

# Independent Provider Portal User Guide

October 2022





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



## About This Guide

## Icons Used in Documentation

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

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

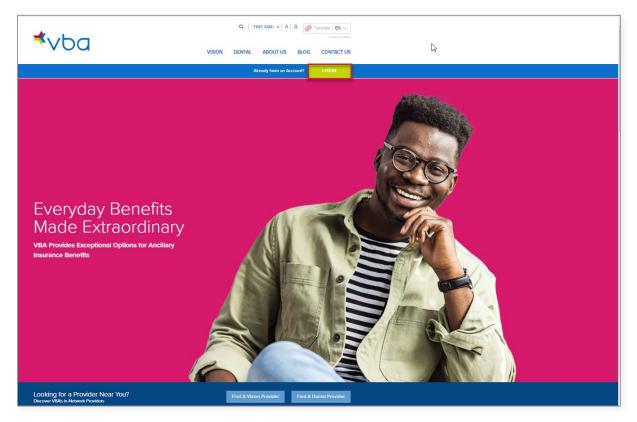
Our Independent Provider Portal provides a user-friendly, web-based environment that allows you to:

- 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.

<b>*</b> ∨b	a	Q     TEXT SIZE: A     A     A     Translate     EN       Vision     DENTAL     ABOUT US     BLOG     CONTACT US	
		Already have an Account? LOGIN	
Select Line of Coverage: Vision Dontal	Select One:	Administrator SIGN IN	



The Provider Login page displays.



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

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 10 characters and are case sensitive.

Reenter your Password, then click Register.

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



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

<b>⊀</b> ∨ba	Change Password   Settings   Contact Us   Logout	
Doctor Information     Info     View InfiniView Labs     OptiSource	Home > Portal Home Notice !	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 #**.

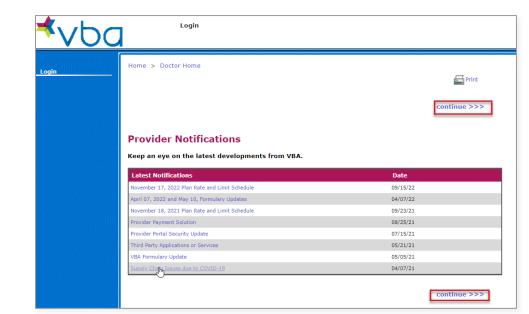
Enter your **Password**.

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

Click Login.

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





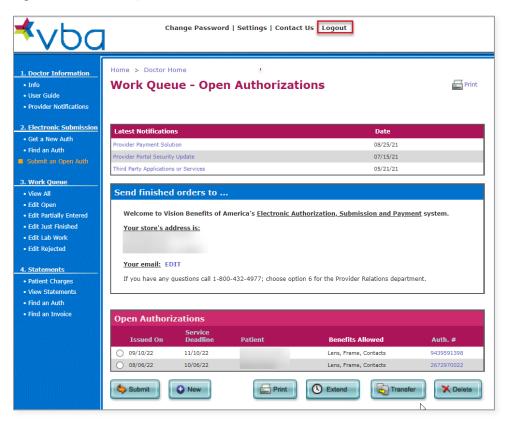
The Portal landing page will display. Click continue to move on to the Work Queue.

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

<b>⊀</b> ∨ba	Change Pa	ssword   Settings   Con	tact Us   Logout	
1. Doctor Information • Info • Resources	Home > Doctor Home Work Queue - (	Open Authoriz	ations	<b>Print</b>
2. Electronic Submission	Send finished order	s to		
<ul> <li>Get a New Auth</li> <li>Find an Auth</li> <li>Submit an Open Auth</li> </ul>	incorrect, please notify VB	atory to return the finishe a's Provider Relations departn	d eyeglasses to the address below ent.	r. If the address is
3. Work Queue	Your return address:			
View All     Edit Open     Edit Partially Entered     Edit Just Finished     Edit Lab Work     Edit Rejected      LEteronic	885-5646, email your re 400 Lydia Street, Suite 300	quest to providers@visionben 0, Carnegie, PA 15106.	t <b>ted in writing</b> . You may <b>fax</b> your w Fifts.com or <b>mail</b> your request to <u>Vis</u> option 6 for the Provider Relations de	ion Benefits of America,
Information				
<ul> <li>View Prices</li> <li>View Labs</li> <li>Provider Notifications</li> </ul>	Open Authorizations Servi Issued On Dead	ce	Benefits Allowed	Auth. #
5. Statements • View Statements	09/28/22 11/28/ 09/02/22 11/02/		Full Service Lens	8217319251 6802590918
• Find an Auth • Find an Invoice	Submit New	Print	Extend	ansfer Delete



To log out, click Logout in the top navigation.





## Changing Your Password



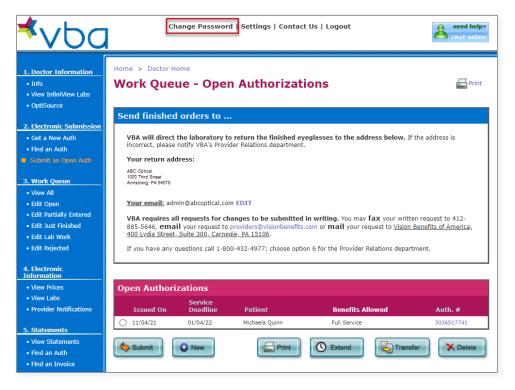
Providers requesting their current password must use the email password recovery option in the VBA Provider Portal.

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.

<b>⊀</b> ∨ba	Change Password   Settings   Contact Us   Logout	
1. Doctor Information <ul> <li>Info</li> <li>Resources</li> </ul>	Home > Doctor Home Change Password	Print Print
2. Electronic Submission	Change Password	
<ul> <li>Get a New Auth</li> <li>Find an Auth</li> </ul>	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>Provider Add/Termination Request 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.

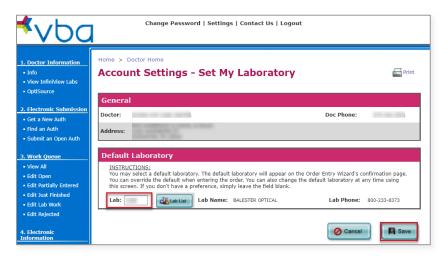
<b>⊀</b> ∨bc	Change Password   Settings   Contact Us   Logout
1. Doctor Information • Info • View InfiniView Labs • OptiSource	Home > Doctor Home Account Settings - Set My Laboratory
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General       Doctor:     Doc Phone:       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.

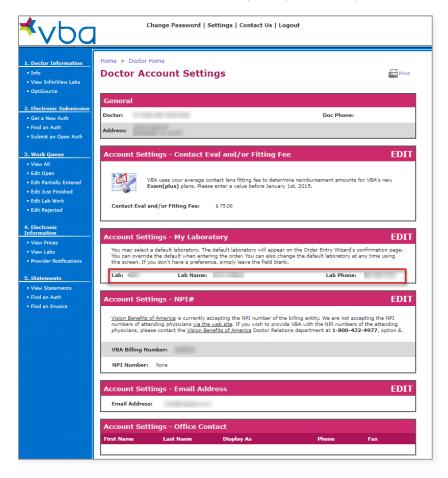
Choos	e a Lab - Google Chrome					-		×
A Not	secure   vtest.vba.local	/Pages/EFrmDoc/EFrmLab	Pick.aspx?Ei	d=08	<mark>kBx=</mark> P	\$Beddle	Beddl	e
Choos	e a Lab							
Labs								
#	Lab Name	Address	City	State	Zip			
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Select								



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.

<b>⊀</b> ∨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	
<ul> <li>Find an Auth</li> <li>Submit an Open Auth</li> </ul>	Provider Portal Security	y Update		07/15/21	
	Third Party Application	s or Services		05/21/21	
View All     Edit Open     Edit Partially Entered     Edit Just Finished     Edit Lab Work     Edit Rejected      A. Statements     Patient Charges     View Statements     Find an Auth	<u>Your store's ad</u> <u>Your email:</u> EC	sion Benefits of A Idress is: DIT	merica's <u>Electronic</u>	Authorization, Submission and Pay	
<ul> <li>Find an Invoice</li> </ul>	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	nsfer Delete

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.

<b>≮</b> vbc	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.
3. Work Queue • View All • Edit Open	Policy Holder's SSN ( or Member ID ):         ()           Policy Holder's DOB:         /         ()
Edit Partially Entered     Edit Just Finished     Edit Lab Work     Edit Rejected	Submit

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

<b>⊀</b> ∨bc	Cha	inge Passv	vord   Setting	s   Contact Us   Logout
1. Doctor Information  • Info • Resources	Home > Doctor Hou Family Ben			Fint Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General Group: 4016 - 1 Coverage: FAMILY	MUNICIPAL BE	NEFITS SERVICES	(BASIC PLAN) ( 0030 - BALDWIN BOROUGH )
3. Work Queue • View All • Edit Open • Edit Partially Entered • Edit Just Finished • Edit Lab Work	Employee WILLIAM PITTSBURGH, PA 15236 Benefit Notice			
Edit Rejected     A. Electronic     Information     View Prices	If eligible, this p	olan covers eith vard the cost o	her a routine exam f the contact lens	with spectacle lens and frame <b>OR</b> a routine exam and an allowance that evaluation/fitting and contact materials.
View Prices     View Labs     Provider Notifications	First Name	Birth Day	Relation	Benefits Allowed †
5. Statements • View Statements • Find an Auth • Find an Invoice	<ul> <li>William</li> <li>Christine</li> <li>Kayla</li> <li>Jacob</li> </ul>		Member Spouse/domesti partner Child Child	Exam: YES Lens: YES Frame: YES Contacts: \$100 <sup>C</sup> Exam: YES Lens: YES Frame: YES Contacts: \$100 Exam: YES Lens: YES Frame: YES Contacts: \$100 Exam: YES Lens: YES Frame: YES Contacts: \$100
	Service History		Plan Rules	New Authorization



## **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.

<b>≮</b> ∨bc	Cł	iange Pass	word   Settin	gs   Contact Us   Logout	
1. Doctor Information <ul> <li>Info</li> <li>Resources</li> </ul>	Home > Doctor H Family Bei			á	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	s evaluation/fitting and contact materials.	
View Prices	Benefits				
View Labs	First Name	Birth Day	Relation	Benefits Allowed †	
Provider Notifications		Day			
5. Statements	William		Member	Exam: YES Lens: YES Frame: YES Contacts: \$100	
View Statements	O Christine		Spouse/domes	<sup>itic</sup> Exam: <u>YES</u> Lens: <u>YES</u> Frame: <u>YES</u> Contacts: <u>\$100</u>	
• Find an Auth	0.0.1				
Find an Invoice	O Kayla		Child	Exam: <u>YES</u> Lens: <u>YES</u> Frame: <u>YES</u> Contacts: <u>\$100</u>	
	🔵 Jacob		Child	Exam: <u>YES</u> Lens: <u>YES</u> Frame: <u>YES</u> Contacts: <u>\$100</u>	
	C Service Histor	y 🗈	Plan Rules	S New Authorit	zation

Choose the Authorization Type, then select New Authorization.

