PLUS Filing Manual

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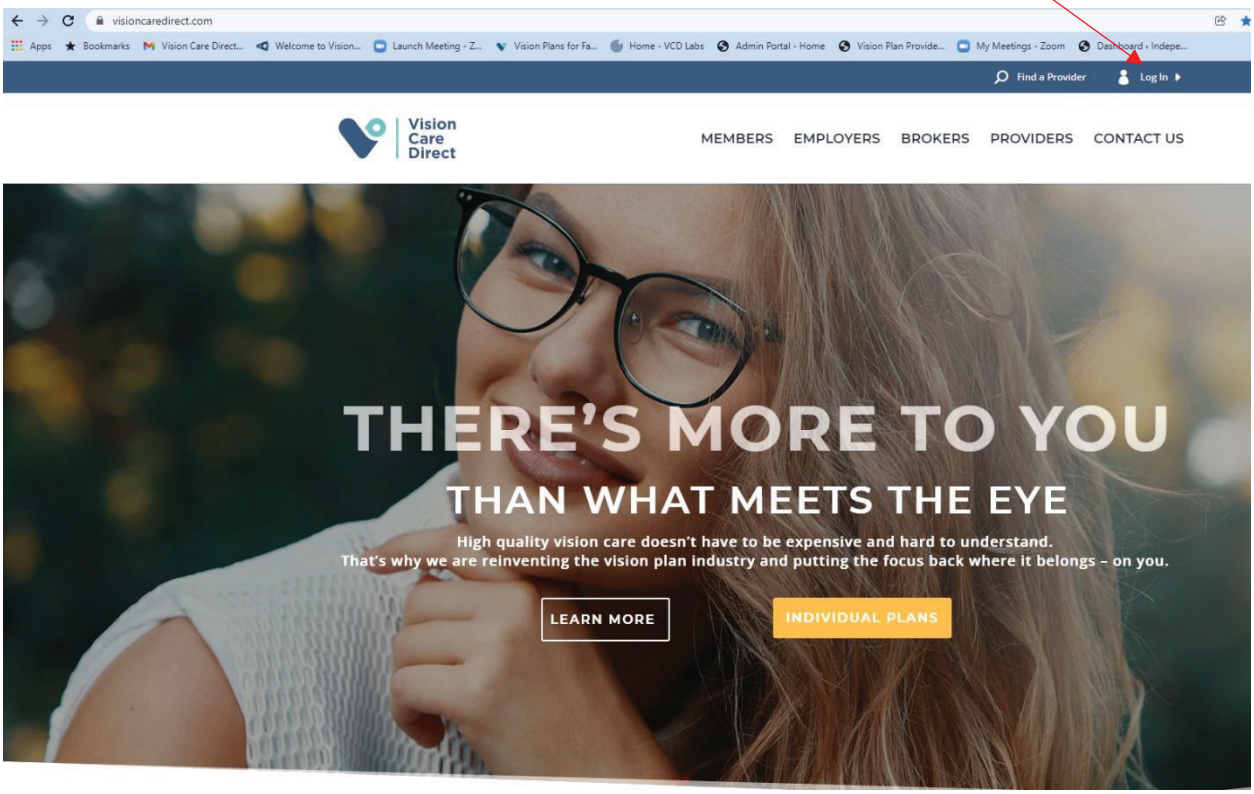
GETTING STARTED

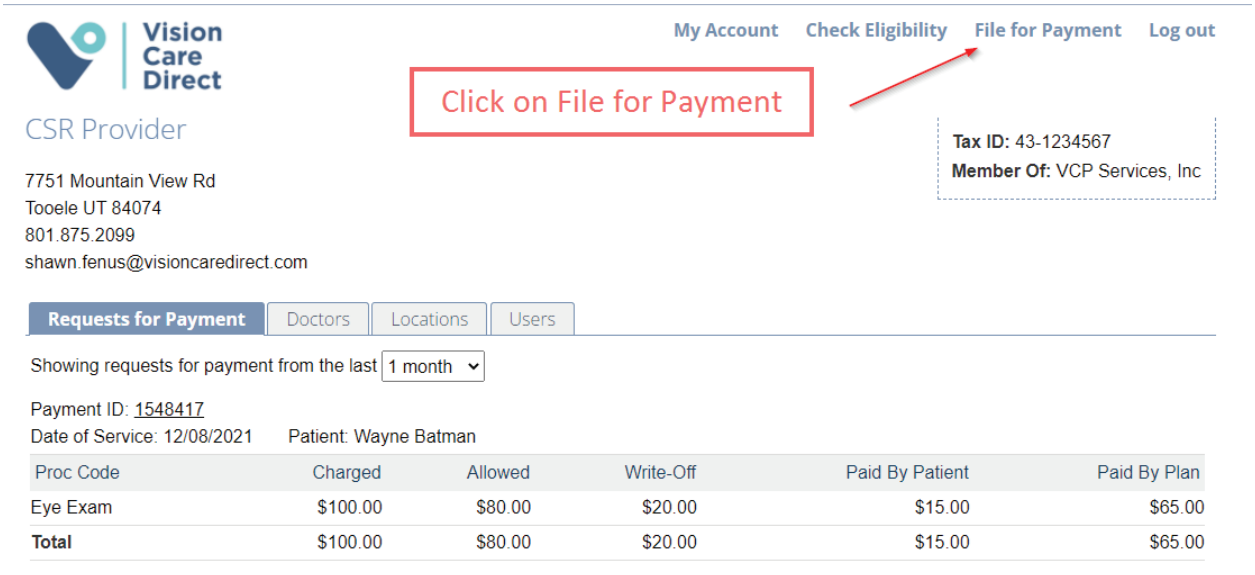
Filing a Request for Payment with Vision Care Direct-PLUS Provider

Log in to your account at visioncaredirect.com. Follow the steps outlined by the red arrows and text boxes

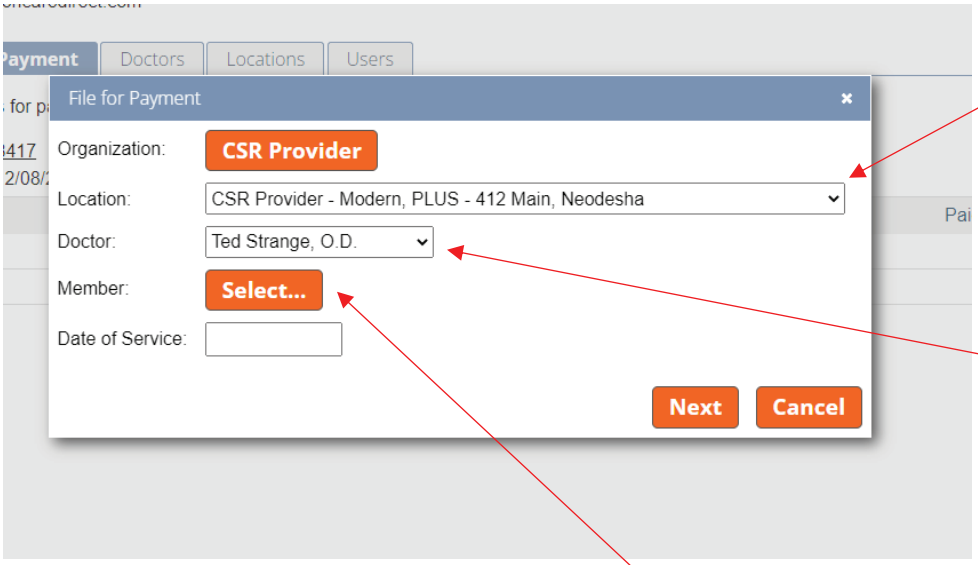
Filing for Glasses

Click on the Log in link, choose Provider Log in from the dropdown, enter your username and password and click on Sign In





This window will open

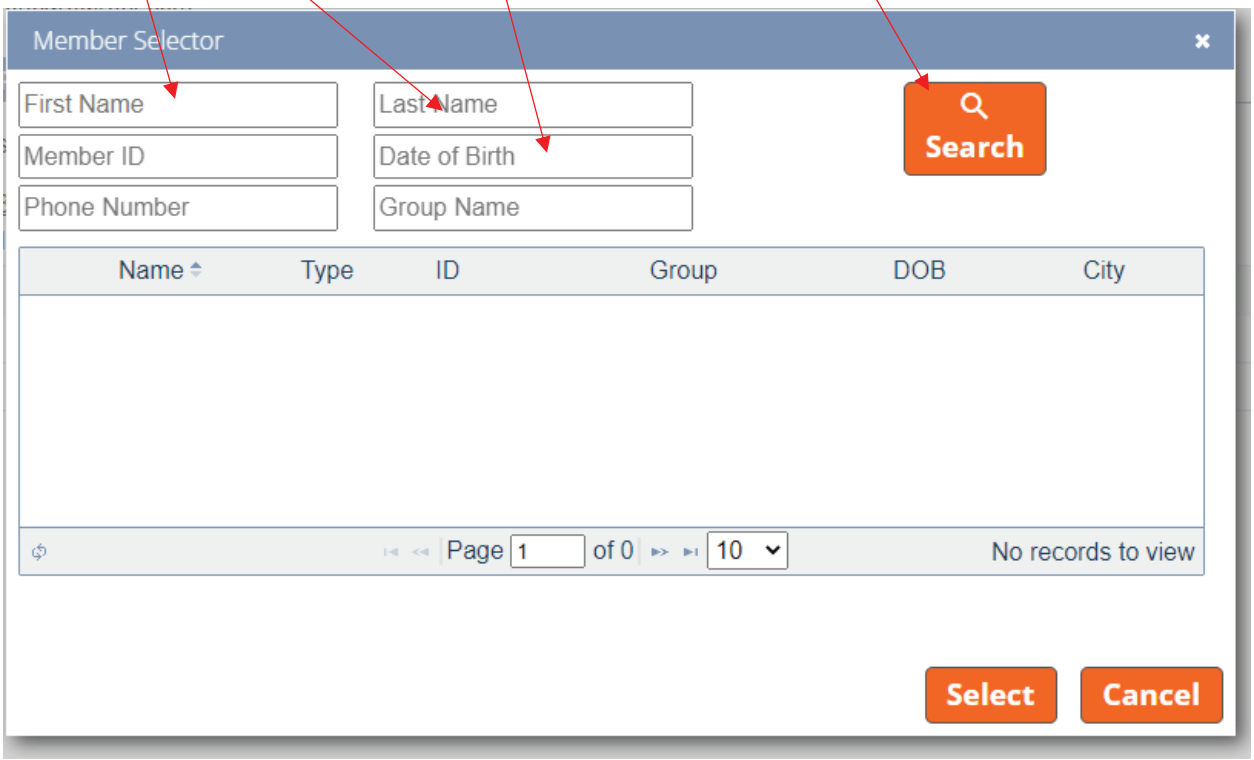


If you have more than one location, click the dropdown caret, click on the location needed for filing

To choose provider click on the drop down caret in the Doctor field and click on the provider who performed the service

Click on Select button to open Search window. Here you will be able to search for the proper patient

