spectacle lens and fram evaluation/fitting and contact	e OR a routine exan materials.	n and an allowan	nce that



The **Packing Slip** can be wrapped around the frame and sent to your lab.

When finished, click **Exit**.

≮ ∨ba		Change Password Settin	ngs Contact Us Lo	ogout	ask live:
1. Doctor Information • Info • Resources	Home > Doc Vision E	tor Home Benefits of Amer	<u>ica</u> - Packing	g Slip	Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	Diagnosis Reported Diag Hypertension				
3. Work Queue	General				
View All	Authorization	Number: 9597518655			
• Edit Open	Patient:	WILLIAM			
Edit Partially Entered	Service On:	10/4/2022			
Edit Just Finished	Entered On:	10/4/2022			
• Edit Lab Work	Shipping Infe	omation			
 Edit Rejected 	Ship To Lab:		Doctor:		
4. Electronic			Phone:	570-343-2591	
Information		WILKES-BARRE, PA 18702	Address:		
View Prices					
View Labs				SCRANTON, PA 18504	
 Provider Notifications 	Frame			,	
	Manufacturer	: Luxottica			
5. Statements • View Statements	Model:	MK4035			
Find an Auth	Color:	Tortoise			
Find an Invoice	L				
	Benefit Notic	e e, this plan covers either a routine ex sed toward the cost of the contact ler	am with spectacle lens and is evaluation/fitting and cor Print	ntact materials.	n allowance that



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

<u> 1. Doctor Information</u> Info • Resources	Home > Doctor						Print	
2. Electronic Submission Get a New Auth Find an Auth Submit an Open Auth 3. Work Queue View All Edit Open	Open Autho <u>Issued On</u> 09/28/22 09/02/22	rizations Service Deadline 11/28/22 11/02/22	Patient		Benefits Allowe Full Service Lens	5.4	Expand Table Auth. # 8217319251 6802590918	
Edit Open Edit Partially Entered Edit Just Finished Edit Lab Work Edit Rejected	Submit	• New	E	Print	Extend	Transfer	X Delete	
4. Electronic Information • View Prices • View Labs • Provider Notifications 5. Statements	Order Subm Service On	issions Patient Name	Billed Servic		Extend	Amount	Auth. #	
 View Statements Find an Auth Find an Invoice 	3 Lab Work	Work				6	Expand Table	
	Sent On 10/04/22 08/17/22 08/15/22 Edit		Patient Name	Lab Name	Lab We	ed to Lab ork in Progress ork in Progress	Auth. # 9597518655 5623266911 8413116518	<u>ی</u>



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.

≮ vba	Change Password Settings Contact Us Logout
1. Doctor Information Info Resources	Home > Doctor Home Professional Services - Order Entry Wizard
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General Authorization Number: 8766301592 Service On: 10 / 04 / 2022 Patient: DAVID AARON Bill Exam To: VBA
3. Work Queue • View All • Edit Open	Bill Digital Retinal Screening To:
Edit Partially Entered Edit Just Finished Edit Lab Work Edit Rejected	Prescription Type: Contact Lenses Sphere CYL Axis BC DIA ADD
4. Electronic Information • View Prices	0 1.50 0 0 8.5 • • Contact Materials •
View Labs Provider Notifications <u>5. Statements</u>	Contacts Dispensed: ¹ Routine Exam: \$ 120.00 Contact Eval and/or Fitting Fee: \$ 70.00
 View Statements Find an Auth Find an Invoice 	Materials: \$ 160.00 Diagnosis Codes
	Diagnosis 1: V Diagnosis 3: V Diagnosis 2: V Diagnosis 4: V
	Other Diagnosis: Prescription Note
	<u> </u>
	Previous Save and Continue 📦



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.

⊀∨Ьа	Change Password Settings Contact Us Logout								ask live: chat online	
1. Doctor Information Info Resources		Home > Doctor Home Review and Confirm this Order								
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth		D n Number:	8766301593	2						
3. Work Queue • View All • Edit Open • Edit Partially Entered • Edit Just Finished • Edit Lust Work • Edit Rejected	Prescript Prescription Prescription SPH C -1.25 C -1.50 Fees	а Туре:	Contact L None Axis 0 0	BC 8.50 8.50	ADD © 0.00 © 0.00	DIA				
4. Electronic Information • View Prices • View Labs • Provider Notifications 5. Statements	Routine Exa Contact Eva Materials: TOTAL:		ting Fee:	\$120.00 \$70.00 \$160.00 \$350.00						
 View Statements Find an Auth Find an Invoice 				Previous	Sub	omit	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.