<b>⊀</b> vba	Cha	nge Password   Settings	Contact Us   Logout		
1. Doctor Information Info Resources	Home > Doctor Hor Authorizati				nint
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General Group: Patient: WILLIA	M		Relation to	Member: Member
3. Work Queue • View All • Edit Open • Edit Partially Entered • Edit Just Finished • Edit Lab Work • Edit Rejected	Benefit Notice If eligible, this p can be used tow Benefits EXAM	an covers either a routine exam w ard the cost of the contact lens ev LENS	ith spectacle lens and frame OI sluation/fitting and contact mat	R a routine exam erials.	and an allowance that
Eait Rejected     A. Electronic     Information	ELIGIBLE	C ELIGIBLE	💎 ELIGIBLE	OR	
View Prices     View Labs     Provider Notifications <u>5. Statements     View Statements     View Statements     Find an Auth     </u>	Authorization		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

r Information Home > Doctor Ho Vision Ben	efits of America -	· Coverage &	Authorization
onic Submission General			
Authorization Num	ber: 9597518655		between: 10/04/2022 - 12/04/20
Doctor:		Filing	Deadline: 12/18/2022
Group:		Relation to	Member: Member
Address:	GH, PA 15236		
pen	GH, PA 15236		
rtially Entered This is a VBA	Exam(plus) Plan. VBA will pay for th performed, the patient pays 85% of	e exam ( minus any applic your UCR, the 15% will b	able copay ). If a contact lens fit a taken off automatically.
b Work			
jected Benefit Notice			
If eligible, this can be used to tion	plan covers either a routine exam with ward the cost of the contact lens evalua	spectacle lens and frame OR tion/fitting and contact mater	a routine exam and an allowance tha ials.
rices			
abs Benefits			
er Notifications	<u>Lenses</u>	<u>Frames</u> - (	DR - <u>Contacts</u> <sup>2</sup>
nents 💎 Eligible	💎 Eligible	💎 Eligible	\$100.00
tatements			
Plan Copays e			
Frame Allowance: Copays:	· ·	) 🔀 Retail: /Frame: \$0.00	N/A
Cost Contained Fee			
Lens Dispensing: Frame Dispensing:	ees ( Paid by VBA ) \$15.00 \$21.00		
	Services and Materials	-1	
Vision Care Exam	Screening		Single Vision Lens
Lined Multifocals Blended Bifocal	Lenticular L		Basic Scratch
Blended Bifocal	Medical Con	tacts	Polycarb., 18 & Under
Partially-Cove	red Services and Mater	ials (See PRLS to det	ermine member responsit
Contacts	Frame <sup>1</sup>		Basic Progressive (Z)
Premium 1&2 Progressive (B&C)	Premium 38 Progressive	4 (V&D)	Standard Progressive (A)
New Coursel	Commission and Materials		
Aspheric & Atoric	Services and Materials ( Blue Protect		
Aspheric & Atoric Computer/Near Va	Materials		Color Coating
Focus	Digital Surfa		Edge Treatments
High Index Photochromic	Mid Index / Plano	Trivex	Mirror Coating Polarized
Polycarb., Adult	Premium A/	R 1	Premium A/R 2
Premium Scratch	Rimless Mou	inting	Solid or Gradient Tints
Standard A/R 1	Standard A/	R 2	UV 400
Ultra A/R			
			xit



## **Retail Frame Allowance without Digital Retinal Screening**

or Information	Home > Doctor Home Vision Benefits	of America - C	overage &	Authorization	E Print
ronic Submission	General				
New Auth		171279651	Valid for Service	between: 10/04/2022 - 12/04/2	2022
an Auth	Doctor:	1/12/9031		Deadline: 12/18/2022	:022
nit an Open Auth	Group:				
c Queue	Patient: JOSHUA		Relation to	Member: Member	
All	Address: SPRING GROVE, PA	17362			
Open					
Partially Entered ust Finished		s) Plan. VBA will pay for the exa d, the patient pays 85% of your			itting
ab Work		-,,,,, ,,		,r	
Rejected	Benefit Notice				
ronic ation	If eligible, this plan cover can be used toward the c	s either a routine exam with specta ost of the contact lens evaluation/fi	cle lens and frame OR a itting and contact materia	routine exam and an allowance th als.	ıat
Prices					
Labs	Benefits				
ler Notifications	<u>Exam</u>	<u>Lenses</u>	<u>Frames</u> - O	R - <u>Contacts</u> <sup>2</sup>	
ments	💎 Eligible	💎 Eligible	💎 Eligible	\$110.00	
Statements					
in Auth In Invoice	Plan Copays & Allow				
		Wholesale: N/A	💎 Retail:	\$125.00	
		xam: \$0.00 Lens/Frar Contact Eval and/or Fitting Fe			
		,,			
	Dispensing Fees ( P	aid by VBA )			
	Lens Dispensing: \$	15.00			
	Frame Dispensing: \$	17.00			
	Fully Covered Service	ses and Materials			
	Fully-Covered Servic	Single Vision Len	15	Lined Multifocals	
	Lenticular Lens	Basic Scratch		Blended Bifocal	
	Medical Contacts	Polycarb., 18 & L	Inder		
	Dartially-Covered Se	ervices and Materials	(Foo DDI 6 to date	ormino mombor rocoonci	bility)
	Contacts	Frame <sup>1</sup>	(See PRES to det	Basic Progressive (Z)	Dincy
	Premium 1&2	Premium 3&4		Standard Progressive	
	Progressive (B&C)	Progressive (V&I	)	(A)	
	Non-Covered Servic	es and Materials (See	PRLS to determin		)
	Digital Retinal Screening	Aspheric & Atori	c	Blue Protection Materials	
	Color Coating	Computer/Near Variable Focus		Digital Surfacing, SV	
	Edge Treatments	High Index		Mid Index / Trivex	
	Mirror Coating	Photochromic		Plano	
	Polarized Premium A/R 2	Polycarb., Adult Premium Scratch		Premium A/R 1 Rimless Mounting	
	Solid or Gradient Tints	Standard A/R 1		Standard A/R 2	
	UV 400	Ultra A/R			
		Print F	Previous Es	cit	



## 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.

<b>⊀</b> vba	Cł	iange Password	l   Settings   Con	tact Us   Logout	ask live: chat online
1. Doctor Information     Info     Resources	Home > Doctor H Work Que		n Authoriza	ations	and Print
2. Electronic Submission     Get a New Auth     Find an Auth     Suisnit an Open Auth     Suisnit an Open Auth     Git Open     Edit Open     Edit Partially Entered     Edit Lab Work     Edit Rejected	incorrect, please Your return add Your email: EC VBA requires a 885-5646, ema	the laboratory to notify VBA's Provid dress: 11 11 11 requests for ch	preturn the finished fer Relations departm anges to be submit	l eyeglasses to the address belo ent. ted in writing, You may fax your i fits.com or mail your request to 넷	written request to 412-
4. Electronic Information • View Prices			0-432-4977; choose (	pption 6 for the Provider Relations d	apartment.
View Labs     Provider Notifications	Open Authori				
5. Statements • View Statements	Issued On 10/04/22 09/28/22	Service Deadline 12/04/22 11/28/22	Patient William	Benefits Allowed Full Service Full Service	Auth. # 9597518655 8217319251
Find an Auth     Find an Invoice	09/02/22	11/02/22	Print	Lens	6802590918



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

<b>⊀</b> ∨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 VI U&C: 29.00

Retail Frame without Digital Retinal Screening

<b>⊀</b> ∨ba	Change Password   Set	tings   Contact Us   Logout	chat online
1. Doctor Information • Info • Resources	Home > Doctor Home Exam - Order Entry Wi:	zard	Print 6
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 Reti	nal Screening To: None V U&C	:



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

<b>⊀</b> ∨ba	Change Password   Settings   Contact Us	Logout	chat online
1. Doctor Information     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	General Authorization Number: 9597518655 Patient: WILLIAM	Service On: Bill Exam To:	10 / 04 / 2022 VBA 🗸
3. Work Queue View All Edit Open Edit Partially Entered Edit Just Finished Edit Lab Work	Bill Digital Retinal Screening To: Detail Material Type: None  None Contact EV Glasses	VBA	V U&C: 39.00



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.

