

STEP 1: Setting up your user login for the online claims system by visiting www.eyemedinfofocus.com/forms/

Complete the "Requests Online Claims System Login" form.

STEP 2: Login to the online claims system at www.claims.eyemedvisioncare.com/claims/loginForm.emvc

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

Searching for Members

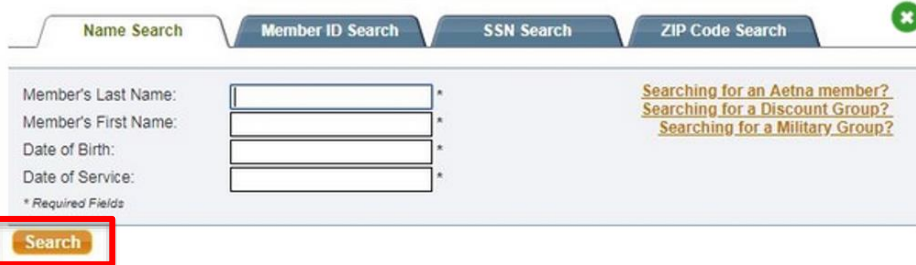
Upon logging into the online claims system, select “Member Search” from the left hand side navigation.



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

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

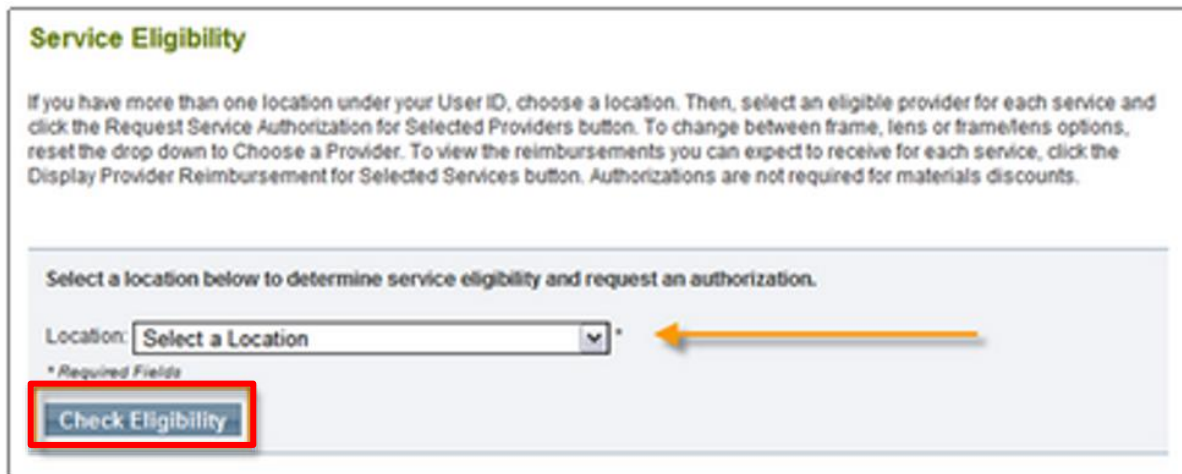
STEP 2: Click search.



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

Viewing Eligibility and Plan Information

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



Step 2: After selecting the location, please select the provider offering services from the drop-down menu. You'll then be able to view the services and materials the member is eligible for.

Location (Change)
 Provider
 Date of Service: 10/01/2021

Routine **Additional Purchase**

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
<input checked="" type="checkbox"/>	Lenses	Yes	03/01/2020	Once every calendar year
<input checked="" type="checkbox"/>	Frame	Yes	03/01/2020	Once every calendar year
<input type="checkbox"/>	Contact Lenses	Yes	03/01/2020	Once every calendar year

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

You do not need to get prior authorization to submit a claim.