Enter First Name, Last Name and Date of Birth OR Member ID. Click on Search



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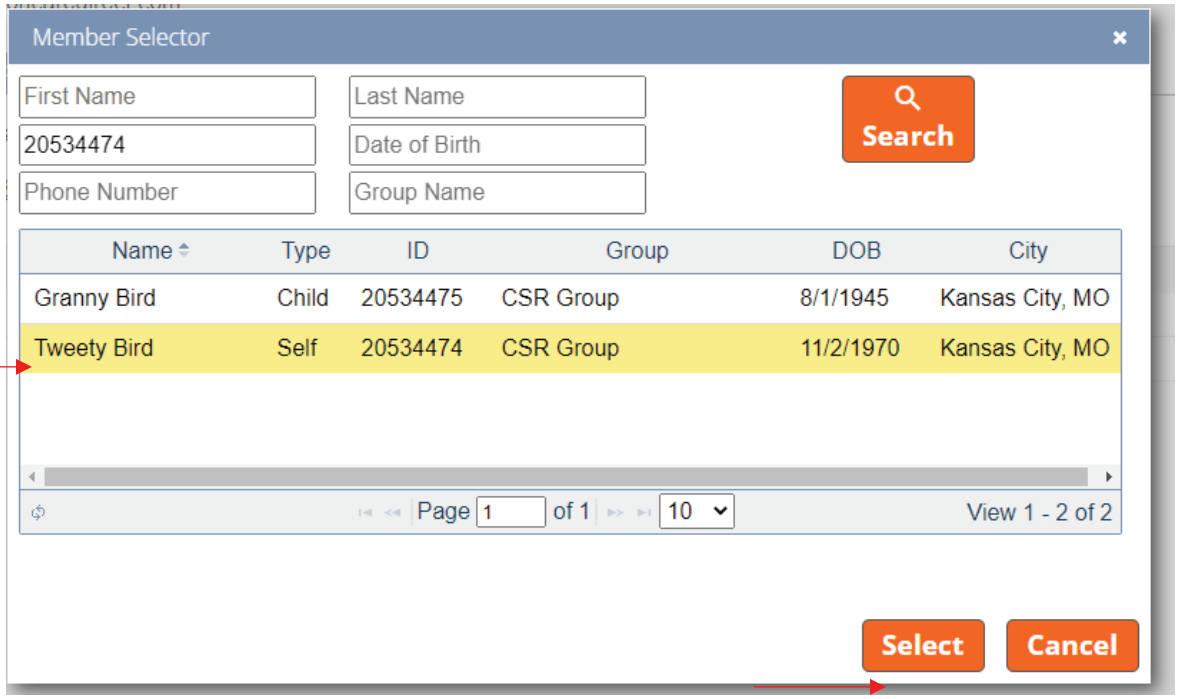