<b>≮</b> ∨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	Authorization Number: 9597518655 Service On: 10 / 04 / 2022
<ul> <li>Find an Auth</li> <li>Submit an Open Auth</li> </ul>	Patient: WILLIAM REISS Bill Exam To: VBA V
3. Work Queue	Bill Digital Retinal Screening To: VBA V U&C: 39.00
View All	
• Edit Open	Detail
Edit Partially Entered	Material Type: Glasses
Edit Just Finished     Edit Lab Work	Sphere CYL Axis BC DIA ADD
• Edit Rejected	Spillete         CTL         Adds         DL         DDA         Adds           (8)         -2.00         +0.00         0
4. Electronic Information	
View Prices	Pupil Distance
View Labs	31 O Binocular O Monocular
Provider Notifications	
5. Statements	Segment Height Optical Center
View Statements	
Find an Auth     Find an Invoice	18     From Bottom     From Center     From Bottom     From Center
- The an involce	0 18
	Horizontal Prism Vertical Prism
	O In O Out O None     O Up O Down O None
	In Out ONne Oup Opwn ONne

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 1:	4	Diagnosis 3:	
Diagnosis 2:	Abnormal Pupil Cataract	Diagnosis 4:	
Other Diagnosis:	Glaucoma Hypercholesterol		
	Hypertension		
Prescription No	Type 1 Diabetes		
	Type 2 Diabetes Unspecified Diabetes		
	None	1	

### Retail Frame without Digital Retinal Screening

Diagnosis 2: Abn Cat Other Diagnosis: Hyp	e 1 Diabetes 🔥 ormal Pupil aract ucoma	Diagnosis 3: Diagnosis 4:	
Other Diagnosis: Hyp	aract Jcoma	Diagnosis 4:	
Other Diagnosis: Glau Hyp	ucoma		
Нур	ercholesterol		
	ertension sular Degeneration a 1 Diabetes		
	e 2 Diabetes pecified Diabetes e		

### 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   Con	tact Us   Logout	ask live:
1. Doctor Information <ul> <li>Info</li> <li>Resources</li> </ul>	Home > Doctor Home Lens - Order Entry Wizard		Fint 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 Lens Dispensed
3. Work Queue • View All		Lens Ordering Type:	No Lens Dispensed



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

<b>⊀</b> ∨ba	Change Password   Settings   Conta	ct Us   Logout	<b>B</b> chat online
1. Doctor Information • Info • Resources	Home > Doctor Home Lens - Order Entry Wizard		nint 🔄
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
<ul> <li>View All</li> <li>Edit Open</li> <li>Edit Partially Entered</li> </ul>	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 Lens <sup>*</sup>	Progres	sive Availability Chart
Edit Rejected  Lens Type: Progree	sive 🗸 Brand: Varilux Physio W3+ Fit 🗸	
4. Electronic Information Material: Polycar	bonate V Center: 1.5 - Standard V	
submit lens and option o	s been made to ensure current material and option availability, it is the dispen ders. If you are uncertain about the index, warranty or availability of a lens m	
View Labs     Provider Notifications		
Lens Options*		
5. Statements		
View Statements     A/R:	Crizal Alize UV 🗸	
Find an Auth     Find an Invoice     Color Coating:	None	
Edge Treatment:	None 🗸	
Photochromic:	Transitions Signature V Color: Brown V	
Polarized:	None	
Mirror:	None	
Scratch Resistant:	Basic Scratch 🗸	
Tint Type:	None	
Digital Surfacing:	None 🗸	
UV Protection:		
Licensed Branding:		
		-
Lens Note		
		11
	Previous Save and Continue 🖨 🧐 Save and Exit	exit





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

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

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



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



### Frame



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



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



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

Service On date will be shown at the top right.

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

<b>⊀</b> ∨ba	Change Password   Settings   Contact l	Js   Logout	<b>E</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 • Edit Open		Bill Frame To:	No Frame Dispensed
Edit Partially Entered     Edit Just Finished     Edit Lab Work	Save and Continue	Save and Exit	Exit

Select to Bill Frame To VBA or the Patient.

⊀∨Ьа	Change Password   Settings   Contact	: Us   Logout	and helps 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 Destally 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
<u>1. Doctor Information</u> • Info • Resources	Home > Doctor Home Frame - Orde	FEntry Wizard			nint
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	
1. 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	Talle Note	Metal			
View Statements     Find an Auth		Rimless Zyl			
Find an Invoice					
	Previs	Save and Continue	Save and	Exit	it

### **Retail Frame Allowance**

<b>⊀</b> ∨ba	Change	Password   Settings   Conta	act Us   Logout	ask live:
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:	9171279651	Service O	n: 10 / 04 / 2022
Submit an Open Auth	Patient: JOSHUA		Supplier:	Doctor 🗸
3. Work Queue			Bill Frame	e To: VBA 🗸
View All				
• Edit Open	Frame Specificatio	n		
Edit Partially Entered     Edit Just Finished	🛞 Wholesale Cost:	N/A	👩 Retail Cost:	125.00
• Edit Lab Work	Manufacturer Name:	Luxottica	Model:	MK4035
Edit Rejected	Manufacturer Name:	Luxottica	Model:	MK4035
4. Electronic	Eye Size:	53	Bridge Size:	15
Information	Temple Length:	135	Color:	Tortoise
View Prices     View Labs	Frame Type:	None		
Provider Notifications		None		
	Frame Note	Drill & Notch Drilled		
5. Statements     • View Statements		Metal Rimless	x	
Find an Auth	L	Zyl	I	
• Find an Invoice				<i>li</i>
				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	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					
info Resources	Review an	d Confirm th	nis Order				E Print
Electronic Submission	General						
Get a New Auth	Authorization Nun	nber: 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 dit Just Finished	Prescription Type:	Glasses					
dit Lab Work	Digital Retinal Screening Payer:	VBA					
dit Rejected	SPH CYL	Axis BC	ADD SEG HT	SEG HT Source	e PD PDT	ype OC HT	OC HT Sourc
	B -2.00 +0.00	0 0		From Bottom	31.00 Monor		None
ectronic rmation	<b>0</b> -2.00 +0.00	0 🔘	2.00 18.00		32.00	None	
iew Prices							
iew Labs	Diagnosis Co						
rovider Notifications	Reported Diagnoses						
itatements	Hypertension						
iew Statements							
ind an Auth	Base Lens						
ind an Invoice	Lens Type:	Progressive		arilux Physio W3	+ Fit		
	Material:	Polycarbonate	Center: 1.	5			
	Lens Options						
	Name	Specification	Color				
	Anti-Reflective:	Crizal Alize UV					
	Geometry:	Standard					
	Photochromic:	Transitions Signature	Brown				
	Scratch:	Basic Scratch					
	Frame						
	Supplier:	Doctor	Payer:	VBA			
	Manufacturer:	Luxottica	Model:	MK4035			
	Eye Size:	53	Bridge Size:	15			
	Temple Length: Frame Type:	135 Rimless	Color:	Tortoise			
	Wholesale Cost:	62.00					
	wholesale cost:	62.00					
	Explanation of	of Benefits					
					Receivable	Receivable	
	Description				From Member	From VBA	Total Receivable
	Routine Examination		Cov		0.00	50.00	50.00
	Digital Retinal Scree	ning	Cov	ered	0.00	39.00	39.00
	Dispensing Fee		Cov	ered	0.00	36.00	36.00
	Basic Scratch Coatin	g	Cov	ered	0.00	0.00	0.00
	Premium 3 (V) Progr		Cov		0.00	0.00	0.00
	Premium 3 (V) Progr	ressive - Upcharge		t Contained	175.00	0.00	175.00
			Cost	t Contained	70.00	0.00	70.00
	Photochromic MF				27.00	0.00	27.00
	Polycarbonate MF			ered if Child			
	Polycarbonate MF Premium A/R 1		Cost	t Contained	69.00	0.00	69.00
	Polycarbonate MF Premium A/R 1 Rimless Mounting		Cost	t Contained t Contained	69.00 8.00	0.00	8.00
	Polycarbonate MF Premium A/R 1 Rimless Mounting Frames		Cost Cost Who	t Contained t Contained olesale	69.00 8.00 4.00	0.00	8.00 64.00
	Polycarbonate MF Premium A/R 1 Rimless Mounting		Cost Cost Who	t Contained t Contained	69.00 8.00	0.00	8.00



## **Retail Frame Allowance without Digital Retinal Screening**

⊀∨Ьа	Ch	ange Password   S	ettings   Conta	ct Us   Logou	t	٤	chat online
1. Doctor Information • Info • Resources	Home > Doctor Ho Review an	ome d Confirm t	his Ordeı	-			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 Just Finished     Edit Lab Work     Edit Rejected <u>4. Electronic</u> <u>Information</u> 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 G	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     S. Statements     View Statements	Type 1 Diabetes Base Lens Lens Type:	Progressive	Brand:	/arilux Physio W3+			
• Find an Auth • Find an Invoice	Material: Lens Options	Polycarbonate	Center: :	1.5			
	Name Anti-Reflective: Geometry: Photochromic: Scratch:	Specification Crizal Alize UV Standard Transitions Signature Basic Scratch	Color Brown				
	Frame Supplier: Manufacturer: Eye Size: Temple Length: Frame Type: Data II Sector	Doctor Luxottica 53 135 Unspecified	Payer: Model: Bridge Size: Color:	VBA MK4035 15 Tortoise			
	Retail Cost: Explanation o	125.00 f Benefits		-	Receivable From Member	Receivable From VBA	Total Receivable
	Description Routine Examination Dispensing Fee Basic Scratch Coating	1	Co Co	verage vered vered vered	Member 0.00 0.00 0.00	VBA 50.00 32.00 0.00	Receivable 50.00 32.00 0.00
	Premium 3 (V) Progr Premium 3 (V) Progr Photochromic MF		Co Co	vered st Contained st Contained	0.00 175.00 70.00	0.00	0.00 175.00 70.00
	Polycarbonate MF Premium A/R 1 Frames (Lab Bill)		Co Re	vered if Child st Contained tail st Contained	27.00 69.00 0.00 0.00	0.00 0.00 50.00 -224.00	27.00 69.00 50.00 -224.00
		Previ	ous	end to Lab	341.00	-92.00	249.00



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

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

If no reports are needed, click Exit.