⊀ ∨ba	Change Password Settings Contact Us Logout	chat online
1. Doctor Information • Info • Resources	Home > Doctor Home Choose Reports	Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General Authorization Number: 8766301592 Relationship to Member: Patient: DAVID	Member
3. Work Queue • View All • Edit Open • Edit Partially Entered • Edit Just Finished • Edit Lab Work • Edit Lab Work	Available Reports Report Name Appointment Synopsis Order Summary	
Edit Rejected <u>4. Electronic Information View Prices View Labs </u>	Continue	Exit



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

[≮] ∨bc	Change Password Settings Contact Us Logout	Chat online
1. Doctor Information • Info • Resources	Home > Doctor Home <u>Vision Benefits of America</u> - Appointment Synopsis	E Print
2. Electronic Submission	General	
• Get a New Auth • Find an Auth	Authorization Number: 8766301592 Relationship to Member Patient: DAVID	: Member
 Submit an Open Auth 	Service On: 10/4/2022	
Work Queue View All	Appointment Synopsis	
• View All • Edit Open		mber Owes
Edit Partially Entered	Routine Examination	\$120.00
Edit Just Finished	Contact Eval and/or Fitting Fee	\$70.00
Edit Lab Work	Contact Lenses	\$160.00
Edit Rejected	Subtotal:	\$350.00
Electronic	VBA Contribution:	-\$175.00
nformation	Appointment Total:	\$175.00
View Prices		
 View Labs Provider Notifications 	Print Calleria	

Order Summary is a copy of the order placed.

<u>⊀vbc</u>	1	Change	2 Password	d Settings	Contact L	Is Logout		chat online
1. Doctor Information • Info • Resources	Home > Do Vision		ts of A	America	<u>a</u> - Ord	er Sumn	nary	Print
2. Electronic Submission	General							
 Get a New Auth Find an Auth Submit an Open Auth 	Authorizatio Doctor: Address:	on Number:	8766301592	2			Service Date: Doc Phone:	10/4/2022 570-343-2591
3. Work Queue • View All • Edit Open		DAVID						
Edit Partially Entered	Prescrip							
Edit Just Finished	Prescription		Contact L	enses				
• Edit Lab Work	Prescription		None					
 Edit Rejected 	SPH	CYL	Axis	BC	ADD	AIG		
. Electronic nformation	 -1.25 -1.50 	+0.00	0	8.50 8.50	0.000.00			
View Prices	Fees						Jm	
View Labs	Routine Exa	im:		\$120.00			0	
 Provider Notifications 	Contact Eva	l and/or Fit	ting Fee:	\$70.00				
. Statements	Materials:			\$160.00				
 View Statements Find an Auth 								
 Find an Auth Find an Invoice 	TOTAL:			\$350.00				
				E	Print	🛃 Exit		

When finished, click **Exit**.



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

<mark>⊀</mark> ∨Ьа	c	Change Passwo	ord Settings Co	ontact Us Logout		chat online
1. Doctor Information • Info • Resources	Home > Doctor Work Que					Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	D Open Author	rizations Service				C Expand Table
3. Work Queue Viny All • Edit Open • Edit Partially Entered • Edit Just Finished • Edit Lab Work	Issued On 10/04/22 09/28/22 09/02/22	Service Deadline 12/04/22 11/28/22 11/02/22	Patient	Benefits A Exam Full Service Lens	llowed	Auth. # 4255718762 8217319251 6802590918
Edit Rejected <u>4. Electronic Information</u> View Prices View Labs Provider Notifications	2 Order Submi Service On	issions Patient Name	Billed Services	Status	Amount	C Expand Table
5. Statements • View Statements • Find an Auth • Find an Invoice	0 10/04/22 0 10/04/22	D	Contacts	Payment Submitted Payment Submitted to Extend		8766301592 5426665309
	3 Lab Work Sent On	Work Started On Pai	tient Name L	ab Name Sta		Expand Table
	 10/04/22 10/04/22 08/17/22 	08/17/22 08/16/22		● s ● s	ubmitted to Lab ubmitted to Lab Lab Work in Progress Lab Work in Progress	9171279651 9597518655 5623266911 8413116518

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.

