



# Provider Onboarding

Davis Vision Presentation 2018

# Welcome to Davis Vision!

Mobile-responsive website with provider locator, access to customer portals and interactive content.



Mobile-responsive customer portals with plan details, forms and surveys. Plus! A mobile app for iOS and Android.



CARE AND COVERAGE  
Benefits that meet your needs  
We equip organizations with benefits that meet the needs of the people who are a part of it, and we empower them to stay healthy, spend wisely and see clearly. We provide a better vision benefit. Low-cost, low-stress coverage with plan options that give people more. And we are the only managed vision care company built to decrease mark up and keep money where it belongs -- in the pockets of our

U.S.-based customer care center open 7 days/week.



Member welcome kit with ID cards and provider list. Plus! Support for your OE events and Benefit fairs.

Calculators and tools to see the value of a vision benefit for clients and for members - designed for mobile use. Plus! White papers, videos and more.

# Agenda

1. Introduction to the Davis Vision Provider Portal
2. Self-Service Options
3. Retrieving Member Records, Benefits and Eligibility
4. Authorizations and Service Record Forms
5. Optical Orders
6. Davis Vision Exclusive Collection
7. Overview of Excel Advantage Program



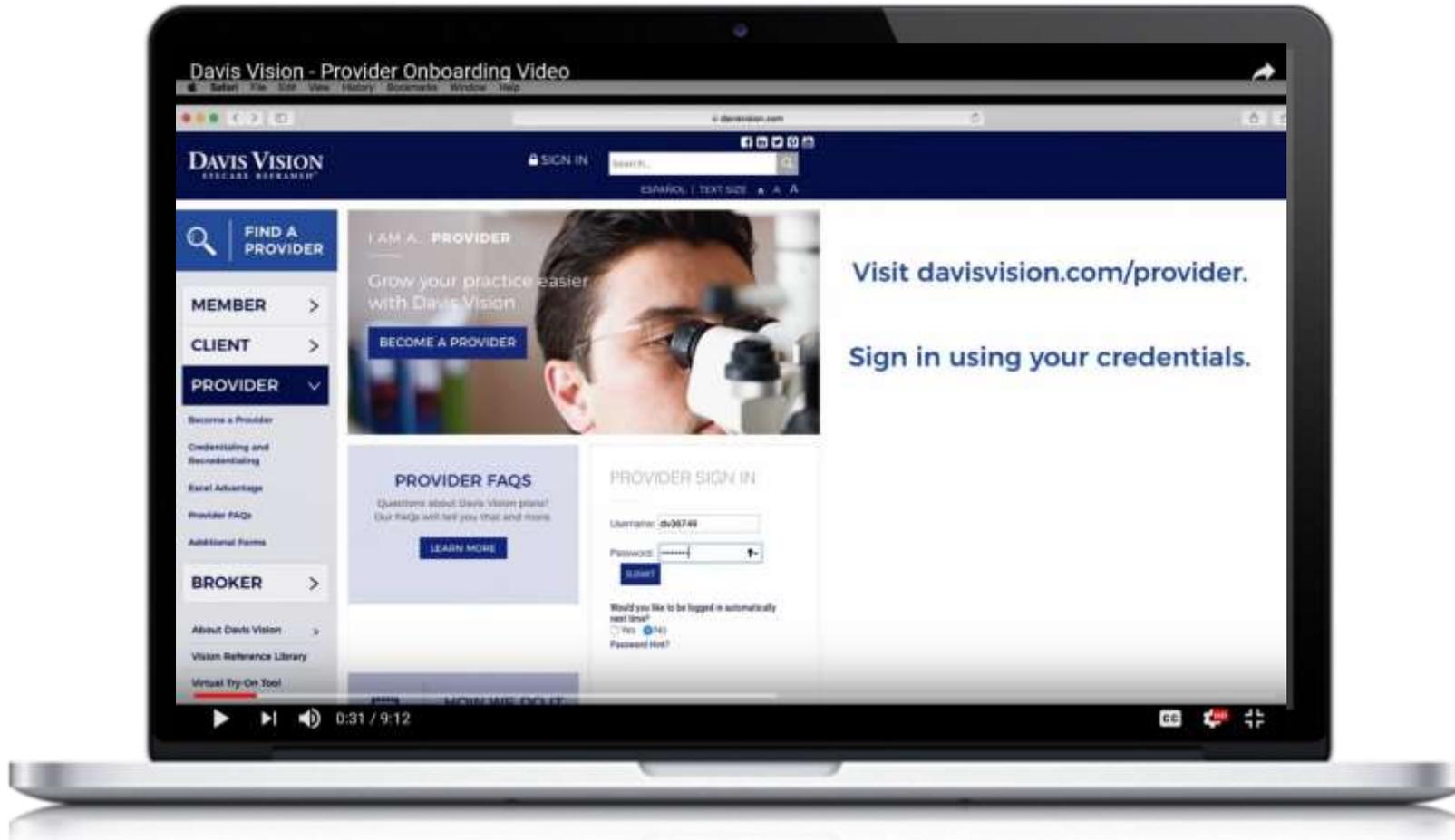
# Welcome to Davis Vision!