<b>⊀</b> ∨ba	Change Password   Settings   Contact Us   Logout	ask liver chat online
1. Doctor Information     Info     Resources	Home > Doctor Home Choose Reports	Print 6
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General         Kelationship to Member:           Authorization 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 Appointment Synopsis Order Summary Explanation of Benefits	
4. Electronic Information • View Prices • View Labs • Provider Notifications	Packing Slip Authorization Continue	
5. Statements  • View Statements		

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

### Wholesale Frame Allowance with Digital Retinal Screening

<b>≮</b> vba	Change Password   Settings   Contact Us   Logout	ask live:
1. Doctor Information • Info • Resources	Home > Doctor Home <u>Vision Benefits of America</u> - Appointment Synopsi	S 🖶 Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	Authorization Number:         9597518655         Relationship to Memil           Patient:         WILLIAM	ber: Member
3. Work Queue • View All • Edit Open	Appointment Synopsis Tem	Member Owes
Edit Open     Edit Partially Entered     Edit Just Finished     Edit Lab Work     Edit Rejected	Routine Examination Digital Retinal Screening Base Lens	\$0.00 \$0.00 \$202.00
4. Electronic Information • View Prices	Option: Basic Scratch Qation: Photochromic Qation: Photochromic Qation: Photochromic Qation: Remium A/R 1 Qation: Rimites Mounting	\$0.00 \$70.00 \$69.00 \$8.00
View Labs     Provider Notifications     Statements	Wholesale Frames Appointment Total:	\$4.00 \$353.00
View Statements     Find an Auth     Find an Invoice	Diagnosis Codes Reported Diagnoses Hypertension	
	Benefit Notice If eligible, this plan covers either a routine exam with spectacle lens and frame OR a routine exam and an can be used toward the cost of the contact lens evaluation/fitting and contact materials.	allowance that
	Ext	



**Retail Frame Allowance without Digital Retinal Screening** 

1. Doctor Information  • Info  • Resources	Home > Doctor Home <u>Vision Benefits of America</u> - Ap	pointment Synopsis 🛛 🛱 Print
2. Electronic Submission	General	
<ul> <li>Get a New Auth</li> <li>Find an Auth</li> <li>Submit an Open Auth</li> </ul>	Authorization Number:         9171279651           Patient:         JOSHUA           Service On:         10/4/2022	Relationship to Member: Member
3. Work Queue		
View All	Appointment Synopsis	
• Edit Open	Item	Member Owes
Edit Partially Entered	Routine Examination	\$0.00
Edit Just Finished	Base Lens	\$202.00
Edit Lab Work	Option: Basic Scratch	\$0.00
<ul> <li>Edit Rejected</li> </ul>	Option: Photochromic	\$70.00
I. Electronic	Option: Premium A/R 1	\$69.00
nformation	Retail Frames	\$0.00
View Prices     View Labs	Appointment Total:	\$341.00
Provider Notifications	Diagnosis Codes	
	Reported Diagnoses	
Statements     View Statements	Type 1 Diabetes	
Find an Auth		
<ul> <li>Find an Invoice</li> </ul>	Benefit Notice	
	If eligible, this plan covers either a routine exam with spectacle can be used toward the cost of the contact lens evaluation/fitti	



Order Summary is a copy of the order placed.

## Wholesale Frame Allowance with Digital Retinal Screening

<sup>≮</sup> ∨ba	Cł	ange Password   S	Settings   Con	tact Us   Logout		2	ask live:
Doctor Information     Info     Resources	Home > Doctor H Vision Ben	ome I <b>efits of Am</b>	<u>nerica</u> - (	Order Sum	nmary		<b>Print</b>
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General Authorization Num Doctor: Address:	<b>ber:</b> 9597518655			Service Doc Ph		0/4/2022 70-343-2591
. Work Queue • View All • Edit Open • Edit Partially Entered					Lab Ph	one: 8	00-233-8373
Edit Just Finished Edit Lab Work	Prescription Payer:	VBA					
Edit Rejected Electronic	Prescription Type: Digital Retinal Screening Payer:	VBA					
oformation View Prices View Labs Provider Notifications	SPH         CYL           (2.00)         +0.00           (10)         -2.00)         +0.00		ADD SEG F 2.00 18.00 2.00 18.00	IT SEG HT Source From Bottom	PD         PD Ty           31.00         Monocu           32.00		OC HT Source None
Statements View Statements Find an Auth	Diagnosis Coo Reported Diagnoses Hypertension						
Find an Invoice	Base Lens Lens Type:	Progressive	Brand:	Varilux Physio W3+	Fit		
	Material:	Polycarbonate	Center:	1.5			
	Lens Options Name Anti-Reflective: Geometry: Photochromic:	Specification Crizal Alize UV Standard Transitions Signature	Color Brown				
	Scratch:	Basic Scratch					
	Supplier: Manufacturer: Eye Size: Temple Length:	Doctor Luxottica 53 135	Payer: Model: Bridge Siz Color:	VBA MK4035 re: 15 Tortoise			
	Frame Type: Wholesale Cost: Benefit Notice	Rimless		UTUISE .			
	If eligible, this	plan covers either a rout ward the cost of the cont	ine exam with spec tact lens evaluation	tacle lens and frame ( /fitting and contact m	OR a routine exam aterials.	and an allowa	nce that
			Print	Exit			



## **Retail Frame Allowance without Digital Retinal Screening**

Resources  Electronic Submission Get a New Auth Find an Auth Submit an Open Auth Work Queue View All Edit Open Edit Partially Entered Edit Labs Work Edit Rejected  Edit Rejected Edit Rej	BC ADD SEG HT SEG HT Source PD PD Type OC HT OC HT Source
Resources  Electronic Submission Submit an Open Auth Submit an Open Auth Edit Open Sdit Partially Entered Edit Lab Work Sdit Rejected Electronic Arew Prices Arew Statements Find an Auth Find an Invoice	279651 Service Date: 10/4/2022 Doc Phone: 570-343-2591 Lab Phone: 800-233-8373 BC ADD SEG HT SEG HT Source PD PD Type OC HT OC HT Source
esources  Hectronic Submission ind an Auth ubmit an Open Auth Work Queue few All dit Open dit Partially Entered dit Lab Work dit Rejected Hectronic rew Prices few Labs rovider Notifications tatements tew Statements find an Auth ind an Invoice	279651 Service Date: 10/4/2022 Doc Phone: 570-343-2591 Lab Phone: 800-233-8373 Lab Phone: 800-233-8373 200 18.00 From Bottom 31.00 Monocular None None 2.00 18.00 From Bottom 31.00 Monocular None None 2.00 18.00 32.00 None
et a New Auth ind an Auth ubmit an Open Auth Vork Queue liew All dit Open dit Partially Entered dit Lab Work	Brand: Varilux Physio W3+
et a New Auth nd an Auth ubmit an Open Auth fork Queue lew All dit Open dit Partially Entered dit Lab Work fit Rejected let Ablow rescription Type: Glasses SPH CYL Axis Parescription Type: Glasses SPH CYL Axis CYL Axis CYL Axis CYL Axis Diagnosis Codes Reported Diagnoses Type 1 Diabetes Lens Type: Progressive Material: Polycarbona	Brand: Varilux Physio W3+
nd an Auth ubmit an Open Auth fork Queue lew All dit Open dit Patient: JOSHUA Dector: Lab: Patient: JOSHUA Patient: JOSHUA Prescription Payer: VBA Prescription Type: Glasses SPH CYL Axis © -2.00 +0.00 0 © Diagnosis Codes Reported Diagnoses Type 1 Diabetes Base Lens Lens Type: Progressive Material: Polycarbona	Brand: Varilux Physio W3+
Address: Address: Lab: Lab: Lab: Patient: JOSHUA Address: Lab: Patient: JOSHUA Prescription Payer: VBA Prescription Type: Glasses SPH CYL Axis CYL Axis	Lab Phone: 800-233-6373 Lab Phone: 800-233-6373 ADD SEG HT SEG HT Source PD PD Type OC HT OC HT Source 2.00 18.00 From Bottom 31.00 Monocular None None 2.00 18.00 32.00 None Brand: Varilux Physio W3+
ork Queue       Lab:         ex All       Patient: JOSHUA         it Quenially Enterediation Structure       Patient: JOSHUA         it Just Finished       Payer: VBA         Prescription Type: Glasses       SPH         ectronic       0         ew Frices       0         ew Labs       0         ovider Notifications       0         atements       0         ew Statements       Diagnosis Codes         tid an Auth       Base Lens         Lens Type:       Progressive         Material:       Polycarbonal	BC ADD SEG HT SEG HT Source PD PD Type OC HT OC HT Source 2.00 16.00 From Bottom 31.00 Monocular None None 2.00 18.00 32.00 None Brand: Varilux Physio W3+
w All t Open tt Partially Entered t Just Finished tt Lab Work rt Rejected w Prices w Labs extronic atements w Statements d an Auth d an Invoice Lens Type: Progressive Material: Polycarbonal	BC ADD SEG HT SEG HT Source PD PD Type OC HT OC HT Source 2.00 16.00 From Bottom 31.00 Monocular None None 2.00 18.00 32.00 None Brand: Varilux Physio W3+
t Open it Partially Entered it Just Finished it Lab Work it Rejected extronic e	BC ADD SEG HT SEG HT Source PD PD Type OC HT OC HT Source 2.00 18.00 From Bottom 31.00 Monocular None None 2.00 18.00 32.00 None Brand: Varilux Physio W3+
t Partially Entered t Just Finished t Lab Work schronic mation w Prices w Labs wider Notifications tements w Statements d an Auth d an Invoice Hereit Contents d an Invoice Hereit Contents temperted Diagnoses Type 1 Diabetes Base Lens Lens Type: Progressive Material: Polycarbonal	BC ADD SEG HT SEG HT Source PD PD Type OC HT OC HT Source 2.00 18.00 From Bottom 31.00 Monocular None None 2.00 18.00 32.00 None Brand: Varilux Physio W3+
L Lab Work It Lab Work It Rejected sctronic w Prices w Labs wider Notifications stements w Statements d an Auth d an Invoice Action Content of the sector of t	BC ADD SEG HT SEG HT Source PD PD Type OC HT OC HT Source 2.00 18.00 From Bottom 31.00 Monocular None None 2.00 18.00 32.00 None Brand: Varilux Physio W3+
t Rejected       SPH       CYL       Axis         sctronic       SPH       CYL       Axis         immation       -2.00       +0.00       0         w Prices       -2.00       +0.00       0         w Labs       -2.00       +0.00       0         internents       -2.00       +0.00       0         w Statements       d an Auth       A       Base Lens         Lens Type:       Progressive         Material:       Polycarbonal	BC ADD SEG HT SEG HT Source PD PD Type OC HT OC HT Source 2.00 18.00 From Bottom 31.00 Monocular None None 2.00 18.00 32.00 None Brand: Varilux Physio W3+
stronic mation       sPH       CYL       Axis         w Prices       -2.00       +0.00       0         w Labs       -2.00       +0.00       0         w Labs       -2.00       +0.00       0         stements       -2.00       +0.00       0         w Statements       d an Auth       d an Invoice       Base Lens         Lens Type:       Progressive Material:       Polycarbona	BC ADD SEG HT SEG HT Source PD PD Type OC HT OC HT Source 2.00 18.00 From Bottom 31.00 Monocular None None 2.00 18.00 32.00 None Brand: Varilux Physio W3+
ectronic mation workers <ul> <li>2.00</li> <li>40.00</li> <li>0</li> <li>2.00</li> <li>40.00</li> <li>0</li> </ul> wider Notifications etements <ul> <li>Diagnosis Codes</li> <li>Reported Diagnoses</li> <li>Type 1 Diabetes</li> </ul> Base Lens <ul> <li>Lens Type: Progressive Material: Polycarbonal</li> </ul>	<ul> <li>2.00 18.00 From Bottom 31.00 Monocular None None</li> <li>2.00 18.00 32.00 None</li> <li>a Brand: Varilux Physio W3+</li> </ul>
mation        • 2.00       • 0.00	2.00 18.00 32.00 None a Brand: Varilux Physio W3+
w Prices w Labs wider Notifications <u>atements</u> d an Auth d an Invoice	e <b>Brand:</b> Varilux Physio W3+
vider Notifications <u>Itements</u> W Statements d an Auth d an Invoice Base Lens Lens Type: Progressive Material: Polycarbonal	
Atements w Statements d an Auth d an Invoice Base Lens Lens Type: Progressive Material: Polycarbonal	
atements w Statements d an Auth d an Invoice Base Lens Lens Type: Progressive Material: Polycarbonal	
w Statements d an Auth d an Invoice Base Lens Lens Type: Progressive Material: Polycarbonal	
Id an Invoice Base Lens Lens Type: Progressive Material: Polycarbonal	
d an Invoice Lens Type: Progressive Material: Polycarbonal	
Material: Polycarbonal	
Lens Options	
Name Specificati	tion Color
Anti-Reflective: Crizal Alize	UV
Geometry: Standard	
Photochromic: Transitions S	Signature Brown
Scratch: Basic Scratc	ich
Frame	
Supplier: Doctor	Payer: VBA
Manufacturer: Luxottica	Model: MK4035
Eye Size: 53	Bridge Size: 15
Temple Length: 135	Color: Tortoise
Frame Type: Unspecified	1
Retail Cost: 125.00	
Benefit Notice	
If eligible, this plan covers ei can be used toward the cost	either a routine exam with spectacle lens and frame <b>OR</b> a routine exam and an allowance that t of the contact lens evaluation/fitting and contact materials.