⊀ ∨ba	Change Password Settings Contact Us L	Logout
1. Doctor Information Info Resources 2. Electronic Submission	Home > Doctor Home Exam - Order Entry Wizard General	nint 🚝 Print
 Get a New Auth Find an Auth 	Authorization Number: 5426665309	Service On: 9 / 9 / 2022
• Submit an Open Auth	Patient: KASEY BORROR	Bill Exam To: None - Prior Rx 🗸
3. Work Queue • View All	Bill Digital Retinal Screening To:	None V U&C:

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.

⊀∨Ьа	Change Password Settings Contact Us Logout
1. Doctor Information • Info • Resources	Home > Doctor Home Exam - Order Entry Wizard
2. Electronic Submission	General
Get a New Auth	Authorization Number: 5426665309 Service On: 10 / 4 / 2022
 Find an Auth Submit an Open Auth 	Patient: KASEY Bill Exam To: None - Prior Rx V
3. Work Queue View All	Bill Digital Retinal Screening To: None VU&C:
• Edit Open	Detail
Edit Partially Entered	Material Type: Contact Lenses
 Edit Just Finished Edit Lab Work 	Sphere CYL Axis BC DIA ADD
• Edit Rejected	
4. Electronic Information	
View Prices	Contact Materials
View Labs Provider Notifications	Contact Eval and/or Fitting Fee: \$ 50 (cost contained)
	Materials: \$ [150
5. Statements • View Statements • Find an Auth	Apply Allowance to Fitting Fee
• Find an Invoice	Diagnosis Codes
	Diagnosis 1: V Diagnosis 3: V
	Diagnosis 2:
	Other Diagnosis:
	Prescription Note
	Previous Save and Continue



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.

<mark>⊀</mark> ∨ba	Change Password Settings Contact Us Logout								Chat online
1. Doctor Information Info Resources	Home > Do		onfir	m this	Order				Frint Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth		on Number: (ASEY		9					
3. Work Queue • View All • Edit Open • Edit Partially Entered • Edit Just Finished • Edit Lab Work • Edit Rejected	Prescription Prescription SPH C -1.25 -1.50	Туре:	Contact None Axis 0 0	BC 8.50 8.50	ADD 0.00 0.00	DIA	_		
4. Electronic Information • View Prices • View Labs • Provider Notifications	Description	ion of Be and/or Fitting	nefits		Cover Cost Ci Allowar	ontained	Receivable From Member 0.00 82.50	Receivable From VBA 42.50 67.50	Total Receivable 42.50 150.00
5. Statements • View Statements • Find an Auth • Find an Invoice				Previous	🍫 Sub	mit	82.50	110.00	192.50

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.

≮ vba	Change Password Settings Contact Us Logout	ask liver chat online
1. Doctor Information • Info • Resources	Home > Doctor Home Choose Reports	Print Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General Authorization Number: 5426655309 Relationship to Member: Patient: KASEY Service On: 10/4/2022	Spouse
3. Work Queue • View All • Edit Open • Edit Partially Entered	Available Reports Report Name	
• Edit Just Finished • Edit Lab Work • Edit Rejected	Appointment Synopsis Order Summary Explanation of Benefits	
4. Electronic Information • View Prices • View Labs • Provider Notifications	Continue	Exit



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

⊀∨Ьа	Change Password Settings Contact Us Logout	sk live:
1. Doctor Information Info Resources 	Home > Doctor Home Vision Benefits of America - Appointment Synopsis	Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General Relationship to Member: Authorization Number: 5425665309 Relationship to Member: Patient: KASEY Service On: 10/4/2022	Spouse
3. Work Queue • View All • Edit Open	Appointment Synopsis Item Memb	per Owes
Edit Partially Entered Edit Just Finished Edit Lab Work	Contact Eval and/or Fitting Fee Contact Lenses	\$42.50 \$150.00
Edit Rejected	Subtotal: VBA Contribution: Appointment Total:	\$192.50 -\$110.00 \$82.50
4. Electronic Information • View Prices • View Labs	Diagnosis Codes Reported Diagnoses	
Provider Notifications S. Statements	Benefit Notice If elipible, this plan covers either a routine exam with spectacle lens and frame OR a routine exam and an allowar	nce that
 View Statements Find an Auth Find an Invoice 	can be used toward the cost of the contact lens evaluation/fitting and contact materials.	
	Print SExt	

Order Summary is a copy of the order placed.