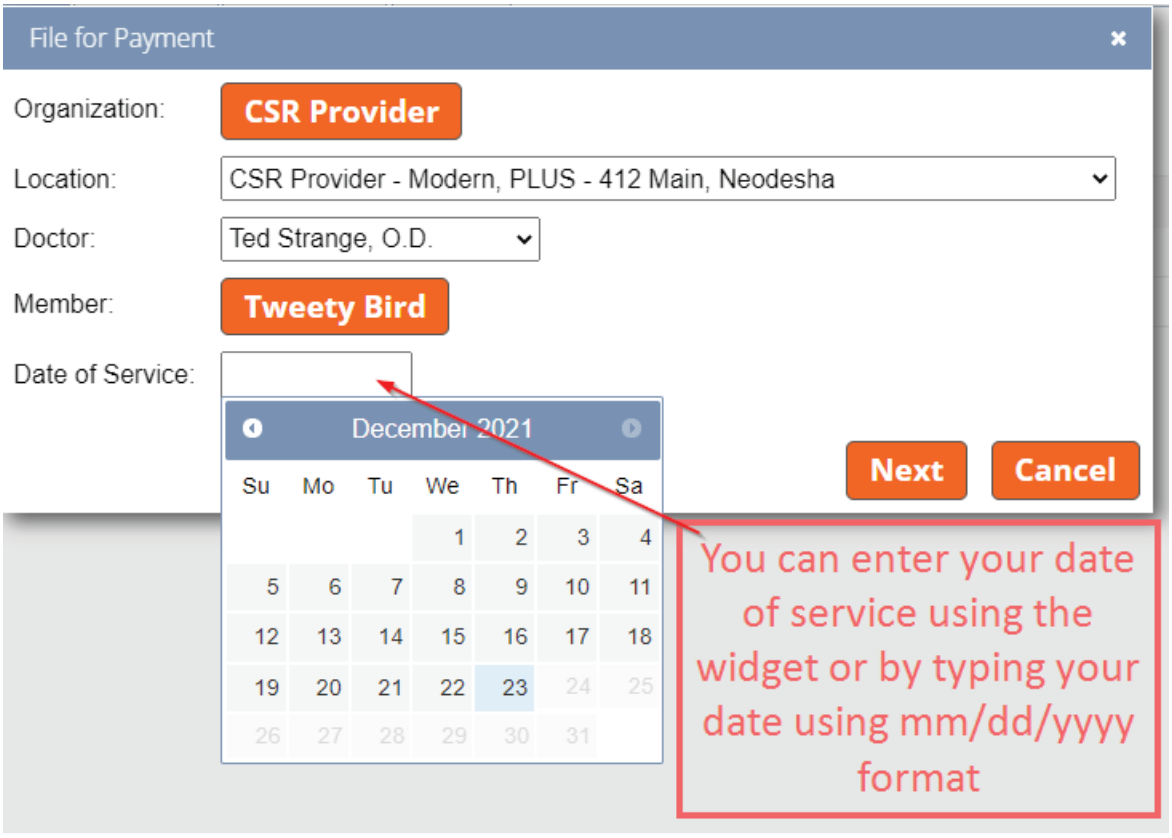

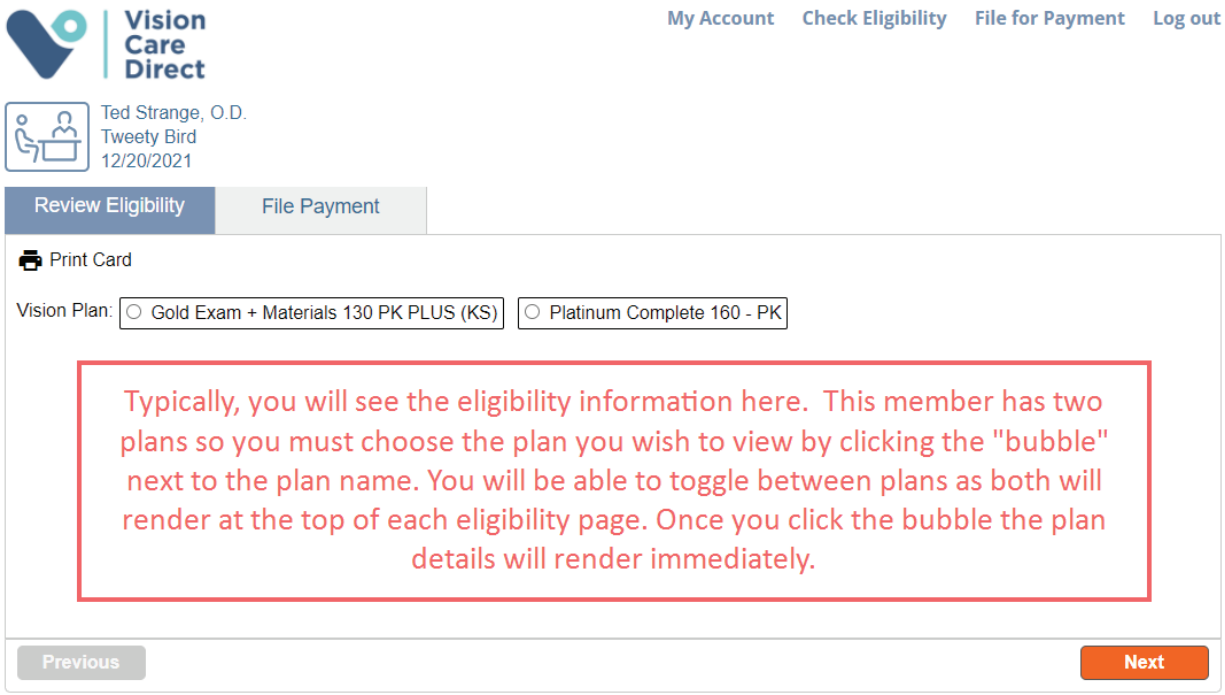

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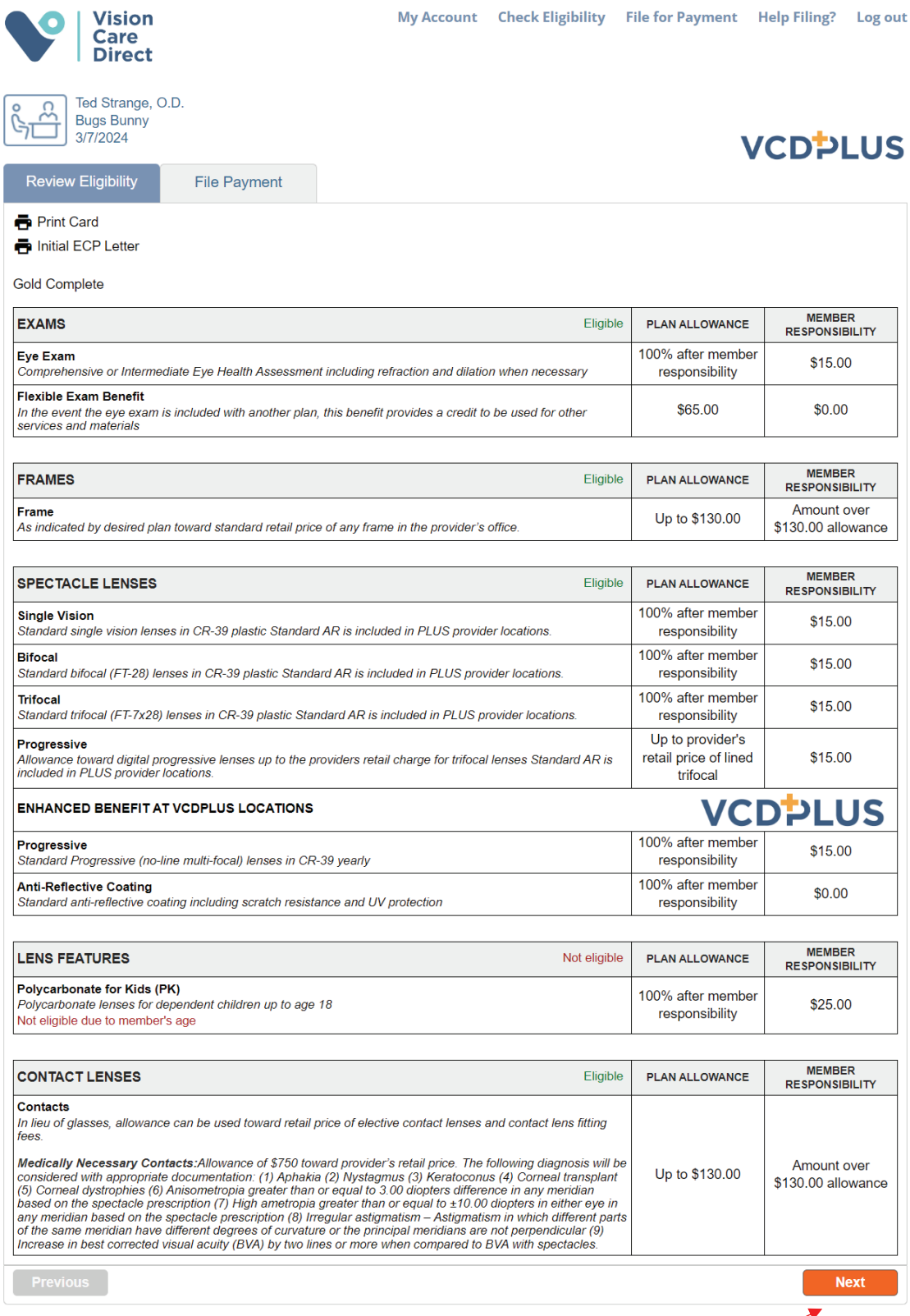
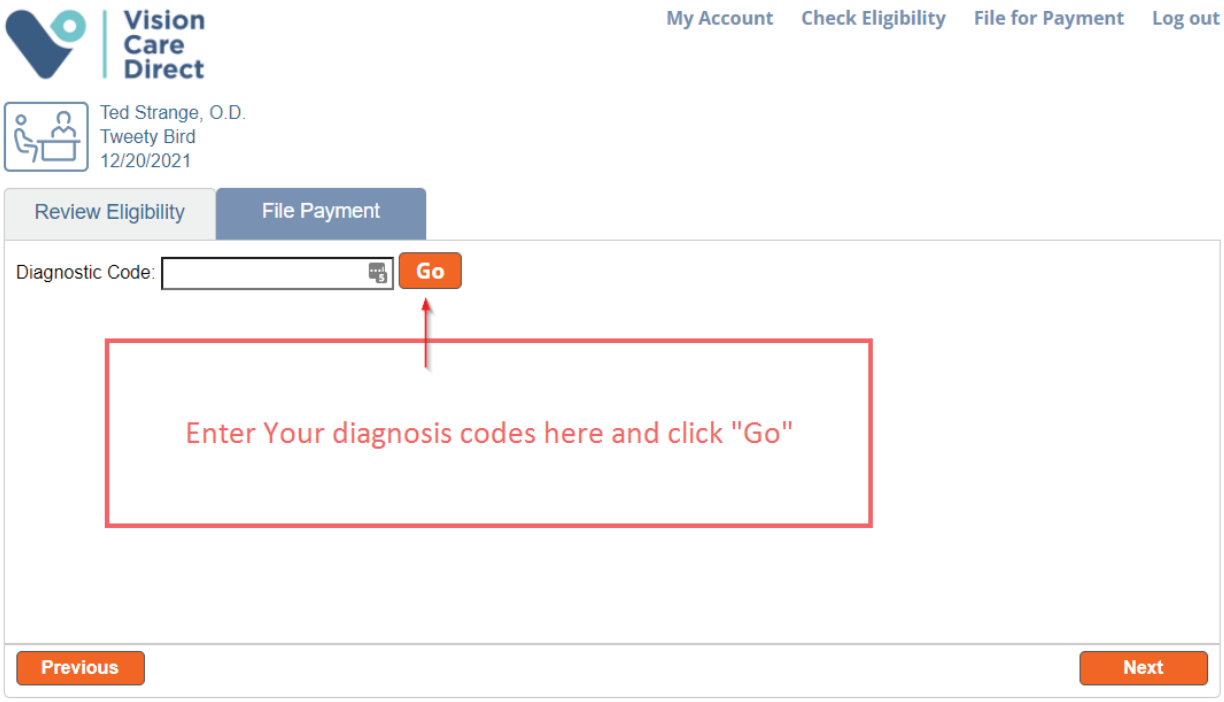


Once you have reviewed the plans click on the Next button



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This section of the manual will demonstrate each section of the filing page separately even though all sections are presented on one page and can be completed together.

Ted Strange, O.D.
Bugs Bunny
3/7/2024

VCD PLUS

Review Eligibility | File Payment

Diagnostic Code: h52

SELECT	EXAMS	RETAIL PRICE
☐	**Eye Exam** Comprehensive or Intermediate Eye Health Assessment including refraction and dilation when necessary	
☐	**Flexible Exam Benefit** In the event the eye exam is included with another plan, this benefit provides a credit to be used for other services and materials	

SELECT	FRAMES	RETAIL PRICE
☐	**Frame** As indicated by desired plan toward standard retail price of any frame in the provider's office.	

SELECT	SPECTACLE LENSES	price PER LENS
Right Eye	Copy from Left Eye	
☐	- PLEASE SELECT -	
Left Eye	Copy from Right Eye	
☐	- PLEASE SELECT -	

SELECT	LENS FEATURES	RETAIL PRICE
☐	**Polycarbonate for Kids (PK)** Polycarbonate lenses for dependent children up to age 18	

SELECT	CONTACT LENSES	RETAIL PRICE
☐	**Contacts** In lieu of glasses, allowance can be used toward retail price of elective contact lenses and contact lens fitting fees. **Medically Necessary Contacts:** Allowance of $750 toward provider's retail price. To receive prior authorization, please send an HCFA 1500 form and supporting documentation (including but not limited to examination findings and corneal topography) to Vision Care Direct via email at admin@visioncaredirect.com or fax to (844) 810-8643.	
☐	**Contact Lens Fitting** Includes instruction and training of the wearer, and incidental revision of the lens during the training period. Contact lens allowance can be used toward retail price of contact lens fitting fees.	

SELECT	NON-COVERED ITEMS	UNITS	RETAIL PRICE
☐	None	2	
☐	None	2	
☐	None	2	
☐	None	2	
☐	None	2	
☐	None	2	
☐	None	2	
☐	None	2	

Previous | Next

1. Click in the box next to **Eye Exam** or Flexible Exam Benefit and then enter UCR charge in the Retail Price Column. **Flexible Exam Benefit** will not allow an entry. It pays the same in all circumstances.

SELECT	EXAMS	RETAIL PRICE
☑	EYE EXAM *Comprehensive or Intermediate Eye Health Assessment including refraction and dilation when necessary*	150.00
☐	FLEXIBLE EXAM BENEFIT *In the event the eye exam is included with another plan, this benefit provides a credit to be used for other services and materials*	

2. If you provide **Retinal Photography**, click in the box in the select column and enter your UCR

SELECT	OTHER SERVICES	RETAIL PRICE
☑	RETINAL PHOTOGRAPHY *Routine Screening Retinal Photography (both eyes)*	50.00

3. To file the **Frame, click** in the box in the select column and enter your UCR

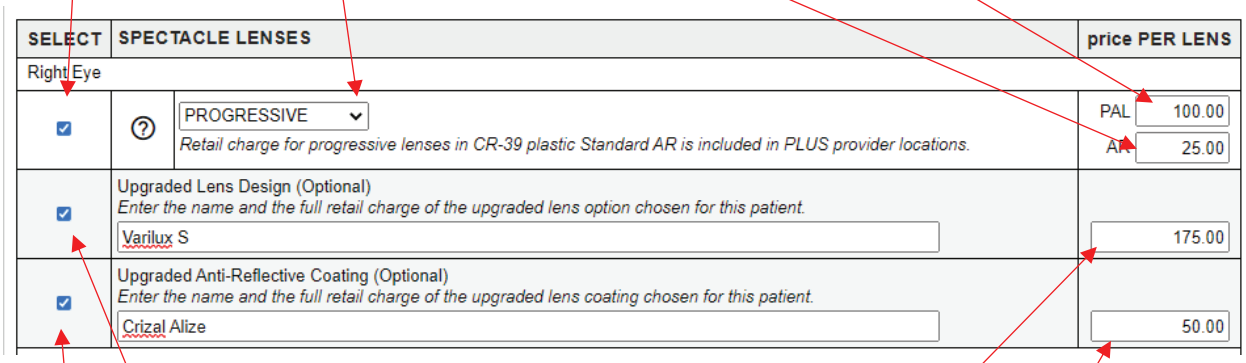
SELECT	FRAMES	RETAIL PRICE
☑	FRAME *As indicated by desired plan toward standard retail price of any frame in the provider's office.*	150.00

See next page for lens filing

Lens Filing

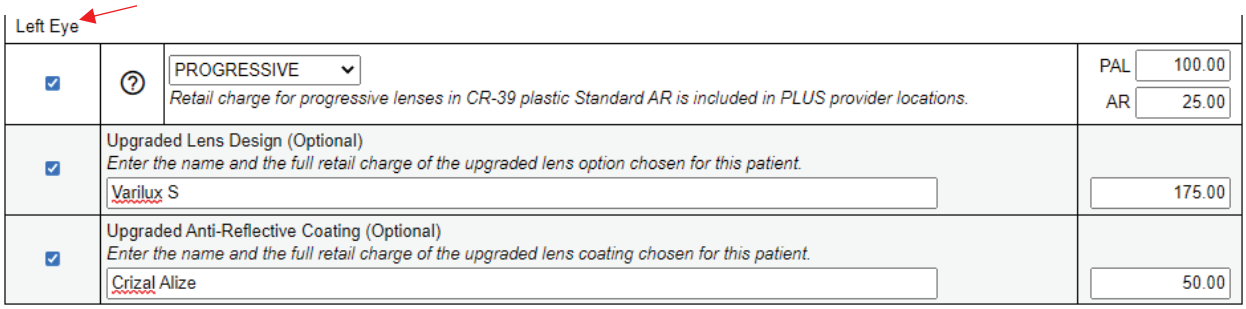
First click the box in the select column. Click on the drop-down arrow found in the "PLEASE SELECT" box to the right of the question mark

Enter your UCR for standard lenses for **ONE LENS** in the price **PER LENS** column. Now enter the PER LENS Charge for AR



If you have upgrades for lenses or AR, click in the select box on the left. Type the description of your upgrade in the text field and then enter the UCR PER LENS charge for each upgrade in the price PER LENS column. The system will calculate the amounts you need to collect from the patients

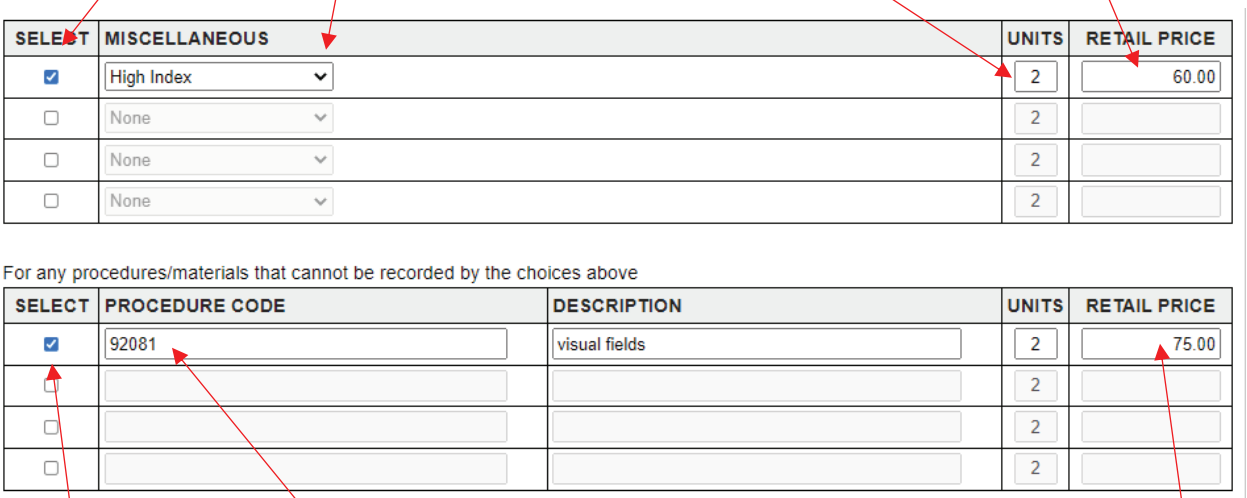
TO FILE FOR THE LEFT EYE REPEAT THE ABOVE PROCESS IN THE LEFT EYE SECTION. These may be the same as the right eye or may vary depending on the situation.