**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

Doctor Information Info Resources	Home > Doctor Home <u>Vision Benefits of Ameri</u>	<u>ca</u> - Explanatio	on of Ber	efits	🚍 Print
Electronic Submission	Diagnosis Codes				
Get a New Auth	Reported Diagnoses				
Find an Auth	Hypertension				
Submit an Open Auth					
Work Queue	General				
View All	Authorization Number: 9597518655		Relationship to	Member:	Member
Edit Open	Patient: WILLIAM				
Edit Partially Entered	Service On: 10/4/2022				
Edit Just Finished					
Edit Lab Work	Explanation of Benefits				
Edit Rejected			Receivable From Member	Receivable From	Total
Electronic	Description	Coverage		VBA	Receivable
View Prices	Routine Examination	Covered	0.00	50.00	50.00
View Labs	Digital Retinal Screening	Covered	0.00	39.00	39.00
Provider Notifications	Dispensing Fee	Covered	0.00	36.00	36.00
	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     Info     Resources	Home > Doctor Home Vision Benefits of Americ	<u>ca</u> - Explanati	ion of Be	nefits	Print
. Electronic Submission	Diagnosis Codes				
Get a New Auth	Reported Diagnoses				
<ul> <li>Find an Auth</li> <li>Submit an Open Auth</li> </ul>	Type 1 Diabetes				
<ul> <li>Submit an Open Addr</li> </ul>					
3. Work Queue	General				
View All	Authorization Number: 9171279651		Relationship t	o Member:	Member
• Edit Open	Patient: JOSHUA				
Edit Partially Entered	Service On: 10/4/2022				
Edit Just Finished					
Edit Lab Work     Edit Rejected	Explanation of Benefits				
Ean Rejected	Description		Receivable From Member	Receivable From VBA	Total Receivable
information	Routine Examination	Covered	0.00	50.00	50.00
View Prices	Dispensing Fee	Covered	0.00	32.00	32.00
View Labs	Basic Scratch Coating	Covered	0.00	0.00	0.00
<ul> <li>Provider Notifications</li> </ul>	Premium 3 (V) Progressive - Base	Covered	0.00	0.00	0.00
	Premium 3 (V) Progressive - Upcharge	Cost Contained	175.00	0.00	175.00
Statements     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 exan 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 allowar	ice that



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

When finished, click **Exit**.

⊀∨Ьа		Change Password   Settin	ngs   Contact Us   Lo	ogout	ask live:
1. Doctor Information     Info     Resources	Home > Doc Vision E	tor Home Benefits of Amer	i <u>ca</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			
<ul> <li>Edit Rejected</li> </ul>	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				
5. Statements	Manufacturer	: Luxottica			
View Statements	Model:	MK4035			
• Find an Auth	Color:	Tortoise			
Find an Invoice	Benefit Notic	e e, this plan covers either a routine ex sused toward the cost of the contact les	am with spectacle lens and is evaluation/fitting and co Print	ntact materials.	allowance that



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

1. Doctor Information     Info     Resources	Home > Doctor						<b>Print</b>	
Acsources     Celectronic Submission     Get a New Auth     Find an Auth     Submit an Open Auth     Submit an Open Auth     Submit an Open Auth	Open Author Issued On	rizations Service Deadline 11/28/22	Patient		Benefits All	1. 153.	Expand Table Auth. # 8217319251	
🔲 View All	09/02/22	11/20/22			Lens		6802590918	
<ul> <li>Edit Open</li> <li>Edit Partially Entered</li> <li>Edit Just Finished</li> <li>Edit Lab Work</li> <li>Edit Rejected</li> </ul>	Submit	New	E	j Print	Extend	Transfer	X Delete	
4. Electronic Information • View Prices	2 Order Subm	issions				(	Expand Table	
View Labs	Service On	Patient Name	Billed Servic	es Stati	us	Amount	Auth. #	
Provider Notifications <u>5. Statements</u> View Statements     Find an Auth	Edit		E	) Print	S Extend	Transfer	X Delete	
• Find an Invoice	6						Expand Table	1
	Lab Work						Ĩ.	
	Work Sent On	Work Started On P	atient Name	Lab Name	State	15	Auth. #	
	0 10/04/22	W	illiam			bmitted to Lab	9597518655	
	08/17/22	08/17/22			🔊 La	b Work in Progress	5623266911	2
	08/15/22	08/16/22			La	ab Work in Progress	8413116518	
	Edit				Print	Transfer	X Delete	



### Submitting Contact Lenses – Total Allowance Plan No Digital Retinal Screening



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

Enter the **Service On** date.



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

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

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

Next is the Bill Digital Retinal Screening To: field.

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

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



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



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

Click Save and Continue.

<b>⊀</b> ∨Ьс	Change Password   Settings   Contact Us   Logout
1. Doctor Information • Info • Resources	Home > Doctor Home Professional Services - Order Entry Wizard
2. Electronic Submission	General
<ul> <li>Get a New Auth</li> <li>Find an Auth</li> </ul>	Authorization Number:         8766301592         Service On:         10         04         2022
• Submit an Open Auth	Patient: DAVID AARON Bill Exam To: VBA
3. Work Queue	Bill Digital Retinal Screening To: None VU&C:
• View All • Edit Open	Detail
<ul> <li>Edit Partially Entered</li> <li>Edit Just Finished</li> </ul>	Prescription Type: Contact Lenses
<ul> <li>Edit Lab Work</li> <li>Edit Rejected</li> </ul>	Sphere CYL Axis BC DIA ADD
4. Electronic Information	□ -1.50 0 0 0 8.5 · · · · · · · · · · · · · · · · · · ·
<ul> <li>View Prices</li> <li>View Labs</li> </ul>	Contact Materials
Provider Notifications	Contacts Dispensed: <sup>4</sup>
5. Statements	Contact Eval and/or Fitting Fee: \$ 70.00 Materials: \$ 160.00
<ul> <li>View Statements</li> <li>Find an Auth</li> </ul>	Materials: \$ 160.00
• 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 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	Passwor	d   Settings	Contact L	Js   Logo	out	ask live: chat online
1. Doctor Information • Info • Resources	Home > Do		Confir	n this (	Order			nint
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth		D <b>n Number:</b>	8766301593	2				
3. Work Queue • View All • Edit Open • Edit Partially Entered • Edit Just Finished • Edit Lust Work • Edit Rejected	Prescription Prescription SPH C -1.25 -1.50 Fees	а Туре:	Contact L None Axis 0 0	enses BC 8.50 8.50	ADD 0.00 0.00	DIA		
4. Electronic Information • View Prices • View Labs • Provider Notifications 5. Statements	Routine Exa	ım: I and/or Fiti	ing 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.

⊀∨Ьа	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         Relationship to Member:           Authorization Number:         8766301592         Relationship to Member:           Patient:         DAVID         DAVID           Service On:         10/4/2022         Description	Member
3. Work Queue • View All • Edit Open • Edit Partially Entered • Edit Just Finished	Available Reports Report Name	
Edit Lab Work     Edit Lab Work     Edit Rejected  4. Electronic Information	Order Summary Authorization	
View Prices     View Labs	Continue	S Exit



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

<sup>≮</sup> ∨bc	Change Password   Settings   Contact Us   Logout
1. Doctor Information • Info • Resources	Home > Doctor Home Vision Benefits of America - Appointment Synopsis
2. Electronic Submission	General
• Get a New Auth • Find an Auth	Authorization Number: 8765301592 Relationship to Member: Member Patient: DAV/D
<ul> <li>Submit an Open Auth</li> </ul>	Service On: 10/4/2022
• View All	Appointment Synopsis
• View All • Edit Open	Item Member 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	
<ul> <li>View Labs</li> <li>Provider Notifications</li> </ul>	Ext

Order Summary is a copy of the order placed.

<b>≮</b> ∨Ьс	1	Change	2 Password	d   Settings	Contact	Us   Logout		chat online
1. Doctor Information • Info • Resources	Home > Do		ts of <i>I</i>	America	<u>a</u> - Ord	er Sumn	nary	<b>Print</b>
2. Electronic Submission	General							
<ul> <li>Get a New Auth</li> <li>Find an Auth</li> <li>Submit an Open Auth</li> </ul>	Authorizatio Doctor: Address:	on Number:	8766301593	2			Service Date: Doc Phone:	10/4/2022 570-343-2591
• View All • Clew All • Edit Open		DAVID						
Edit Partially Entered	Prescrip							
Edit Just Finished	Prescription	Туре:	Contact L	enses				
Edit Lab Work	Prescription	Note:	None					
Edit Rejected	SPH	CYL	Axis	BC	ADD	DIA		
Electronic	<ul> <li>-1.25</li> <li>-1.50</li> </ul>	+0.00	0	8.50 8.50	<ul><li>0.00</li><li>0.00</li></ul>			
View Prices	Fees						, lu	
View Labs	Routine Exa	m:		\$120.00			0	
Provider Notifications	Contact Eva	l and/or Fit	ting Fee:	\$70.00				
Statements	Materials:			\$160.00				
View Statements								
<ul> <li>Find an Auth</li> <li>Find an Invoice</li> </ul>	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.