≮ ∨ba		Change	Passwore	1 Setting	s Contact U	s Logout		& chat online
1. Doctor Information • Info • Resources	Home > Do Vision		ts of /	Americ	<u>:a</u> - Orde	er Summ	nary	nint
2. Electronic Submission	General							
Get a New Auth	Authorizatio	on Number:	5426665309)			Service Date:	10/4/2022
Find an Auth	Doctor:						Doc Phone:	570-343-2591
 Submit an Open Auth 	Address:							
3. Work Queue								
View All	Patient:	KASEY						
• Edit Open	Prescrip	tion						
Edit Partially Entered	Prescription							
Edit Just Finished	Prescription		Contact L	enses				
Edit Lab Work			None					
Edit Rejected	SPH	CYL	Axis	BC	ADD	DIA		
4. Electronic Information	e -1.25e -1.50	+0.00	0	8.50 8.50	0.000.00			
View Prices								
View Labs	Diagnosi	is Codes						
Provider Notifications	Reported Dia	ignoses						
5. Statements	Benefit Not	ice						
View Statements								
• Find an Auth						ns and frame OR a and contact materi	routine exam and an al als.	lowance that
• Find an Invoice					-			
				E	Print	S Exit		N
								3



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

1. Doctor Information • Info • Resources	Home > Doctor Home Vision Benefits of	<u>America</u> - I	Explanat	ion of Be	nefits	🗲 Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	Diagnosis Codes Reported Diagnoses					
Subinit an Open Addi Subinit an Open Addi View All Edit Open Edit Partially Entered	General Authorization Number: 5426663 Patient: KASEY Service On: 10/4/2022	5309		Relationship 1	to Member:	Spouse
Edit Just Finished Edit Lab Work Edit Rejected	Explanation of Benefits		Coverage	Receivable From Member	Receivable From VBA	Total Receivable
- Electronic nformation	Contact Eval and/or Fitting Contacts		Cost Contained Allowance	0.00 82.50	42.50 67.50	42.50 150.00
• View Prices • View Labs • Provider Notifications	Benefit Notice			82.50	110.00	192.50
Statements View Statements Find an Auth	If eligible, this plan covers eithe can be used toward the cost of				m and an allowar	nce that
• Find an Invoice		Print	Exit]		

When finished, click **Exit**.

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

⊀∨Ьа	с	hange Passwor	d Settings Conta	act Us Logout		Chat online
1. Doctor Information • Info • Resources	Home > Doctor H Work Que					Print
2. Electronic Submission • Get a New Auth • Find an Auth	0pen Author	izations				C Expand Table
 Submit an Open Auth 	Issued On	Service Deadline	Patient	Benefits All	lowed	Auth. #
3. Work Queue	0 10/04/22	12/04/22		Exam		4255718762
View All	09/28/22	11/28/22		Full Service		8217319251
• Edit Open	09/02/22	11/02/22		Lens		6802590918
 Edit Partially Entered Edit Just Finished Edit Lab Work Edit Rejected 	Submit	New	Print	Extend	Transfer	X Delete
4. Electronic Information	2					
View Prices					6	Expand Table
View Labs	Order Submi	ssions				
Provider Notifications	Service On	Patient Name	Billed Services	Status	Amount	Auth. #
	0 10/04/22	к	Contacts	Payment Submitted	\$110.00	5426665309
5. Statements						
View Statements Find an Auth Find an Invoice	Edit		Print	C Extend	Transfer	X 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.