Miscellaneous non-Covered Items

To file addons that are non-covered click in the box in the Select column. Click on the dropdown arrow in the Miscellaneous column and choose your addon from the list.

Enter your PER PAIR UCR in the Retail Price column. If you are upgrading one eye, you can change the units number and input your single lens



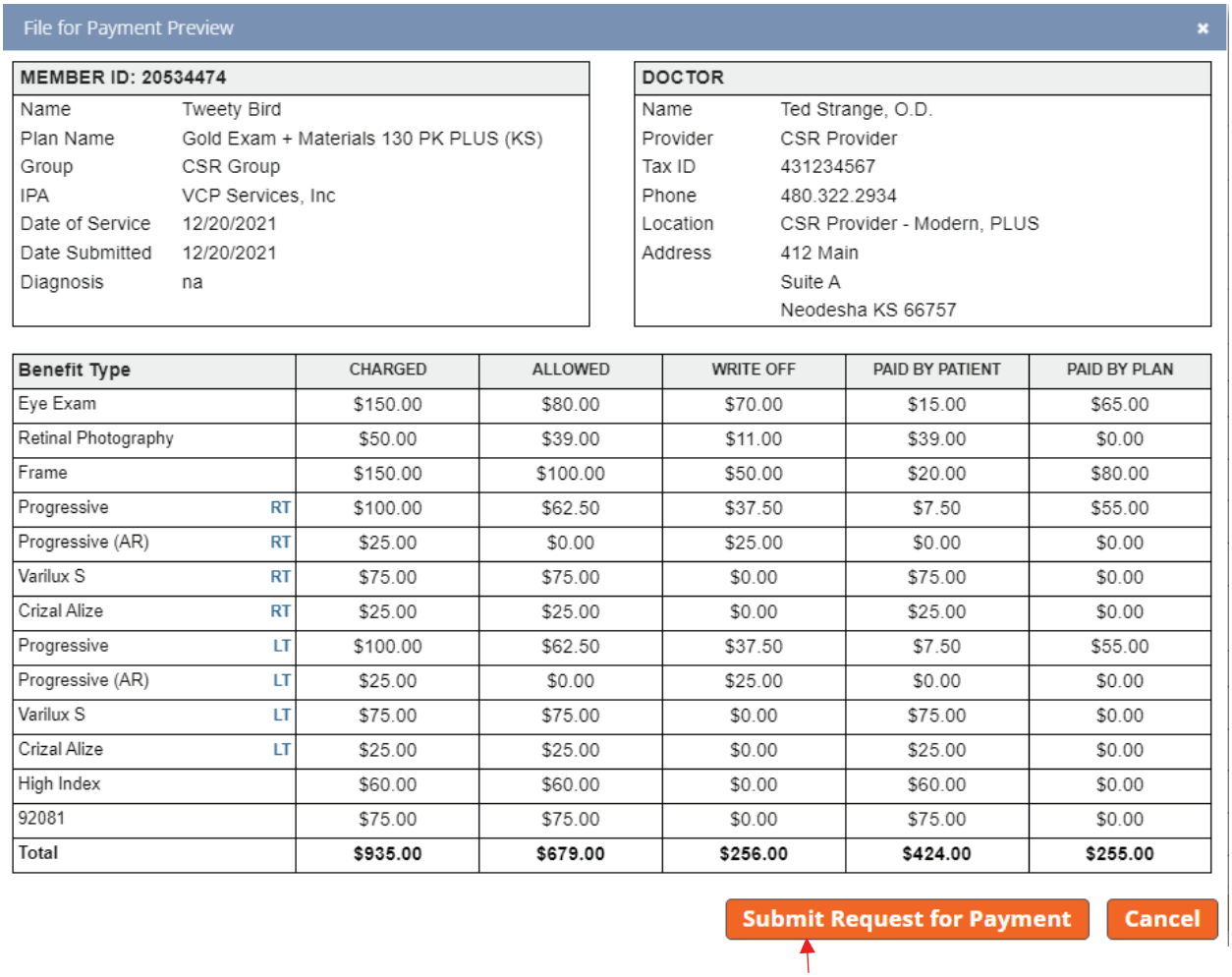
SELECT	MISCELLANEOUS	UNITS	RETAIL PRICE
☑	High Index	2	60.00
☐	None	2	
☐	None	2	
☐	None	2	

For any procedures/materials that cannot be recorded by the choices above

SELECT	PROCEDURE CODE	DESCRIPTION	UNITS	RETAIL PRICE
☑	92081	visual fields	2	75.00
☐			2	
☐			2	
☐			2	

For any procedures/materials that cannot be recorded by the choices above, use this area to enter procedure code and price. The same rules for units and entry apply in this section as in the miscellaneous section.

Once you have completed your filing, click on the “Next: Button. This will open a **File for Payment Preview** window that will allow you to review what you have done before submitting. See next page…



Once you have reviewed what you have entered, click on the “Submit Request for Payment” button. This will take you to the Explanation of Benefits page. THIS PAGE IS FOR YOUR USE ONLY. If you want to provide an EOB for your patient, see the following page for instructions

Vision Care Direct

My Account | Check Eligibility | File for Payment | Log out

Explanation of Benefits

Print

MEMBER ID: 20534474	PAYMENT ID: 1552220
Name	Tweety Bird
Plan Name	Gold Exam + Materials 130 PK PLUS (KS)
Group	CSR Group
IPA	VCP Services, Inc
Date of Service	12/20/2021
Date Submitted	12/20/2021
Diagnosis	na

DOCTOR	
Name	Ted Strange, O.D.
Provider	CSR Provider
Tax ID	431234567
Phone	480.322.2934
Location	CSR Provider - Modern, PLUS
Address	412 Main Suite A Neodesha KS 66757

Benefit Type		CHARGED	ALLOWED	WRITE OFF	PAID BY PATIENT	PAID BY PLAN
Eye Exam		$150.00	$80.00	$70.00	$15.00	$65.00
Retinal Photography		$50.00	$39.00	$11.00	$39.00	$0.00
Frame		$150.00	$100.00	$50.00	$20.00	$80.00
Progressive	RT	$100.00	$62.50	$37.50	$7.50	$55.00
Progressive (AR)	RT	$25.00	$0.00	$25.00	$0.00	$0.00
Varilux S	RT	$75.00	$75.00	$0.00	$75.00	$0.00
Crizal Alize	RT	$25.00	$25.00	$0.00	$25.00	$0.00
Progressive	LT	$100.00	$62.50	$37.50	$7.50	$55.00
Progressive (AR)	LT	$25.00	$0.00	$25.00	$0.00	$0.00
Varilux S	LT	$75.00	$75.00	$0.00	$75.00	$0.00
Crizal Alize	LT	$25.00	$25.00	$0.00	$25.00	$0.00
High Index		$60.00	$60.00	$0.00	$60.00	$0.00
92081		$75.00	$75.00	$0.00	$75.00	$0.00
Total		**$935.00**	**$679.00**	**$256.00**	**$424.00**	**$255.00**

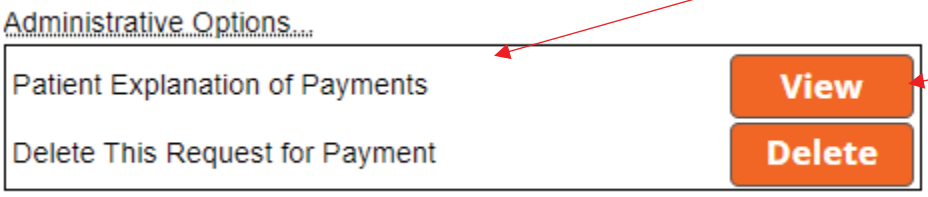
Notes

I. Member Fee at Time of Service (if any) are included in the 'Paid by Patient' column.

II. Vision Care Direct has not paid this request yet (as of 12/20/2021)

Administrative Options...

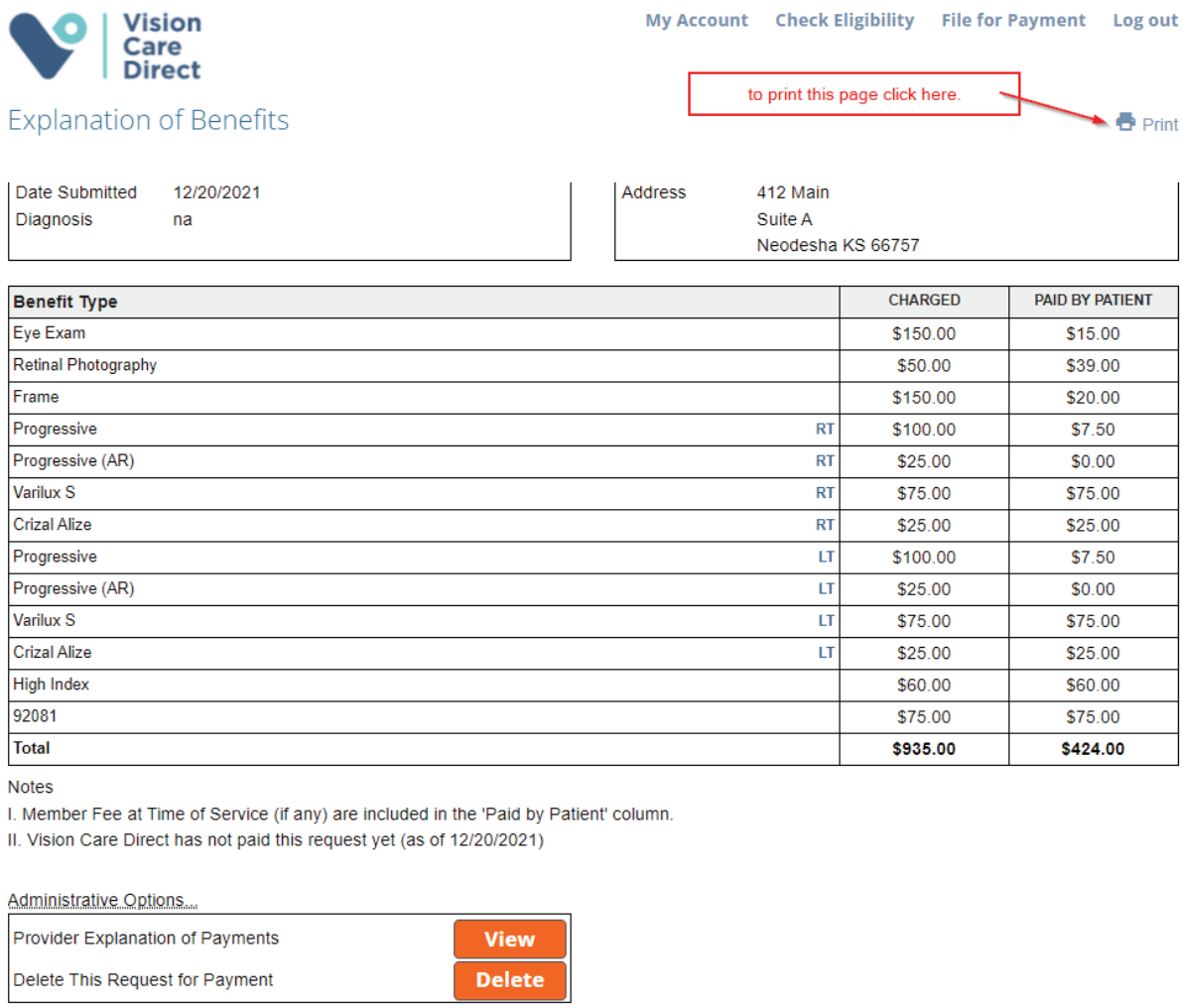
To print a Patient Explanation of Payments OR to Delete This Request for Payment, click this link and this view will open.