<b>⊀</b> ∨ba	c	hange Passwo	rd   Settings   Co	ntact Us   Logout		Chat online
1. Doctor Information • Info • Resources	Home > Doctor   Work Que					<b>Print</b>
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	<b>O</b> pen Author	izations Service			ſ	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	Deadline 12/04/22 11/28/22 11/02/22 ▼ New	Patient	Benefits A Exam Full Service Lens	llowed	Auth. # 4255718762 8217319251 6802590918
Edit Rejected      Electronic Information      View Prices      View Labs      Provider Notifications	2 Order Submi Service On	ssions Patient Name	Billed Services	Status	Amount	Expand Table
5. Statements • View Statements • Find an Auth • Find an Invoice	0 10/04/22 10/04/22	D	Contacts Contacts	Payment Submitted     Payment Submitted     Extend	\$175.00 \$110.00	8766301592 5426665309
	3 Lab Work Sent On	Work Started On Pat	ient Name La	ıb Name Sta		C Expand Table
	<ul> <li>10/04/22</li> <li>10/04/22</li> <li>08/17/22</li> </ul>	08/17/22 08/16/22		● s ● s	ubmitted to Lab ubmitted to Lab	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.

<b>⊀</b> ∨ba	Change Password   Settings   Contact Us   Logou	t Arrow Chat online
1. Doctor Information     Info     Resources     2. Electronic Submission	Home > Doctor Home Exam - Order Entry Wizard General	
Get a New Auth     Find an Auth	Authorization Number: 5426665309 Servi	ce On: 9 / 9 / 2022
• Submit an Open Auth	Patient: KASEY BORROR Bill E	xam To: None - Prior Rx 🗸
3. Work Queue • View All	Bill Digital Retinal Screening To: Non	e ✓ 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
<ul> <li>Find an Auth</li> <li>Submit an Open Auth</li> </ul>	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
<ul> <li>Edit Just Finished</li> <li>Edit Lab Work</li> </ul>	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:
	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.

<b>⊀</b> ∨ba		Change	Passwor	d   Setting	;   Contact U	is   Logo	out	é	Chat online
1. Doctor Information  • Info  • Resources	Home > Do		onfir	m this	Order				Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General Authorizatio Patient:	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	Type:	Contact None Axis D	Lenses 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 Co 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	Contacts			Previous	Allowar		82.50	110.00	192.50 192.50

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.

<b>≮</b> vba	Change Password   Settings   Contact Us   Logout	ask live:
1. Doctor Information • Info • Resources	Home > Doctor Home Choose Reports	nint
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General         Second Sec	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	ask live:
1. Doctor Information <ul> <li>Info</li> <li>Resources</li> </ul>	Home > Doctor Home Vision Benefits of America - Appointment Synopsis	Frint Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	General           Authorization Number:         5426665309         Relationship to Member:           Patient:         KASEY         Service On:         10/4/2022	Spouse
3. Work Queue • View All • Edit Open	Appointment Synopsis Item Membe	er 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
Information     View Prices     View Labs	Diagnosis Codes Reported Diagnoses	
Provider Notifications     5. Statements	Benefit Notice If eligible, this plan covers either a routine exam with spectacle lens and frame OR a routine exam and an allowant	ce that
<ul> <li>View Statements</li> <li>Find an Auth</li> <li>Find an Invoice</li> </ul>	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.

<b>⊀</b> vba		Change	Password	l   Setting	s   Contact U	s   Logout		& chat online
1. Doctor Information • Info • Resources	Home > Do Vision		ts of A	merio	<u>:a</u> - Orde	er Summ	ary	E Print
2. Electronic Submission	General							
Get a New Auth	Authorizati	on Number:	5426665309	)			Service Date:	10/4/2022
Find an Auth	Doctor:						Doc Phone:	570-343-2591
<ul> <li>Submit an Open Auth</li> </ul>	Address:							
3. Work Queue								
• View All	Patient:	KASEY						
• Edit Open	n .							
Edit Partially Entered	Prescrip							
Edit Just Finished	Prescription		Contact L	enses				
Edit Lab Work	Prescription		None					
Edit Rejected	SPH	CYL	Axis	BC	ADD	DIA		
	-1.25	+0.00	0	8.50	0.00			
4. Electronic Information	•1.50	+0.00	0	8.50	0.00			
View Prices								
View Labs	Diagnos	is Codes						
Provider Notifications	Reported Dia	ignoses						
5. Statements								
View Statements	Benefit Not	ice						
Find an Auth	If elig	ible, this plan c	overs either a	routine exam	with spectacle ler	is and frame OR a r ind contact material	outine exam and an al	lowance that
Find an Invoice	can b	e useu toward t	ne cost of the	contact lens	evaluation/fitting a	ing contact material	5.	
				É	Print	S Exit		<i>₽</i>



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

<b>≮</b> ∨ba	Change Password   Setti	ngs   Contact Us   Logo	ıt	2	chat online
1. Doctor Information • Info • Resources	Home > Doctor Home Vision Benefits of Amer	<u>ica</u> - Explanati	on of Be	nefits	E Print
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	Diagnosis Codes Reported Diagnoses				
Submit an Open Addr      Submit an Open Addr      View All      Edit Open	General           Authorization Number:         5426665309           Patient:         KASEY           Service On:         10/4/2022		Relationship t	o Member:	Spouse
Edit Partially Entered     Edit Just Finished     Edit Lab Work	Explanation of Benefits		Receivable From	Receivable From	Total
• Edit Rejected I. Electronic Information	Description Contact Eval and/or Fitting Contacts	Coverage Cost Contained Allowance	Member 0.00 82.50	42.50 67.50	42.50
View Prices     View Labs     Provider Notifications	Benefit Notice		82.50	110.00	192.50
5. Statements • View Statements • Find an Auth	If eligible, this plan covers either a routine es can be used toward the cost of the contact le			n and an allowar	nce that
• Find an Invoice	(	Exit	)		

When finished, click Exit.

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

≮∨Ьа	CI	nange Passwor	d   Settings   Cont	act Us   Logout		chat online
1. Doctor Information • Info • Resources	Home > Doctor H Work Que					nint
Electronic Submission     Get a New Auth	0					Expand Table
• Find an Auth	Open Author	zations				¥ 10 10 10
• Submit an Open Auth	Issued On	Service Deadline	Patient	Benefits All	owed	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	C Extend	Transfer	X Delete
. Electronic nformation	2					Expand Table
• View Prices • View Labs	Order Submis	ssions				
Provider Notifications	Service On	Patient Name	Billed Services	Status	Amount	Auth. #
i. Statements	0 10/04/22	К	Contacts	Payment Submitted	\$110.00	5426665309
<ul><li>View Statements</li><li>Find an Auth</li></ul>	Edit		Print	S Extend	Transfer	X Delete
Find an Invoice						



## 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.

<sup>≮</sup> vbc	Chang	e Password   Settir	ngs   Contact Us	5   Logout			
1. Doctor Information     Info     View InfiniView Labs     OptiSource	Home > Doctor Home Vision Benef	its of Ameri	i <u>ca</u> - Cove	erage 8	k Auth	norization 🖃	nt
2. Electronic Submission	Authorization Number:	6342912415	Va	lid for Servio	e betweer	: 11/04/2021 - 01/04/2022	
Get a New Auth	Doctor: PA12345 - ABC Optical			Filin	g Deadline	: 01/18/2022	
Find an Auth	Group: 001						
<ul> <li>Submit an Open Auth</li> </ul>	Patient: KRISTEN		_	Relation	to Membe	r: Spouse	
3. Work Queue	Address: 111 JOAN DRIV PITTSBURGH, I						
• View All	FITIBORGI,	A 15015					
• Edit Open						copay ). If a contact lens	
Edit Partially Entered	fitting is performed		of your UCR up to UCR, the 15% will			r a premium fit, the patient	×.
Edit Just Finished				De taken on	automatica	·/·	
Edit Lab Work	Benefit Notice						
Edit Rejected	If eligible, this plan	covers either a coutine ex	m with spectacle len	s and frame OI	a coutine e	kam and an allowance that	
4. Electronic Information		the cost of the contact len				an allowance that	
View Prices	Benefits						
View Labs						2	
<ul> <li>Provider Notifications</li> </ul>	<u>Exam</u>	<u>Lenses</u>	<u>Frai</u>	<u>mes</u> -	OR -	Contacts <sup>2</sup>	
5. Statements	💎 Eligible	💎 Eligible	$\odot$	Eligible		\$140.00	
View Statements							
• Find an Auth	Plan Copays & Al	lowances					
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/	or Fitting Fee:	85% UCR to	\$60		
	<b>Dispensing Fees</b>	( Paid by VBA )					
	Lens Dispensing:	\$15.00					

#### Exam Plus+ Plan

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

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

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

### Submitting Contact Lenses - Medical Contacts

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

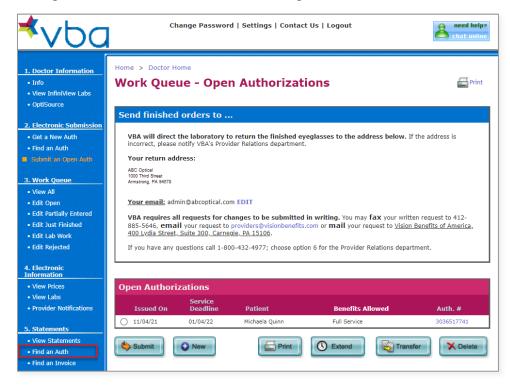


Prior approval and authorization must be received from VBA before any Optical Products are purchased and/or Optical Services are rendered in connection with this Benefit. Medical Contact Lens Fitting includes a maximum of two (2) follow-up visits within ninety (90) days of the initial fitting.