[≮] vbc	Chang	e Password Setting	gs Contact Us	Logout	
1. Doctor Information Info View InfiniView Labs OptiSource	Home > Doctor Home Vision Benef General		<u>ca</u> - Cover	rage & Aut	horization 🗃 Print
2. Electronic Submission	Authorization Number:	6342912415	Valid	d for Service betwe	en: 11/04/2021 - 01/04/2022
Get a New Auth	Doctor: PA12345 - ABC Optica	i .		Filing Deadli	ne: 01/18/2022
Find an Auth	Group: 001				
 Submit an Open Auth 	Patient: KRISTEN		_	Relation to Memb	er: Spouse
3. Work Queue	Address: 111 JOAN DRI PITTSBURGH,				
• View All	FITI Sboksh,	FA 15015			
• Edit Open					le copay). If a contact lens
Edit Partially Entered	fitting is performed			50 for a standard fit. I be taken off automatic	For a premium fit, the patient
Edit Just Finished			serv, are 15% mill b	c taken on automatic	any.
Edit Lab Work	Benefit Notice				
Edit Rejected	If eligible, this plan	covers either a routine eval	n with spectacle lens :	and frame OR a routine	exam and an allowance that
4. Electronic Information		the cost of the contact lens			
View Prices	Benefits				
View Labs					-
Provider Notifications	<u>Exam</u>	<u>Lenses</u>	Frame	<u>es</u> – OR –	<u>Contacts</u> ²
5. Statements	💎 Eligible	💎 Eligible	ء 🕥	Eligible	\$140.00
View Statements					
• Find an Auth	Plan Copays & A	llowances			
• Find an Invoice	Frame Allowance:	💎 Wholesale:	\$60.00	🛞 Retail: N/A	
	Copays:	Exam: \$0.00	Lens/Frame:	\$0.00	
	Cost Contained Fees:	Contact Eval and/o	r Fitting Fee:	85% UCR to \$60	
	Cost Contained Fees:	Contact Eval and/c	or Fitting Fee:	85% UCR to \$60	
	Cost Contained Fees: Dispensing Fees		or Fitting Fee:	85% UCR to \$60	
			r Fitting Fee:	85% UCR to \$60	

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.

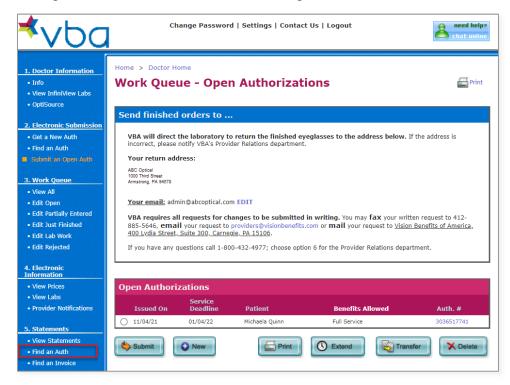


Prior approval and authorization must be received from VBA before any Optical Products are purchased and/or Optical Services are rendered in connection with this Benefit. Medical Contact Lens Fitting includes a maximum of two (2) follow-up visits within ninety (90) days of the initial fitting.



Search Claims

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



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

⊀ ∨ba	Change Password Settings Contact Us Logout	
1. Doctor Information Info View InfiniView Labs OptiSource	Home > Doctor Home Find an Authorization or Invoice	
	Find	
2. Electronic Submission • Get a New Auth • Find an Auth	Auth/Invoice Number: 7479367703	
Submit an Open Auth <u>3. Work Queue </u> View All	Find Cancel	



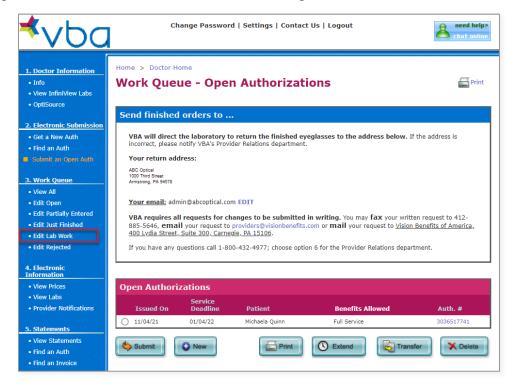
The Authorization will display.