Clicking view will open the next page which you can print or save.

Clicking “Delete” button will delete the request you just filed. **Do not do this unless you want to refile the request!!!! You will only be able to delete requests that have not been paid.** See Notes section above. If you need to correct a paid request call 877-488-8900 or email us at admin@visioncaredirect.com

This is what we call a “Patient Friendly EOB”. This is the document you can provide to your patient to help them understand what was covered and what was not with VCD.



Vision Care Direct

My Account Check Eligibility File for Payment Log out

Explanation of Benefits

to print this page click here.

Print

Date Submitted	12/20/2021
Diagnosis	na

Address	412 Main Suite A Neodesha KS 66757

Benefit Type		CHARGED	PAID BY PATIENT
Eye Exam		$150.00	$15.00
Retinal Photography		$50.00	$39.00
Frame		$150.00	$20.00
Progressive	RT	$100.00	$7.50
Progressive (AR)	RT	$25.00	$0.00
Varilux S	RT	$75.00	$75.00
Crizal Alize	RT	$25.00	$25.00
Progressive	LT	$100.00	$7.50
Progressive (AR)	LT	$25.00	$0.00
Varilux S	LT	$75.00	$75.00
Crizal Alize	LT	$25.00	$25.00
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92081		$75.00	$75.00
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Administrative Options...

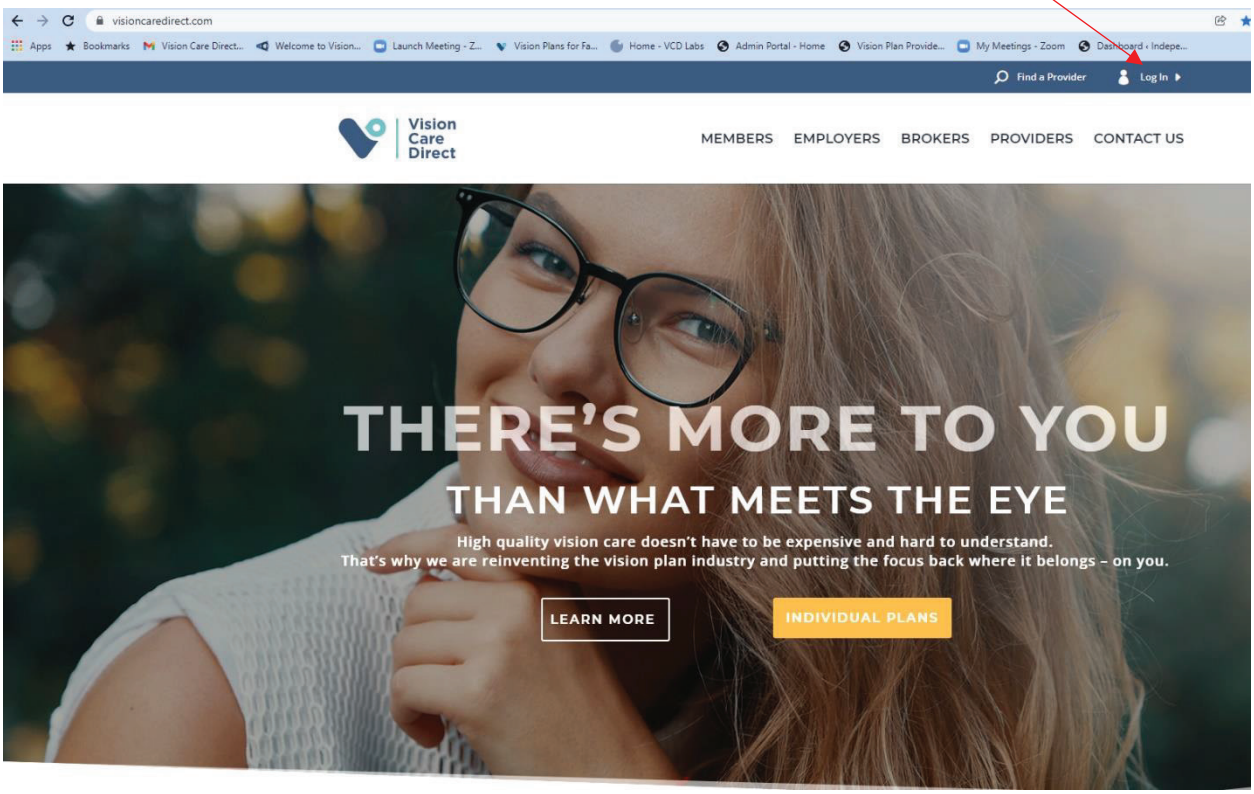
Provider Explanation of Payments	View
Delete This Request for Payment	Delete

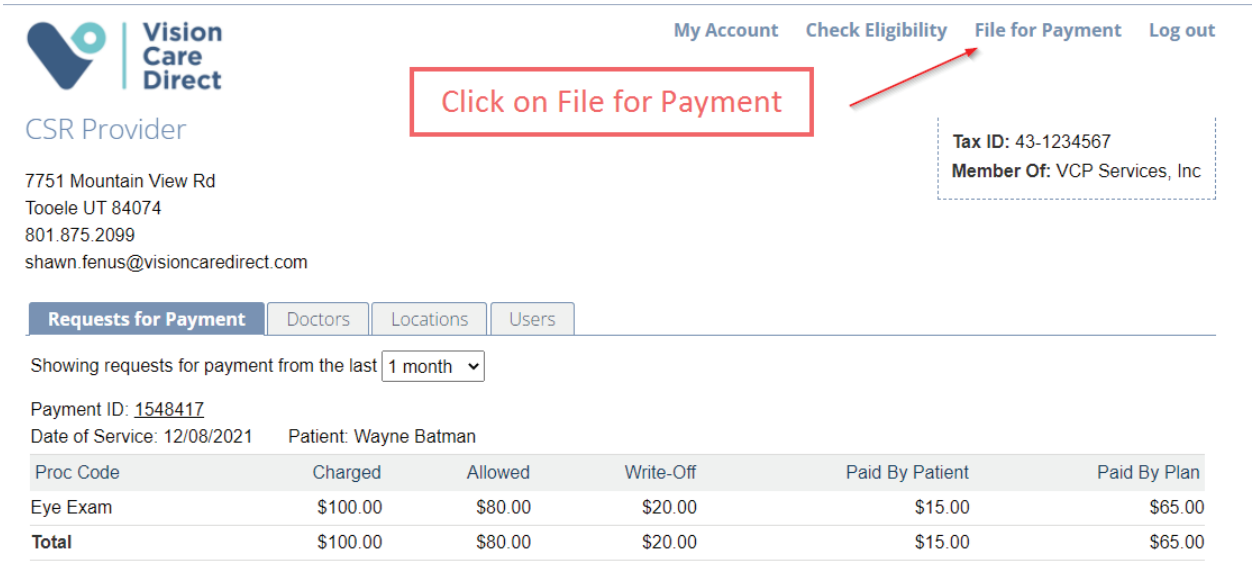
If you have questions or need assistance, please call **877-488-8900** or email us at **admin@visioncaredirect.com**

Filing a Request for Payment for Contact Lenses with Vision Care Direct-PLUS Provider

Log in to your account at visioncaredirect.com. Follow the steps outlined by the red arrows and text boxes

Click on the Log in link, choose Provider Log in from the dropdown, enter your username and password and click on Sign In





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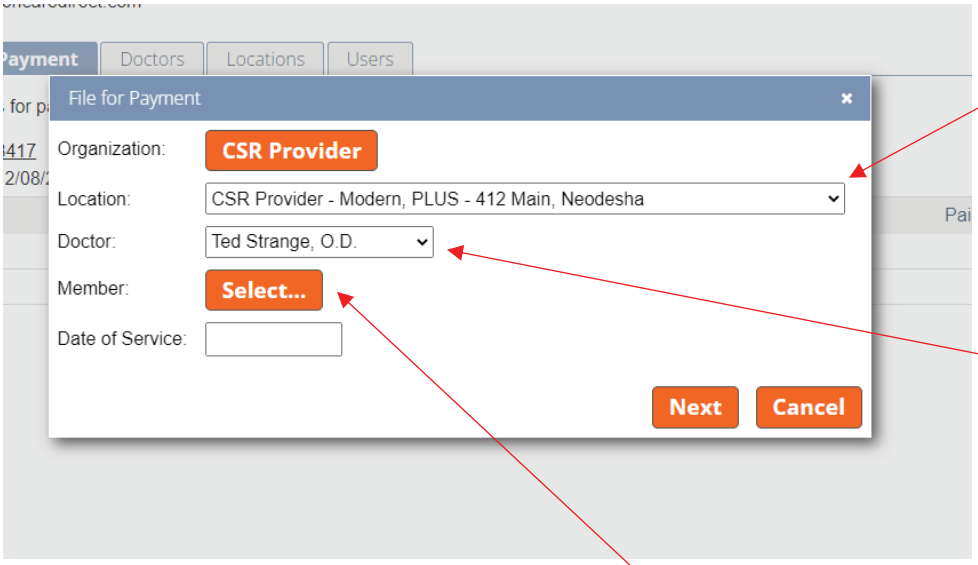

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To choose provider click on the drop down caret in the Doctor field and click on the provider who performed the service