Submitting Non-Lab Claims

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

Location (Change)
 Provider
 Date of Service: 10/01/2021


Routine **Additional Purchase**

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
<input checked="" type="checkbox"/>	Lenses	Yes	03/01/2020	Once every calendar year
<input checked="" type="checkbox"/>	Frame	Yes	03/01/2020	Once every calendar year
<input type="checkbox"/>	Contact Lenses	Yes	03/01/2020	Once every calendar year

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

Exam

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



Exam: New Comprehensive (92004) *

Procedure:

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

Refraction: 92015-Basic Refraction

Primary Diagnosis: H52.10 - Myopia

CPT II and Disease Reporting Diagnosis: *

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

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

STEP 3: After completing the exam section, you'll see the Prescription Information section.

We are now collecting additional information for non-lab model providers to assist with the expanded lens code sets, minimize the need for audits, and improve EyeMed's ability to demonstrate quality of care to our clients.

Key reasons for the changes include:

- 1.) Demonstrates quality of care – ensures members get the appropriate lens for their unique prescription needs
- 2.) Improves Online Claims System experience – Enables system to populate correct CPT Codes for lens designs and materials, enhancing accuracy for provider pay and member benefits
- 3.) Minimizes audits – Additional prescription and lens information collected during claims submission partially eliminates the need for audit requests to collect in the future

Lens

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

Prescription Information [Instructions](#)

* Required Fields

	Sphere *	Cylinder	Axis	Add
OD (R) <input type="button" value="v"/>	-03.25 <input type="button" value="v"/>	<input type="text"/> <input type="button" value="v"/>	<input type="text"/> <input type="button" value="v"/>	+02.00 <input type="button" value="v"/>
OS (L)	-03.00	<input type="text"/>	<input type="text"/>	+02.00
<input type="checkbox"/> With Prism	Prism 1	Base 1	Prism 2	Base 2
Prism (R) <input type="button" value="v"/>	<input type="text"/> <input type="button" value="v"/>	- <input type="button" value="v"/>	<input type="text"/> <input type="button" value="v"/>	- <input type="button" value="v"/>
Prism (L)	<input type="text"/>	- <input type="button" value="v"/>	<input type="text"/>	- <input type="button" value="v"/>

Continue Lens Order Entry

If a prescription is entered that exceeds the pre-determine range, a warning message will appear prompting you to correct the field.

Lens

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

Prescription Information [Instructions](#)

* Required Fields

	Sphere *	Cylinder	Axis	Add
OD (R) <input type="button" value="v"/>	-50.00 <input type="button" value="v"/>	<input type="text"/> <input type="button" value="v"/>	<input type="text"/> <input type="button" value="v"/>	+02.00 <input type="button" value="v"/>
OS (L)	-03.00	<input type="text"/>	<input type="text"/>	+02.00
<input type="checkbox"/> With Prism	Prism 1	Base 1	Prism 2	Base 2
Prism (R) <input type="button" value="v"/>	<input type="text"/> <input type="button" value="v"/>	- <input type="button" value="v"/>	<input type="text"/> <input type="button" value="v"/>	- <input type="button" value="v"/>
Prism (L)	<input type="text"/>	- <input type="button" value="v"/>	<input type="text"/>	- <input type="button" value="v"/>

Right Sphere must be between -30 and 30

Continue Lens Order Entry

STEP 4: After you're done entering the prescription information, select the Continue Lens Order Entry button. You'll then enter the Distance PD, Near PD and Height. Then, select the lens type.

Lens

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

Prescription Information [Instructions](#)

* Required Fields

	Sphere *	Cylinder	Axis	Add
OD (R) <input type="button" value="v"/>	-03.25 <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	+02.00 <input type="button" value="v"/>
OS (L)	-03.00	<input type="text"/>	<input type="text"/>	+02.00
<input type="checkbox"/> With Prism	Prism 1	Base 1	Prism 2	Base 2
Prism (R) <input type="button" value="v"/>	<input type="text"/>	- <input type="button" value="v"/>	<input type="text"/>	- <input type="button" value="v"/>
Prism (L)	<input type="text"/>	- <input type="button" value="v"/>	<input type="text"/>	- <input type="button" value="v"/>

Distance PD*		Near PD		Height	
32.00		32.00			
(RE)mm	(LE)mm	(RE)mm	(LE)mm	(LE)mm	(LE)mm

Lens Design & Material

Lens Type: *

STEP 5: After selecting lens type, you will be prompted to enter additional lens information. For example, a progressive lens type will prompt you to enter in the manufacturer, product, and lens material. A single vision lens type will prompt you to enter lens type, lens design and lens material.