enefit Notice If eligible, this p	ber: 74793677 General WNSHIP TANG DRIVE is, PA 19003 plan covers either a utine exam, contact Lense € a Allowance € who Exam:	03 a routine ex tt lens evalu 15 S	am with spectad	Val	id for Servi Fili Relation	ce between ng Deadline to Membe	1: 11/04/2021 - 0 e: 01/18/2022 r: Member	1/04/2022 d toward
Ceneral uthorization Numl octor: PN284-A80 roup: 013 - TOW atient: DENNIS X ddress: 111 JOAN ARDMORE renefit Notice If eligible, this f the cost of a rou Benefits xam Eligible Plan Copays & rame Allowance: opays:	ber: 74793677 General WNSHIP TANG DRIVE is, PA 19003 plan covers either a utine exam, contact Lense € a Allowance € who Exam:	03 a routine ex tt lens evalu 15 Solesale:	am with specta ation/fitting and	Val	id for Servi Fili Relation s and frame O st materials.	ce between ng Deadline to Membe R an allowan	1: 11/04/2021 - 0 2: 01/18/2022 7: Member Ce that can be use Contacts ²	1/04/2022 d toward
uthorization Numl octor: PAI2345-ABC roup: 013 - TOW atient: DENNIS X ddress: 111 JOAN ARDMORE tenefit Notice If eligible, this p the cost of a rot Benefits xam Eligible Plan Copays & rame Allowance: opays:	Concal VNSHIP EANG DRIVE i, PA 19003 plan covers either a utine exam, contac V Lense V Lense V Lense V Lense V Lense V V Lense V V V C V V V C V V V V C V V V V V V	a routine ex t lens evalu <u>15</u> Sigible Slesale:	stion/fitting and	cle lens d conta	Fili Relation s and frame O s	ng Deadlin to Membe R an allowan - OR -	e: 01/18/2022 r: Member ce that can be use Contacts ²	d toward
uthorization Numl octor: PAI2345-ABC roup: 013 - TOW atient: DENNIS X ddress: 111 JOAN ARDMORE tenefit Notice If eligible, this p the cost of a rot Benefits xam Eligible Plan Copays & rame Allowance: opays:	Concal VNSHIP EANG DRIVE i, PA 19003 plan covers either a utine exam, contac V Lense V Lense V Lense V Lense V Lense V V Lense V V V C V V V C V V V V C V V V V V V	a routine ex t lens evalu <u>15</u> Sigible Slesale:	stion/fitting and	cle lens d conta	Fili Relation s and frame O s	ng Deadlin to Membe R an allowan - OR -	e: 01/18/2022 r: Member ce that can be use Contacts ²	d toward
octor: PAI2345-ABC roup: 013 - TOW atient: DENNIS X. ddress: 111 JOAN ARDMORE tenefit Notice If eligible, this p the cost of a rou Benefits xam Eligible Plan Copays & rame Allowance: opays:	Concal VNSHIP EANG DRIVE i, PA 19003 plan covers either a utine exam, contac V Lense V Lense V Lense V Lense V Lense V V Lense V V V C V V V C V V V V C V V V V V V	a routine ex t lens evalu <u>15</u> Sigible Slesale:	stion/fitting and	cle lens d conta	Fili Relation s and frame O s	ng Deadlin to Membe R an allowan - OR -	e: 01/18/2022 r: Member ce that can be use Contacts ²	d toward
enefit Notice If eligible, this p the cost of a roo scane enefits the cost of a roo cost o	VISHIP ANG DRIVE , PA 19003 plan covers either a utine exam, contac Lense V E Allowance Who Exam:	et lens evalues s s s s blesale:	stion/fitting and	Erar	Relation s and frame O cct materials.	to Membe R an allowan	r: Member	
atient: DENNIS X ddress: 111 JOAN ARDMORE enefit Notice If eligible, this j the cost of a rot Benefits xam Eligible Plan Copays & rame Allowance: opays:	ANG DRIVE ; PA 19003 plan covers either a utine exam, contac <u>Lense</u> E Allowance E Xallowance Who Exam:	s Solesale:	stion/fitting and	Erar	s and frame O tect materials. <u>nes</u> Eligible	R an allowan	ce that can be use	
ddress: 111 JOAN ARDMORE eenefit Notice If eligible, this p the cost of a rol Benefits xam Eligible Plan Copays & rame Allowance: opays:	DRIVE ; PA 19003 plan covers either i utine exam, contac Lense t Allowance Exam:	s Solesale:	stion/fitting and	Erar	s and frame O tect materials. <u>nes</u> Eligible	R an allowan	ce that can be use	
ARDMORE If eligible, this p the cost of a row Benefits xam Eligible Plan Copays & rame Allowance: opays:	plan covers either a utine exam, contac	s Solesale:	stion/fitting and	Erar	nes Eligible	- OR -	Contacts ²	
If eligible, this j the cost of a roo Benefits xam Eligible Plan Copays & rame Allowance: opays:	utine exam, contac Lense V Allowance V Who Exam:	s Solesale:	stion/fitting and	Erar	nes Eligible	- OR -	Contacts ²	
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View in Progress Claims

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



The Lab Work Queue displays.