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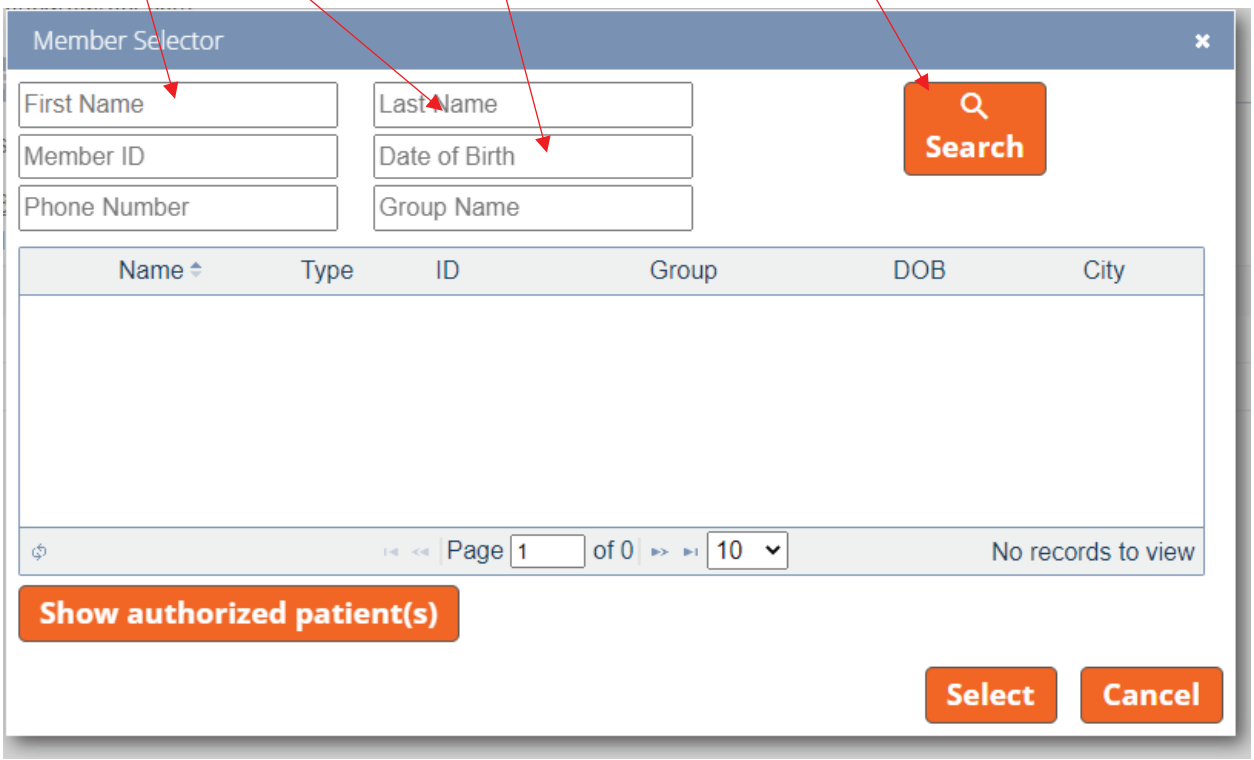
Enter First Name, Last Name and Date of Birth OR Member ID. Click on Search



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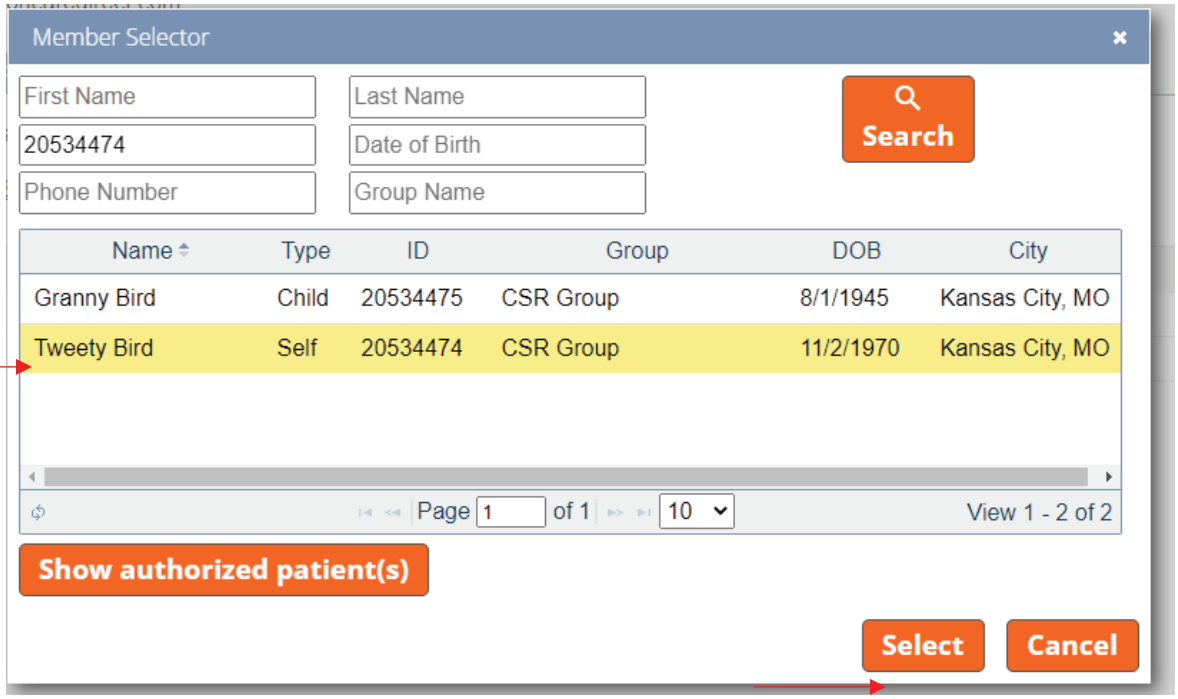