Lens Design & Material

Lens Type: *

Progressive Manufacturer: *

Progressive Product: *

Lens Material: *
Index 1.67

Default Diagnosis: *

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

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

Lens Design & Material

Lens Type:	Progressive	*
Progressive Manufacturer:	Other Manufacturer	*
Progressive Product:	--- Select a Product ---	*
Lens Material:	--- Select a Product ---	*
	Premium Tier 1 Progressive (NonSpecific)	
	Premium Tier 2 Progressive (NonSpecific)	
	Premium Tier 3 Progressive (NonSpecific)	
	Premium Tier 4 Progressive (NonSpecific)	
	Standard Progressive (NonSpecific)	

STEP 6: After selecting the lens and design material, you'll enter the lens coatings and treatments. The options available for selection are shown based on the previous lens and materials selected and will filter options based on availability.

Lens Coatings & Treatments

Anti-Reflective Manufacturer:	Essilor
Anti-Reflective Product:	CZL SSUV Mir Blue

Available Treatments (click to add)

- Roll Edge
- Balance Left
- Balance Right
- Service Agreement

Selected Treatments (click to remove)

- Polish Edge

STEP 7: After completing the lens section, you can move on to entering frames information.

Frame

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

Source Procedure Code: V2025

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

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

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

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

STEP 8: By typing direct data into each field, a drop-down menu will appear with suggested options. You may select your options from the menu or continue to key in the data.

Source Procedure Code

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

Manufacturer: *

Brand: *

Model: *

Color: *

Eye Size (mm): *

Temple Length (mm): *

SKU: *

Default Diagnosis: *

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

** Required Fields*

STEP 9: If you are unable to find the correct model, you can select unable to find your frame and type your selection manually. The frame type field is required before proceeding.

Frame Attributes

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

Manufacturer: *

Brand: *

Model: *

Color: *

Eye Size (mm): *

Temple Length (mm): *

SKU: *

Frame Details

Frame Type: *

STEP 10: If a frame service was selected for the claim, an additional section will request you to select a frame source. Two options will appear, "doctor supplied" and "patient supplied."

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

Enter Usual Charges

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

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

Patient Account Number:

Vision Care Service or Material	Usual Charge	Permit \$0 Charge?
Frame, Deluxe	300.00	<input type="checkbox"/>
Progressive Lens, Premium - Tier 3	275.00	<input type="checkbox"/>
Premium A/R - Tier 3	250.00	<input type="checkbox"/>
Mirror coating, any type, solid, gradient or equal, any lens material, per lens	100.00	<input type="checkbox"/>
Backside UV Treatment	100.00	<input type="checkbox"/>

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

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

Point of Sale

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

Frames Data

[Show Details](#)

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

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

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

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

Benefits Summary

Vision Care Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
Frame, Deluxe	\$120.00	\$24.00	\$0.00	\$72.00	\$24.00
Single Vision Lens	\$75.00	\$15.00	\$0.00	\$45.00	\$15.00
Premium A/R - Tier 1	\$20.00	\$4.00	\$0.00	\$12.00	\$4.00
Routine Exam, Comprehensive	\$40.00	\$10.00	\$0.00	\$30.00	\$0.00
Refraction - Routine	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Uv Lens/Es	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal	\$255.00	\$53.00	\$0.00	\$159.00	\$43.00
Tax					
Total	\$255.00	\$53.00	\$0.00	\$159.00	\$43.00

Frames Data

[Show Details](#)[Hide Details](#)

Frame Information	
Manufacturer	Luxottica
Brand	Ray-Ban
Model	RB2027
Color	BLUE ON BLACK
Temple Length	130
Eye Size	62
SKU	

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

Voiding and Correcting Claims

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

STEP 1: Log into the online claims system and choose Claims from the left-hand side navigation menu.