## **Search Claims**

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



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

<b>⊀</b> ∨ba	Change Password   Settings   Contact Us   Logout	
1. Doctor Information     Info     View InfiniView Labs     OptiSource	Home > Doctor Home Find an Authorization or Invoice	Print
e opubouree	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	



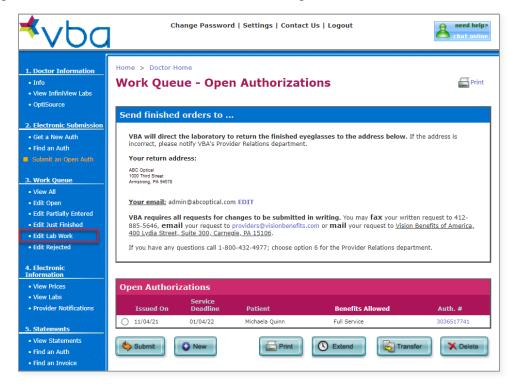
The Authorization will display.

r Information Home > Doctor Ho	me		
	efits of America	- Coverage 8	Authorization 🔤 Print
nfiniView Labs			
urce			
onic Submission Authorization Number			
Now Auth			ce between: 11/04/2021 - 01/04/2022
Doctor: PAILAND - ABC		Filin	g Deadline: 01/18/2022
t an Open Auth			
Address: 111 JOAN		Relation	to Member: Member
Queue ARDMORE	, PA 19003		
JI Denofit Notice			
Benefit Notice			
st Finished If eligible, this p			an allowance that can be used toward
b Work	utine exam, contact lens evaluation/fit	and contact materials.	
ejected			
Benefits			
onic <u>Exam</u>	<u>Lenses</u>	Frames -	OR - <u>Contacts</u> <sup>2</sup>
rices 💎 Eligible	💎 Eligible	💎 Eligible	TOTAL \$200.00
abs			
Plan Copays &	Allowances		
nents Frame Allowance:	Wholesale: \$60.0	0 🛞 Retail:	N/A
tatements Copays:	Exam: \$0.00 Lens	/Frame: \$0.00	
n Auth			
Dispensing Fe	es ( Paid by VBA )		
Lens Dispensing:	\$17.00		
Frame Dispensing:	\$21.00		
Fully-Covered S	Services and Materials		
Vision Care Exam	Single Visio	n Lens	Lined Multifocals
Lenticular Lens	Basic Scrate	ch	Blended Bifocal
Medical Contacts	Polycarb., 1	8 & Under	Premium Scratch
Solid or Gradient Ti	nts UV 400		Visual Fatigue
Partially-Covere	ed Services and Materials		
Contacts	Frame <sup>1</sup>		Basic Progressive (Z)
Premium 1&2 Progressive (B&C)	Premium 38 Progressive		Standard Progressive (A)
Progressive (bac)	Filigressive		(A)
Non-Covered	Services and Materials		
Aspheric & Atoric	Blue Protec	tion	Color Coating
Computer/Near Var	Materials		-
	Digital Surf	acing, SV	Edge Treatments
Focus	Low Vision		Mid Index / Trivex
Focus High Index	Photochron		Plano
High Index Mirror Coating		dult	Premium A/R 1 <sup>4</sup>
High Index Mirror Coating Polarized	Polycarb., A		Standard A/R 1
High Index Mirror Coating Polarized Premium A/R 2	Rimless Mo	unting	
High Index Mirror Coating Polarized		unting	
High Index Mirror Coating Polarized Premium A/R 2 Standard A/R 2	Rimless Mo	-	
High Index Mirror Coating Polarized Premium A/R 2	Rimless Mo	unting	
High Index Mirror Coating Polarized Premium A/R 2 Standard A/R 2	Rimless Mo	-	
High Index Mirror Coating Polarized Premium A/R 2 Standard A/R 2	Rimless Mo	-	



## View in Progress Claims

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



The Lab Work Queue displays.

<b>⊀</b> ∨ba		Change Pa	assword   Settings	;   Contact Us   Lo	gout	
1. Doctor Information     Info     View InfiniView Labs     OrthCourse	Home > Docto		Lab Work			Print
OptiSource	Lab Work					
2. Electronic Submission  • Get a New Auth  • Find an Auth	Work Sent On	Work Started On	Patient Name	Lab Name	Status	Auth. #
Submit an Open Auth	0 11/04/21		Michaela Quinn	The loss beau	Submitted to Lab	3036517741
	0 11/02/21	11/04/21	Paula Unger	The second second	Lab Work in Progress	8349082588
3. Work Queue	0 10/27/21		Nancy		Incomplete Data Entry	5404715772
<ul> <li>View All</li> <li>Edit Open</li> <li>Edit Partially Entered</li> <li>Edit Just Finished</li> </ul>	Edit			É	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 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.

<u>⊀vba</u>		Change Pa	assword   Settings	;   Contact Us   Lo	gout	
1. Doctor Information  Info View InfiniView Labs	Home > Docto Work Qu		Lab Work			Fint Print
OptiSource	Lab Work					
2. Electronic Submission  • Get a New Auth • Find an Auth	Work Sent On	Work Started On	Patient Name	Lab Name	Status	Auth. #
Submit an Open Auth	11/04/21		Michaela Quinn	the second second	Submitted to Lab	3036517741
	11/02/21	11/04/21	Paula Unger	Name and Address of the Owner, which the	Lab Work in Progress	8349082588
3. Work Queue	0 10/27/21		Nancy Dumont		Incomplete Data Entry	5404715772
<ul> <li>View All</li> <li>Edit Open</li> <li>Edit Partially Entered</li> </ul>	Edit			E	Print Transfer	X Delete

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

<b>≮</b> vba		Change Pa	ssword   Settings	5   Contact Us   Lo	gout	
1. Doctor Information     Info     View InfiniView Labs     Ortification	Home > Docto Work Qu		Lab Work			Print
OptiSource	Lab Work					
2. Electronic Submission • Get a New Auth • Find an Auth	Work Sent On	Work Started On	Patient Name	Lab Name	Status	Auth. #
Submit an Open Auth	0 11/04/21		Michaela Quinn	the loss that a	Submitted to Lab	3036517741
	0 11/02/21	11/04/21	Paula Unger	The loss list of	Lab Work in Progress	8349082588
3. Work Queue	0 10/27/21	-	Nancy Dumont		Incomplete Data Entry	5404715772
<ul> <li>View All</li> <li>Edit Open</li> <li>Edit Partially Entered</li> </ul>	Edit			E	Print Transfer	X Delete

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



Providers are not advised or obligated to accept returns.



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



# **Check Payment Statements**

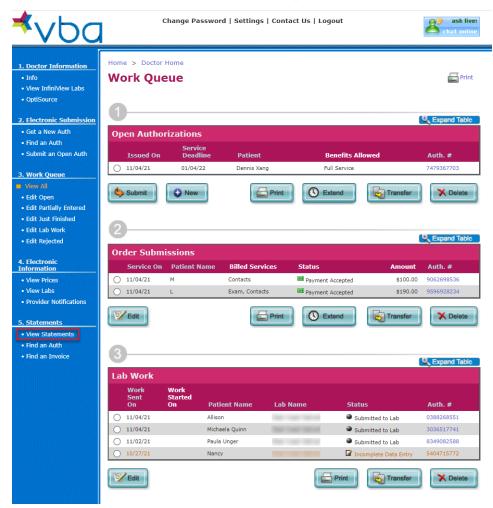
VBA payments are remitted monthly.



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

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

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





The 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.

vuu								
tor Information	Home > Do	octor Home						
	View S	tateme	nts					🖨 Prin
v InfiniView Labs		caterine	inco					
Source								
	Doctor I	nformatio	n					
tronic Submission	Mailing Add	ress						
a New Auth	Name:							
an Auth mit an Open Auth	Line 1:							
inic an open Autr	Line 2:	-						
rk Queue	Line 3:							
v All	City:			State: PA	Zip:			
Open								
Partially Entered	Pending	Payment						
Just Finished							Pending	
Lab Work					Statement Date	Patient Payment	Check	Net
Rejected							Amt	
tronic	View Detail	View EOB			Jun 2021	\$982.80	\$587.95	\$1,570.75
nation	View Detail	View EOB			May 2021	\$2,037.56	-\$55.00	\$1,920.31
v Prices	Prior Per	dede						More >
v Labs rider Notifications	PHOI Pel	ivus						More >
			Check #	Check Date	Statement Date	Patient Payment	Check Amount	Net
tements	View Detail	View EOB	1065623	05/04/2021	Apr 2021	\$1,008.76	\$339.00	\$1,347.76
Statements	View Detail	View EOB	1064564	04/05/2021	Mar 2021	\$782.04	\$773.00	\$1,497.54
an Auth	View Detail	View EOB	1063108	03/02/2021	Feb 2021	\$839.80	\$152.00	\$991.80
an Invoice	View Detail	View EOB	1059557	02/02/2021	Jan 2021	\$1,051.92	\$612.90	\$1,664.32
	View Detail	View EOB	1057952	01/06/2021	Dec 2020	\$759.90	\$1,341.93	\$2,133.33
	View Detail	View EOB	1057066	12/02/2020	Nov 2020	\$1,840.06	\$1,210.85	\$3,050.91
	View Detail	View EOB	1054921	11/04/2020	Oct 2020	\$1,104.98	\$1,192.00	\$2,290.73
	View Detail	View EOB	1052524	10/05/2020	Sep 2020	\$1,718.84	\$711.63	\$2,430.47
	View Detail	View EOB	1050876	09/03/2020	Aug 2020	\$2,081.44	\$420.00	\$2,501.44
	them become		1048581	08/05/2020	Jul 2020	\$1,232.80	\$571.95	\$1,816.50
	View Detail	View EOB	1040001					
		View EOB View EOB	1045980	07/06/2020	Jun 2020	\$587.00	\$468.00	\$1,061.50
	View Detail			07/06/2020 06/03/2020	Jun 2020 May 2020	\$587.00	\$468.00 \$110.00	\$1,061.50 \$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.