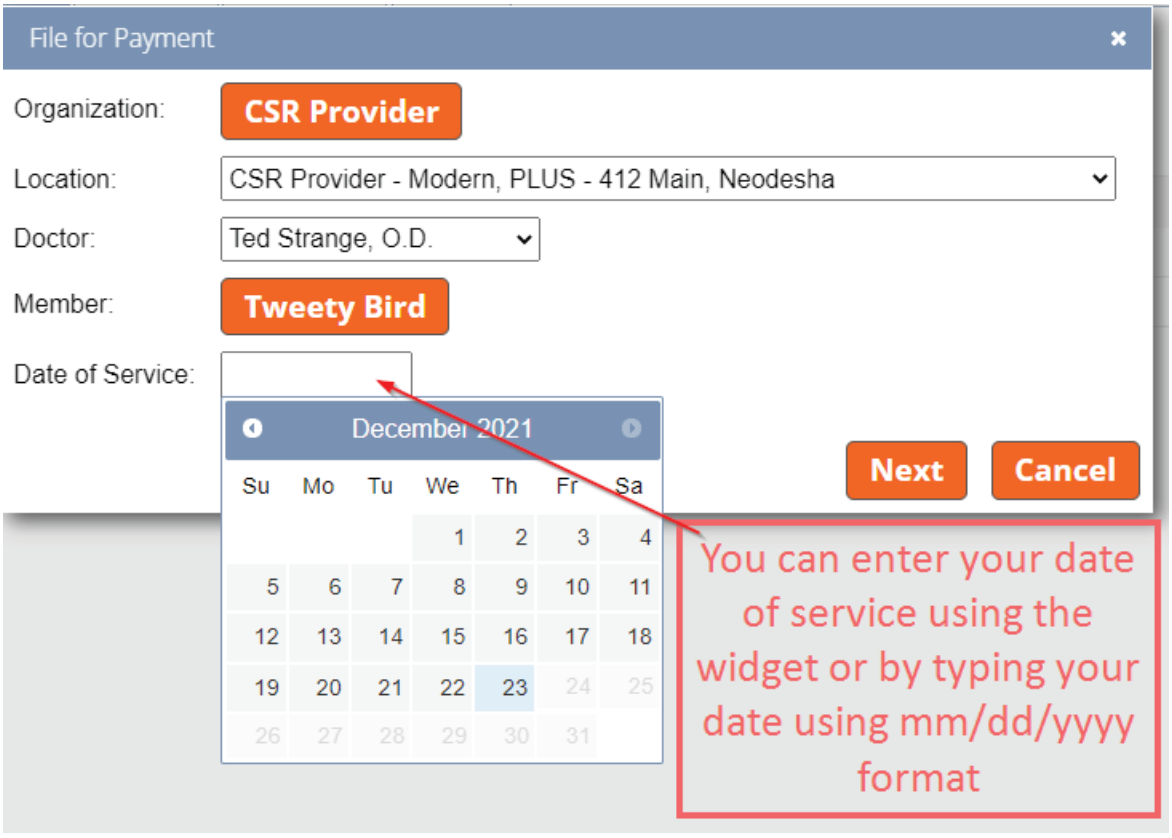

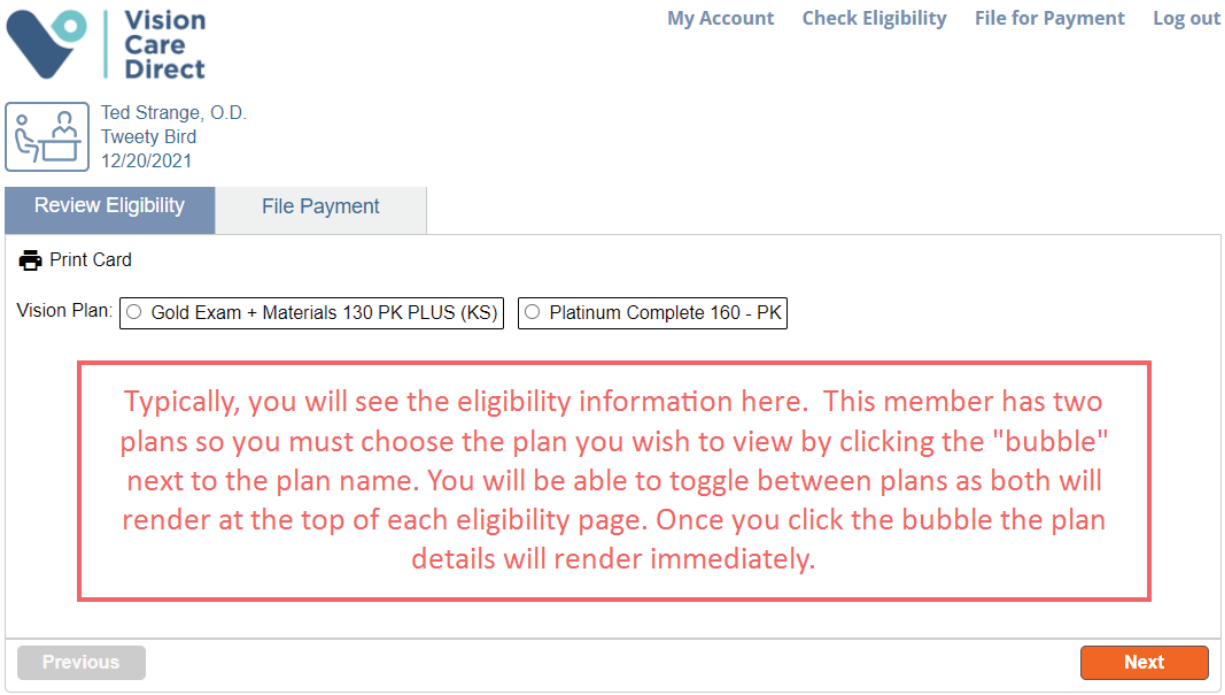

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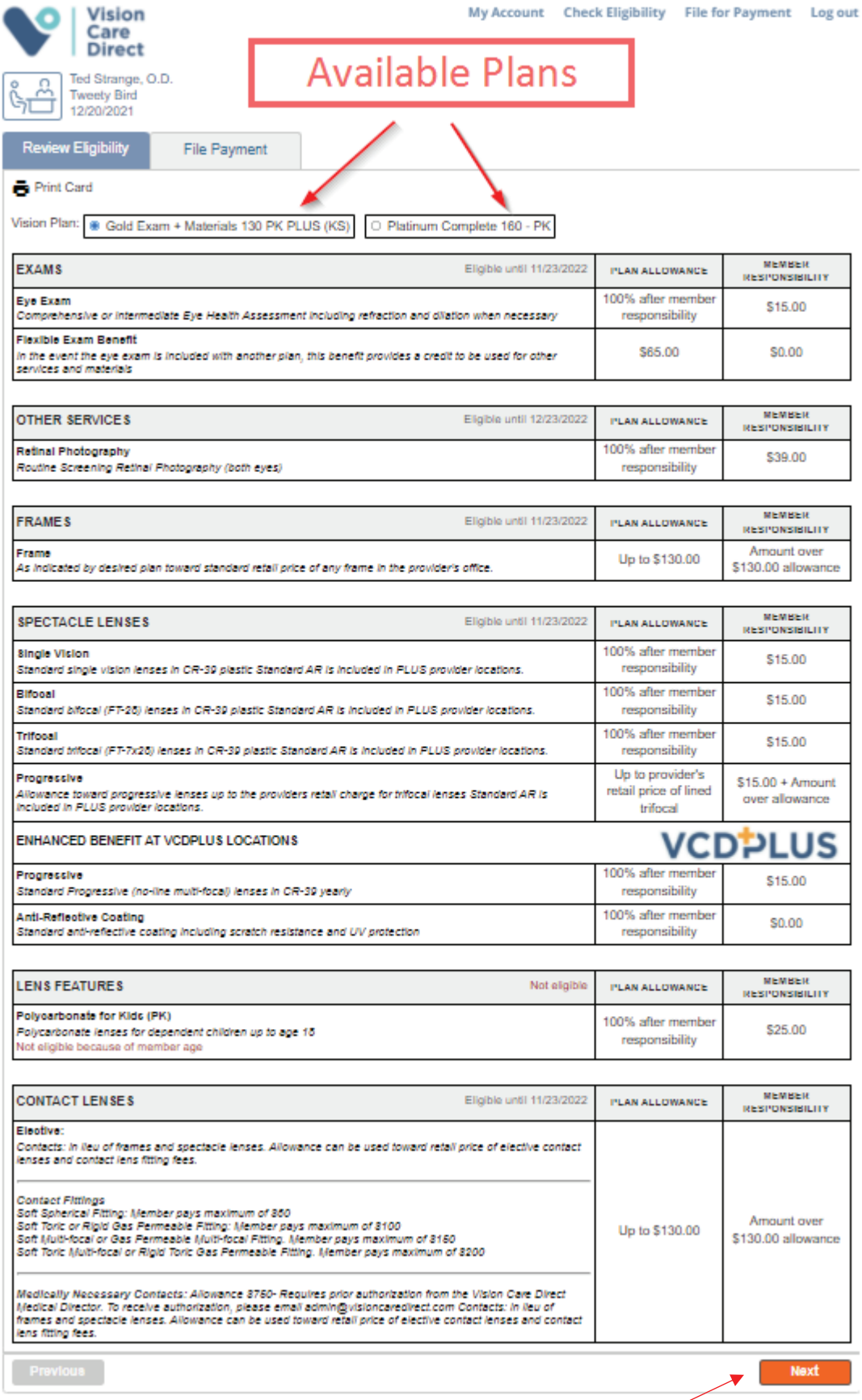

Retinal Photos currently available in select states only

Contact Lens fitting levels currently available in select states only

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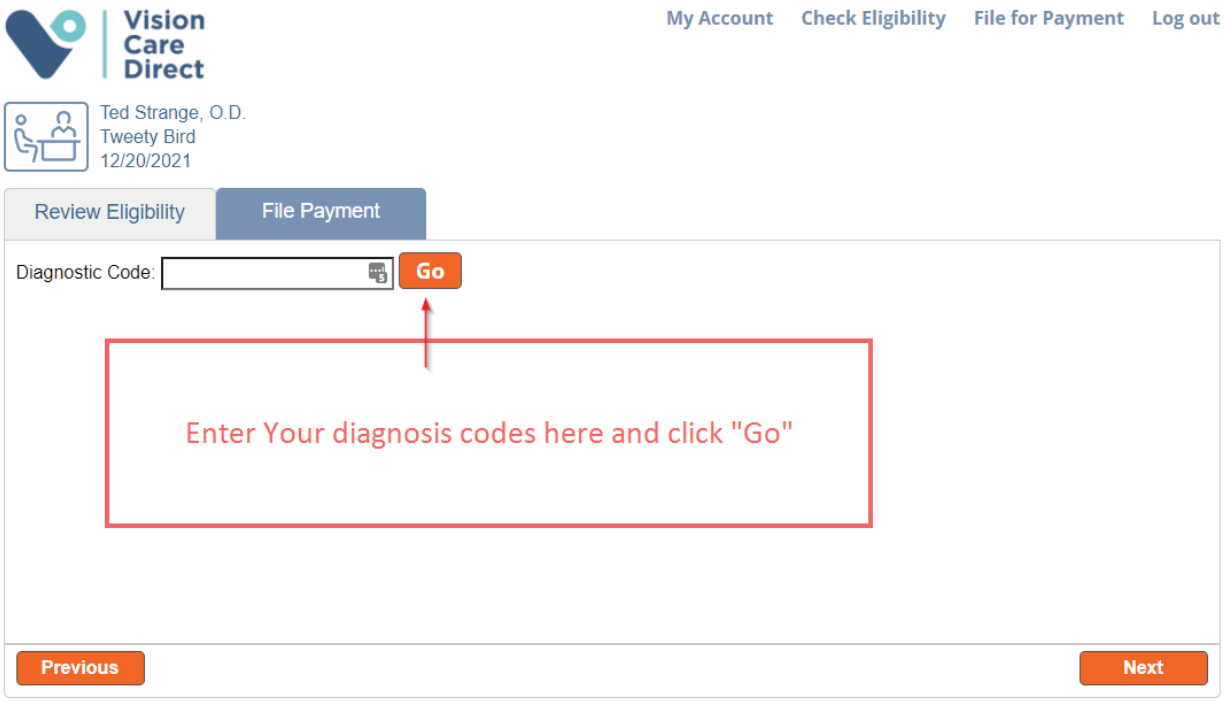

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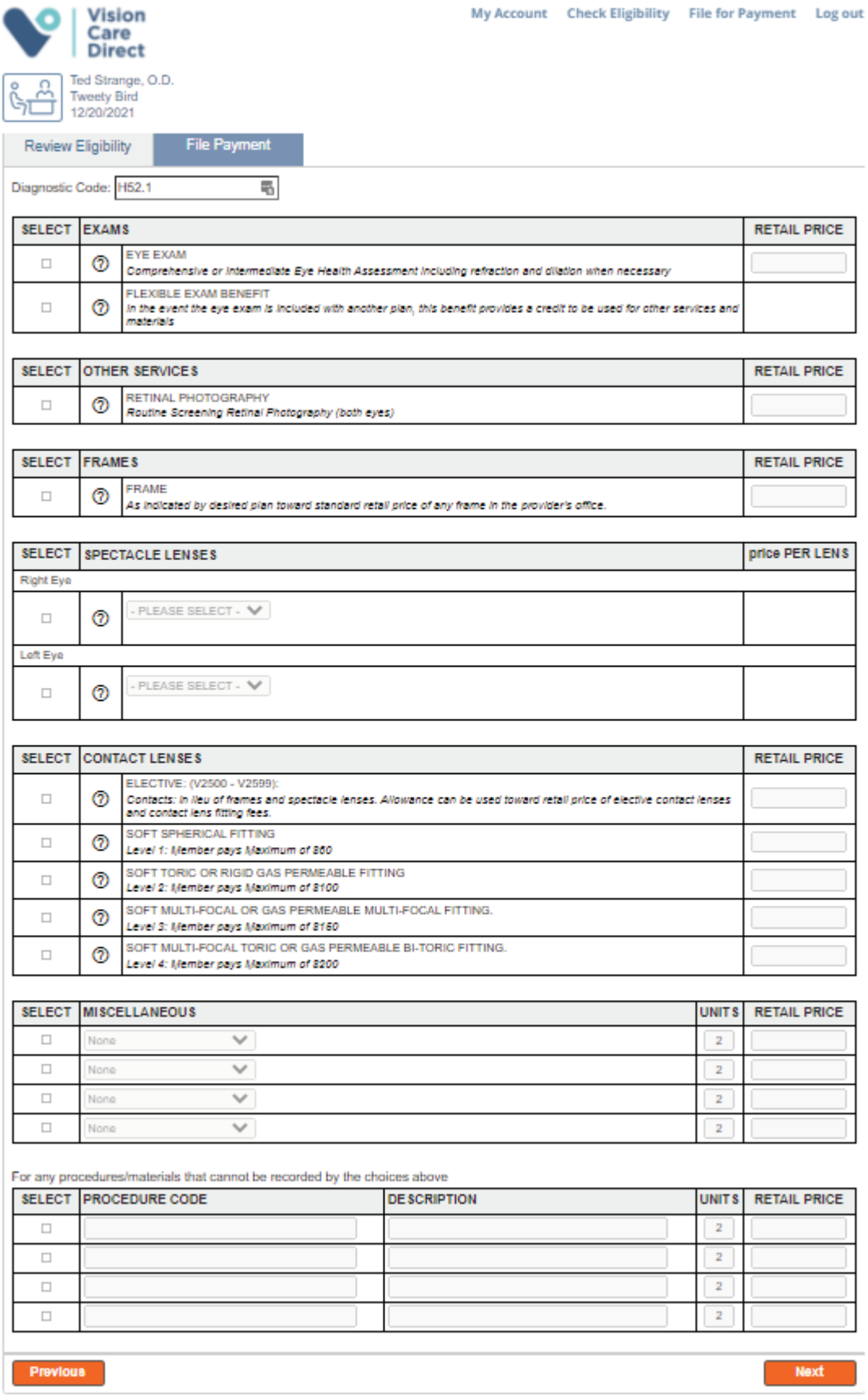

Retinal Photos currently available in select states only

Contact Lens fitting levels currently available in select states only

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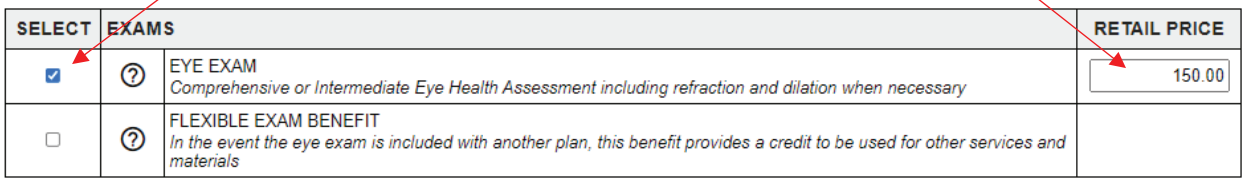
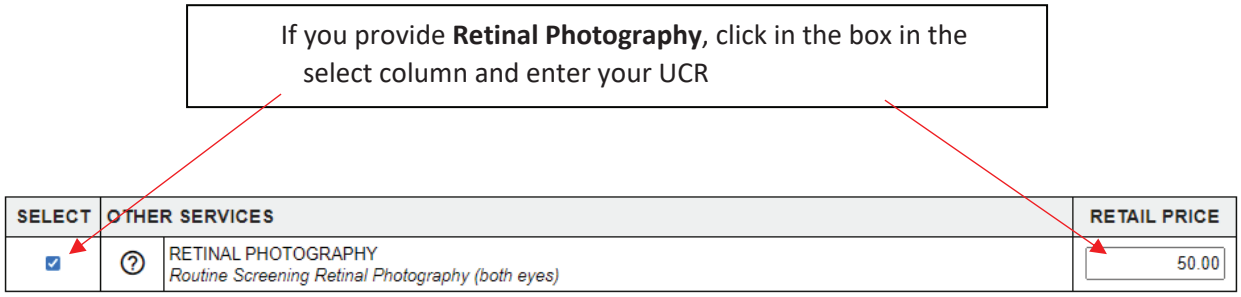