The screenshot shows the 'Provider Tools' navigation menu on the left with 'Lab Order' highlighted in a red box. The main content area is titled 'Member Search' and contains the following text:

Member Search ?

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

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

You can also do a "Wild Card" search: #160 allows you to search for names that begin with your search criteria. Enter as few as three letters in the Last Name field, and as few as one letter for the first name, with the * or % character at the end.

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

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

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

At the bottom, there are four search tabs: Name Search, Member ID Search (which is selected), SSN Search, and ZIP Code Search.

STEP 2: Enter either the claim number or filter by member ID, claim etc. to locate your claim.

STEP 3: Once you've located the claim that needs voided or corrected, select it to view the Benefits Summary screen. On the screen, choose either Void Claim or Claim Correction.

Claim Details

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

Claim Number: 0000000000
Claim Status: Pending Payment
Member Name:
Date of Service: 01/20/2020 - 01/20/2020
Place of Service: Office

Benefits Summary

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

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

Return Void Claim Claim Correction

STEP 4: On the void claim page, confirm the claim number and member name, then select the reason for the void or correction.

Void Claim

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

Claim Number: [REDACTED]
Claim Status: Pending Payment
Member Name:
Void Reason:

Please Confirm

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

void Claim Acknowledgement

The dropdown menu for 'Void Reason' is open, showing the following options:

- Please Select a Void Reason
- Please Select a Void Reason
- Claim Submitted In Error
- Corrected Claim
- Member Returned Merchandise
- Merchandise not picked up
- Other

STEP 5: After selecting your void reason, read and acknowledge the confirmation statement by checking the box to void or correct the claim.

Void Claim

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

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

Please Confirm

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

void Claim Acknowledgement

Viewing Payments

Your RAs and statements are available to view online.

Step 1: Login to the online claims system and click on "Disbursement History" in the left-hand navigation.

Provider Tools

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

Provider Resources

- Forms
- inFocus Link
- Training
- Provider Manual

Step 2: Once the RA or statement is available, you can download it by clicking the "View" link next to the disbursement.

Checking Account	Disbursement ID	Payee	Disbursement Date	Disbursement Amount	RA
120	1470502	EyeMed of California, Inc.	07/10/2015	\$10,644.50	View
120	1474755	EyeMed of California, Inc.	07/10/2015	\$18,412.75	View
120	9228159	EyeMed of California, Inc.	10/30/2015	(\$38.00)	View
103	9533245	EyeMed of California, Inc.	08/28/2015	\$740.00	View
103	9533395	EyeMed of California, Inc.	08/28/2015	\$914.00	View

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

Check Summary

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

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

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

Getting started non-lab claims



Claim #: 103000000000 Subscriber Name: SUSAN SAMPLE
 Member Name: SUSAN SAMPLE Subscriber #: 1000000000
 Member #: Place of Service Code: 11
 Provider Name: PROOF PRO Place of Service Date: OFF

Date of Service	Service Code	# of Units	Total Charges	Contractual Write-Off	Member Resp.	Claim Payment	Dispensing Amount	Copy Amount	Other Insurance	Chargebacks	Remark Code(s)
02/08/19	V2025	1	\$389.00	\$107.65	\$215.20	\$88.15	\$0.00	\$0.00	\$0.00	\$0.00	POC
02/08/19	V275022	1	\$175.00	\$35.00	\$140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37.00	
02/08/19	V2100	1	\$125.00	\$107.00	\$15.00	\$3.00	\$3.00	\$15.00	\$0.00	\$0.00	
02/08/19	V2755	1	\$20.00	\$5.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7.00	
Total:			\$709.00	\$254.65	\$385.20	\$69.15	\$3.00	\$15.00	\$0.00	\$44.00	
Total Claim Revenue: \$454.35							Chargebacks: \$44.00				
							Sales Tax: \$0.00				
							Claim Net Payment: \$25.15				

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