Doctor Information     Info     View InfiniView Labs     OptiSource	Home > Do												Print .	
. Electronic Submission	Check Ov	erview												
Get a New Auth	Payable To:	-										Che	ck #:	
Find an Auth	Check Date:	05/04/202	1											
<ul> <li>Submit an Open Auth</li> </ul>	Statement:	Apr 2021												
	Check Amt:	\$339.00												
Work Queue														
• View All • Edit Open														
Edit Open     Edit Partially Entered	Check De	tail												
Edit Just Finished	Patient		Grp Serv # Date		$L^1$	F1	C1	With	Exam Copay	Mat Copay	Non Cov	F Over	Frame / Misc	Amt
Edit Lab Work	8		2447 03/2	2/21 50.00	15	0	0.00	0.00	0	20	63.00	0.00	0.00	-18.00
Edit Rejected	8		2450 03/2	5/21 0.00	15	13	0.00	0.00	0	20	0.00	0.00	40.00	48.00
	8		2181 04/1	5/21 0.00	23	17	0.00	0.00	0	0	68.00	0.00	50.00	22.00
. Electronic nformation	8		2681 04/0	7/21 50.00	15	17	0.00	0.00	5	20	48.00	0.00	50.00	59.00
View Prices	8		2433 04/0	6/21 50.00	16	17	0.00	0.00	0	10	0.00	0.00	50.00	123.00
View Labs	8		3167 04/1	0/21 50.00	15	17	0.00	0.00	0	20	103.00	0.00	50.00	9.00
Provider Notifications	8		3167 04/1	0/21 50.00	15	17	0.00	0.00	0	20	46.00	0.00	50.00	66.00
	8		3167 03/2	3/21 0.00	15	0	0.00	0.00	0	20	62.00	0.00	0.00	-67.00
. Statements	8		1713 04/0	1/21 0.00	15	26	0.00	0.00	0	0	0.00	0.00	56.00	97.00
<ul> <li>View Statements</li> </ul>						-			-	-				
<ul> <li>Find an Auth</li> </ul>														

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

<u>Doctor Information</u> Info View InfiniView Labs OptiSource	Home > Doctor Home View a Paid Authorization				Print
Electronic Submission	Order Summary				
Get a New Auth	Authorization Number:				8/22/2021
Find an Auth	Check #:		Check		5/4/2021
Submit an Open Auth	Doctor:		Doc Pl	hone:	
	Address:				
Work Queue	Lab:		Lab Ph	none:	_
View All Edit Open	Patient:				
	Status: Payment Accepted				
Edit Partially Entered	Status: 🔤 Payment Accepted				
Edit Open Edit Partially Entered Edit Just Finished Edit Lab Work	Status: Payment Accepted Explanation of Benefits				
Edit Partially Entered Edit Just Finished			Receivable	Receivable	
Edit Partially Entered Edit Just Finished Edit Lab Work Edit Rejected	Explanation of Benefits	Coverage	Receivable From Member	Receivable From VBA	Total Receivable
Edit Partially Entered Edit Just Finished Edit Lab Work		Coverage Covered		From	Receivable
Edit Partially Entered Edit Just Finished Edit Lab Work Edit Rejected Electronic formation View Prices	Explanation of Benefits Description		From Member	From VBA	Receivable 50.00
Edit Partially Entered Edit Just Finished Edit Lab Work Edit Rejected Electronic formation View Prices View Labs	Explanation of Benefits Description Routine Examination	Covered	From Member 0.00	From VBA 50.00	Receivable 50.00 15.00
Edit Partially Entered Edit Just Finished Edit Lab Work Edit Rejected Electronic formation View Prices View Labs	Explanation of Benefits Description Routine Examination Dispensing Fee	Covered Covered	From Member 0.00 0.00	From VBA 50.00 15.00	Receivable 50.00 15.00 0.00
Edit Partially Entered Edit Just Finished Edit Lab Work Edit Rejected Electronic formation View Prices View Labs Provider Notifications	Explanation of Benefits Description Routine Examination Dispensing Ree Single Vision Plastic (Edged)	Covered Covered Covered	From Member 0.00 0.00 0.00	From VBA 50.00 15.00 0.00	Receivable 50.00 15.00 0.00 19.00
Edit Partially Entered Edit Just Finished Edit Lab Work Edit Rejected Electronic formation View Prices View Labs Provider Notifications Statements	Explanation of Benefits Description Routine Examination Dispensing Free Single Vision Plastic (Edged) Polycarbonate SV	Covered Covered Covered Covered if Child	From Member 0.00 0.00 0.00 19.00	From VBA 50.00 15.00 0.00 0.00	Receivable 50.00 15.00 0.00 19.00 85.00
Edit Partially Entered Edit Just Finished Edit Lab Work Edit Rejected Efectronic formation View Prices View Labs Provider Notifications Statements View Statements	Explanation of Benefits Description Routine Examination Dispensing Fee Single Vision Plastic (Edged) Polycarbonate SV Premium A/R with Backside UV	Covered Covered Covered Covered if Child Cost Contained	From Member 0.00 0.00 0.00 19.00 85.00	From VBA 50.00 15.00 0.00 0.00 0.00	Receivable 50.00 15.00 0.00 19.00 85.00 0.00
Edit Partially Entered Edit Just Finished Edit Lust Finished Edit Rejected Edit Rejected Formation View Prices View Labs Provider Notifications Statements View Statements Find an Auth	Explanation of Benefits  Description Routine Examination Dispensing Fee Single Vision Plastic (Edged) Polycarbonate SV Premium A/R with Backside UV Rimless Mounting - ZYL	Covered Covered Covered Covered if Child Cost Contained Cost Contained	From Member 0.00 0.00 0.00 19.00 85.00 0.00	From VBA 50.00 15.00 0.00 0.00 0.00 0.00	Receivable
Edit Partially Entered Edit Just Finished Edit Lab Work Edit Rejected Electronic formation View Prices	Explanation of Benefits  Description Routine Examination Dispensing Fee Single Vision Plastic (Edged) Polycarbonate SV Premium A/R with Backside UV Rimless Mounting - ZYL Scratch Coating (1 Year Warranty)	Covered Covered Covered if Child Cost Contained Cost Contained Covered	From Member 0.00 0.00 19.00 85.00 0.00 0.00	From VBA 50.00 15.00 0.00 0.00 0.00 0.00 0.00	Receivable 50.00 15.00 0.00 19.00 85.00 0.00 0.00 0.00 0.00



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.

<b>≮</b> vba	Change Password   Settings	Contact Us	s   Logoi	ıt				
1. Doctor Information • Info • View InfiniView Labs • OptiSource	Home > Doctor Home Explanation of Benefits						e Print	:
2. Electronic Submission • Get a New Auth • Find an Auth • Submit an Open Auth	Check Overview Payable To: Check Date: 06/03/2020 Statement: May 2020					C	heck #:	-
3. Work Queue • View All • Edit Open • Edit Partially Entered	Check Amt: \$110.00							
• Edit Just Finished • Edit Lab Work • Edit Rejected	Patient: Claim #:			Gro	vice Date: up #: Non-	3167	_	
4. Electronic Information • View Prices • View Labs • Provider Notifications	Code Description 99070 Contacts	VBA Allowance 110.00 <b>110.00</b>	Co-Pay 0.00 0.00	Growth Fee 0.00 0.00	Covered Options 0.00 0.00	Provider Payment 110.00 <b>110.00</b>	Patient Obligation 136.00 136.00	Total Net 246.00 246.00
Provider Notifications     S. Statements     View Statements     Find an Auth     Find an Invoice	"•" Defines included progressive lens options							



# **Read Notifications**

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

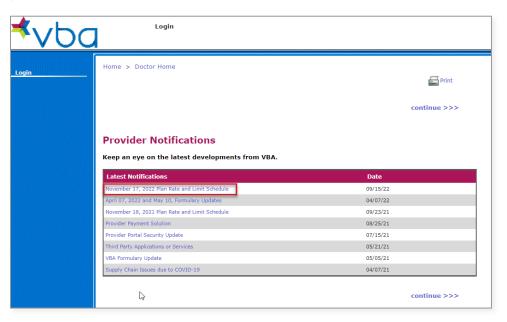
<mark>⊀</mark> ∨Ьа	с	hange Passwor	d   Settings   Con	tact Us   Logout		ask live:
1. Doctor Information     Info     Resources	Home > Doctor H Work Que					Frint Print
2. Electronic Submission • Get a New Auth • Find an Auth	1 Open Author	izations				C Expand Table
• Submit an Open Auth	Issued On	Service Deadline	Patient	Benefits All	owed	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     Edit Partially Entered	09/02/22	11/02/22		Lens		6802590918
Edit Fardany Encode     Edit Just Finished     Edit Lab Work     Edit Rejected	Submit	• New	Print	Extend	Transfer	X Delete
4. Electronic Information	2					C Expand Table
• View Prices • View Labs	Order Submi	ssions				Expand Table
Provider Notifications	Service On	Patient Name	Billed Services	Status	Amount	Auth. #
	0 10/04/22		Contacts	Payment Submitted	\$175.00	8766301592
5. Statements	0 10/04/22		Contacts	Payment Submitted	\$110.00	5426665309
View Statements						
<ul> <li>Find an Auth</li> <li>Find an Invoice</li> </ul>	Edit		E Print	S Extend	Transfer	X Delete

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

Home > Doctor Home	E Print
	continue >>>
Provider Notifications	
Keep an eye on the latest developments from VBA.	
Keep an eye on the latest developments from VBA.	Date
	<b>Date</b> 09/15/22
Latest Notifications	
Latest Notifications November 17, 2022 Plan Rate and Limit Schedule	09/15/22
Latest Notifications November 17, 2022 Plan Rate and Limit Schedule April 07, 2022 and May 10, Formulary Updates	09/15/22 04/07/22
Latest Notifications 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
Latest Notifications 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
Latest Notifications 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



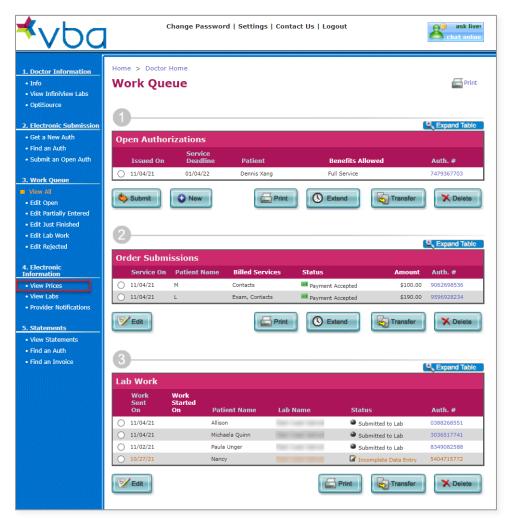
Simply click the hyperlinked title of the notification to view a PDF of the full notification.





# 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	Date	Change Description
V1	11/2022	
V2	10/2022	Password character length
		Digital Retinal Screening
		Diagnosis Codes