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Submit an Open Auth	0 11/04/21		Michaela Quinn	100 100 100 10	Submitted to Lab	3036517741
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3. Work Queue	0 10/27/21		Nancy		Incomplete Data Entry	5404715772
 View All Edit Open Edit Partially Entered Edit Just Finished 	Edit				Print Transfer	X 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.

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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.

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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.

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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.

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nd an Auth	View Detail	View EOB	1063108	03/02/2021	Feb 2021	\$839.80	\$152.00	\$991.80
id an Invoice	View Detail	View EOB	1059557	02/02/2021	Jan 2021	\$1,051.92	\$612.90	\$1,664.32
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	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



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.

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Electronic Submission	Check Ov	erview											
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Provider Notifications	8	3	167 04/10/21	50.00	15	.7 0	00 0.0	0 0	20	46.00	0.00	50.00	66.00
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Find an Auth													

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

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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.

⊀ ∨ba	Change Password	Settings Contact Us	; Logoı	ıt				
1. Doctor Information • Info • View InfiniView Labs • OptiSource	Home > Doctor Home Explanation of Bene	fits					🚍 Print	:
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Read Notifications

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

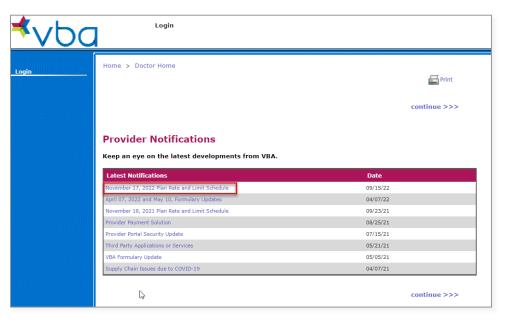
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 View Statements Find an Auth Find an Invoice 	Edit		Print	Extend	Transfer	X Delete

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

n	Home > Doctor Home	🔄 Print
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	Provider Notifications	
	Keep an eye on the latest developments from VBA.	
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	November 17, 2022 Plan Rate and Limit Schedule April 07, 2022 and May 10, Formulary Updates	09/15/22 04/07/22
	November 17, 2022 Plan Rate and Limit Schedule April 07, 2022 and May 10, Formulary Updates November 18, 2021 Plan Rate and Limit Schedule	09/15/22 04/07/22 09/23/21
	November 17, 2022 Plan Rate and Limit Schedule April 07, 2022 and May 10, Formulary Updates November 18, 2021 Plan Rate and Limit Schedule Provider Payment Solution	09/15/22 04/07/22 09/23/21 08/25/21
	November 17, 2022 Plan Rate and Limit Schedule April 07, 2022 and May 10, Formulary Updates November 18, 2021 Plan Rate and Limit Schedule Provider Payment Solution Provider Portal Security Update	09/15/22 04/07/22 09/23/21 08/25/21 07/15/21



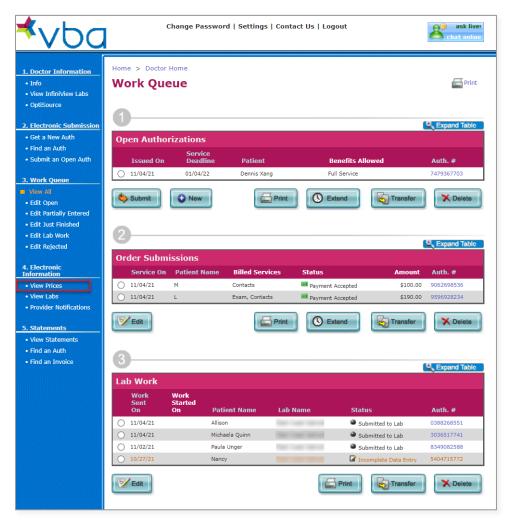
Simply click the hyperlinked title of the notification to view a PDF of the full notification.





View Plan Rate & Limit Schedule

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





Change Summary

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

Version V1	Date 11/2021	Change Description
V2	10/2022	Password character length
		Digital Retinal Screening
		Diagnosis Codes
V3	11/2022	Provider Notification Acknowledgement
V4	9/2024	Added new sections on Extending and Transferring Authorizations