SELECT	EXAMS	RETAIL PRICE
☑	EYE EXAM *Comprehensive or Intermediate Eye Health Assessment including refraction and dilation when necessary*	150.00
☐	FLEXIBLE EXAM BENEFIT *In the event the eye exam is included with another plan, this benefit provides a credit to be used for other services and materials*	

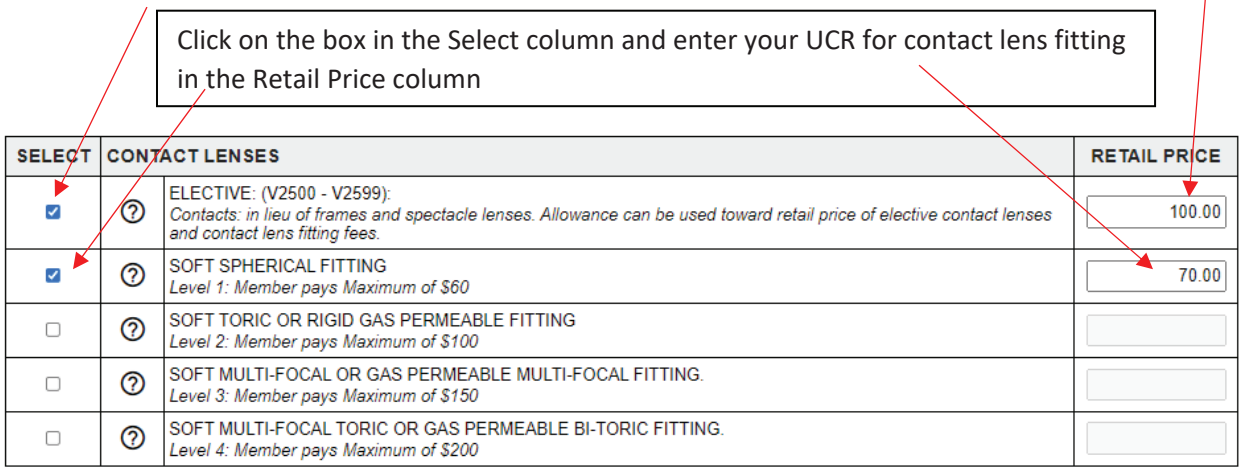
If you provide **Retinal Photography**, click in the box in the select column and enter your UCR



SELECT	OTHER SERVICES	RETAIL PRICE
☑	RETINAL PHOTOGRAPHY *Routine Screening Retinal Photography (both eyes)*	50.00

Click on the box in the Select column and enter your UCR for contact lens materials in the Retail Price column.

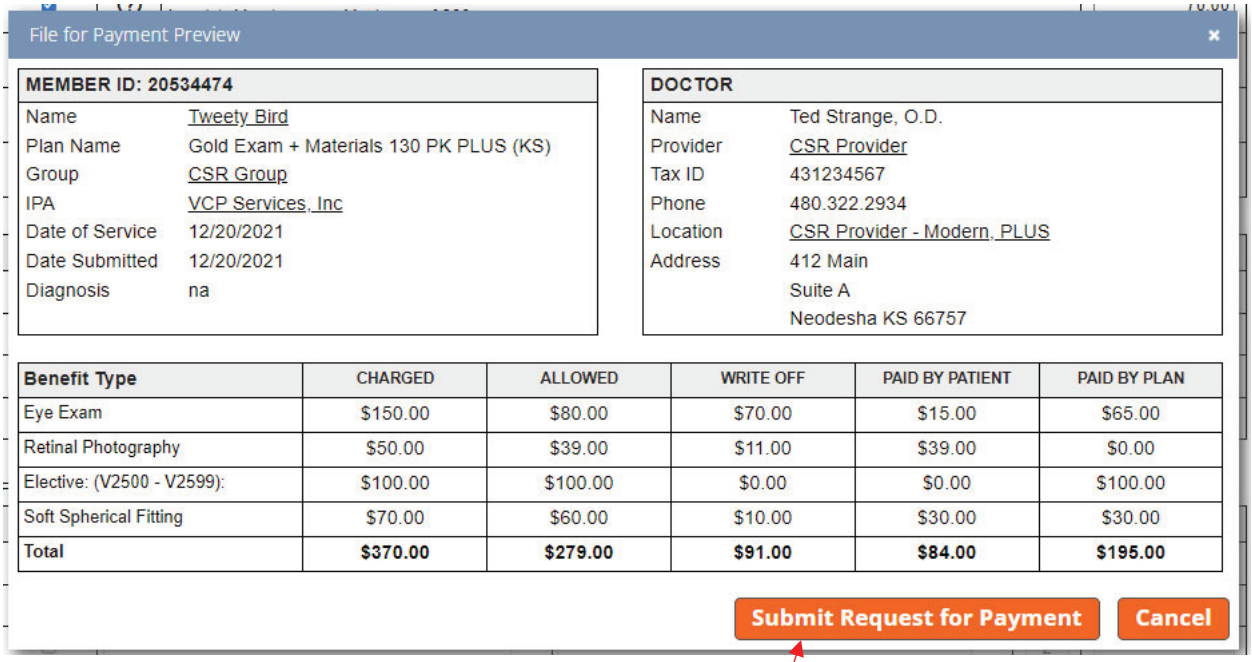
Click on the box in the Select column and enter your UCR for contact lens fitting in the Retail Price column



SELECT	CONTACT LENSES	RETAIL PRICE
☑	ELECTIVE: (V2500 - V2599): *Contacts: in lieu of frames and spectacle lenses. Allowance can be used toward retail price of elective contact lenses and contact lens fitting fees.*	100.00
☑	SOFT SPHERICAL FITTING *Level 1: Member pays Maximum of $60*	70.00
☐	SOFT TORIC OR RIGID GAS PERMEABLE FITTING *Level 2: Member pays Maximum of $100*	
☐	SOFT MULTI-FOCAL OR GAS PERMEABLE MULTI-FOCAL FITTING. *Level 3: Member pays Maximum of $150*	
☐	SOFT MULTI-FOCAL TORIC OR GAS PERMEABLE BI-TORIC FITTING. *Level 4: Member pays Maximum of $200*	

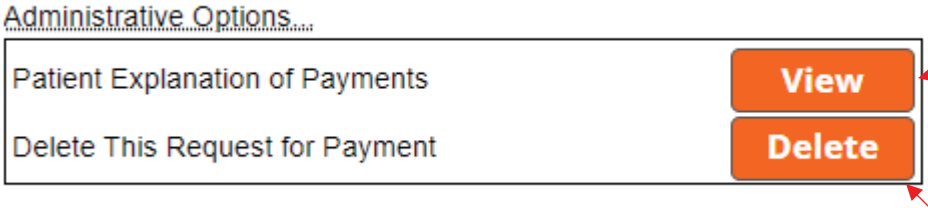
Once you have completed your filing, click on the “Next: Button.

This will open a File for Payment Preview window that will allow you to review what you have done before submitting.



Once you have reviewed what you have entered, click on the "Submit Request for Payment" button. This will take you to the Explanation of Benefits page. THIS PAGE IS FOR YOUR USE ONLY. To provide an EOB for your patient, you can click on the Administrative Options link at the bottom of the page

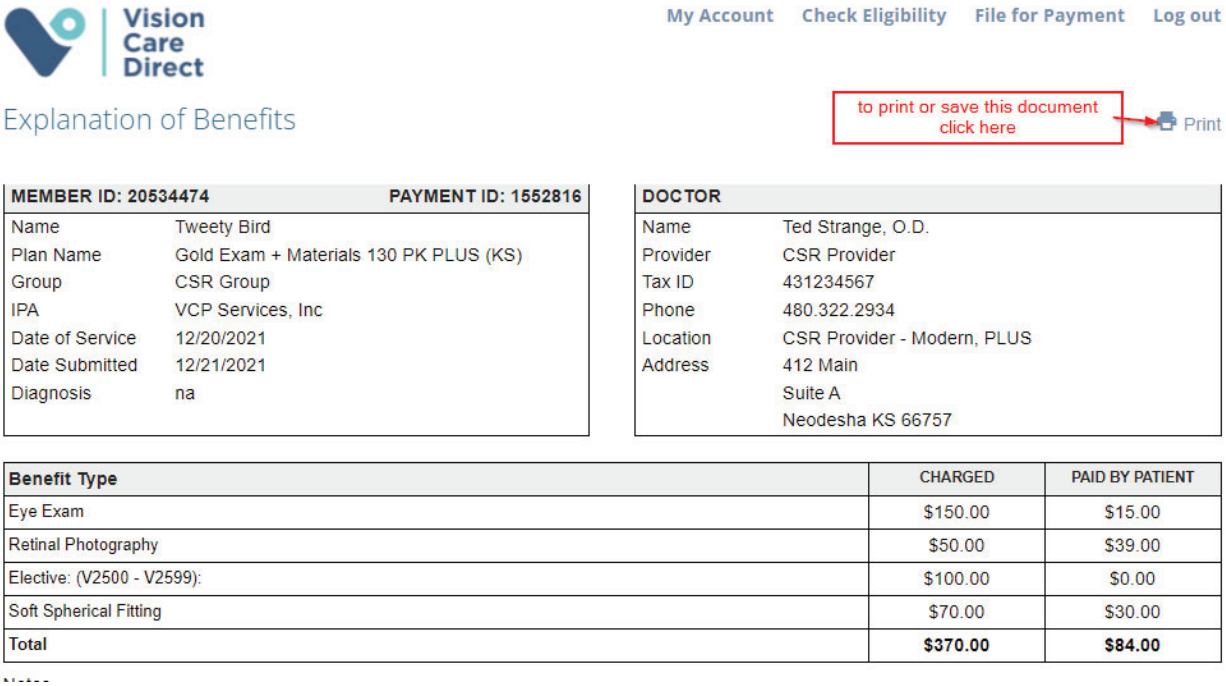
After clicking on Administrative Options link additional information will display at the bottom of the page



To view the patient Explanation of Payments, click on this button

To delete this request for payment and start over, click here.

Requests for Payments can only be deleted if it has not already been paid. If you need to adjust a request after it has been paid call 877.488.8900 or email us at admin@visioncaredirect.com



MEMBER ID: 20534474	PAYMENT ID: 1552816
Name	Tweety Bird
Plan Name	Gold Exam + Materials 130 PK PLUS (KS)
Group	CSR Group
IPA	VCP Services, Inc
Date of Service	12/20/2021
Date Submitted	12/21/2021
Diagnosis	na

DOCTOR	
Name	Ted Strange, O.D.
Provider	CSR Provider
Tax ID	431234567
Phone	480.322.2934
Location	CSR Provider - Modern, PLUS
Address	412 Main
	Suite A
	Neodesha KS 66757

Benefit Type	CHARGED	PAID BY PATIENT
Eye Exam	$150.00	$15.00
Retinal Photography	$50.00	$39.00
Elective: (V2500 - V2599):	$100.00	$0.00
Soft Spherical Fitting	$70.00	$30.00
Total	**$370.00**	**$84.00**

If you have questions or need assistance, please call **877-488-8900** or email us at **admin@visioncaredirect.com**