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- You should have received a Welcome email with your Provider ID and Provider Portal Login Information.
- Please follow this reference guide while watching the demo video on the next page. *Click on the following image* or follow the link:
- Should you have any questions please contact Provider Services: 1 (800) 584-3140

# Onboarding Video



# Davis Vision Provider Portal

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## Set-Up

Email Address, Password Assignment

 Contact Website Assistance



## Important Website Links

Provider Manual, commonly used forms and medically necessary forms, procedure codes, and product updates



## Provider Home Page

Overview of the Provider Homepage



## Important Alerts

Keeping you informed on benefit alerts, new plans, plans in area, and administrative changes



## Navigation Menu

Convenient navigation to frequent routine transactions



**Website Assistance**  
**1 (800) 943-5738**

# Website Basics

# Davis Vision Provider Portal

	Davis Vision Website ( <a href="http://www.davisvision.com">www.davisvision.com</a> )	Interactive Voice Response (IVR) 1-888-800-4321
Verify Patient Eligibility	✓	✓
Obtain and Check Status of Benefit Information	✓	✓
View Benefits & Fee Schedules	✓	
Request a Service Record Form	✓	✓
Void Authorizations	✓	
Process claims for Exam & Materials	✓	
Determine Copayments	✓	
Track Orders	✓	
Most up-to-date Manuals, Forms, Benefit Alerts, Formularies, and Warranty Policies	✓	

# Website Basics



## Important Links

- Access to the reference articles, tips, best practices and recommendations via the **Provider Blog**.
- Access and print commonly used forms
- Access to various guidelines and FAQs
  - Provider Manual
  - Warranty
  - Procedure Codes
  - RX Recommendations
  - Listing of Progressive and ARC Lenses (Formulary)
  - Listing of Standard and Premium Contact Lenses (Formulary)
  - MyFocal HD Information



- Important Links** | [more...](#)
- [ADA Accessibility Attestation Form](#)
  - [Approved Frame Manufacturers](#)
  - [ARC Formulary](#)
  - [Clinical Practice Guidelines](#)
  - [CMS Part D Prescription Memo](#)
  - [Contact Lens Formulary - Premium](#)
  - [Contact Lens Formulary - Standard](#)
  - [Davis Vision Clinical Criteria Form](#)
  - [Davis Vision Medical Records Review Form](#)
  - [Davis Vision Provider Office Review Form](#)
  - [Domestic Violence Privacy Notice](#)

# Website Basics

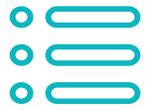
## Important Notices

- Alerts regarding product offerings
- Notice of administrative changes
- Announcements for system enhancements
- Access to required annual trainings

### Important Notice:

- The 2018 Provider Manual has been updated and posted. To access the Provider Manual, please click Provider Manual in Important Links.
- **May 18, 2018 - [NEW ANNOUNCEMENT: Versant Health](#)**
- **Feb. 24, 2018 - Davis Vision/Superior Vision support telehealth services to improve access and quality of care while reducing costs. [Read the full Position Statement here.](#)**
- **Effective April 1, 2018, Davis Vision will only accept the American Medical Association Current Procedural Terminology (CPT) codes for exams and contact lens evaluation services. Please [click here](#) to review the full communication.**
- **TWO PAIR BENEFITS:** In conjunction with order entry changes effective 1/1/18, all multiple pair benefits should be placed online at the same time. Upon invoicing pair 1, there will be an option to "Order Next Pair".
- **ANNOUNCEMENT: [Centerbridge Partners Acquires Davis Vision](#)**
- **The Centers for Medicare and Medicaid Services (CMS) requires network providers and office staff to complete General Compliance and Fraud, Waste and Abuse Training within 90 days of hire or contract and on an annual basis (no later than December 31, 2017). Davis Vision offers our network providers convenient online access to General Compliance and Fraud, Waste and Abuse Training through our Provider Web Portal. Please [Click here](#) to access Davis Vision's training materials.**
- **Please be advised - While there is not a difference in product specifications or function, the name "AO Compact Ultra Standard" progressive lens has been changed to "Synchrony Easy S Ultra".**

# Website Basics



## Practice Account Status

- Access recently shipped optical orders
- Access to optical orders currently being processed
- Access Recently issued authorizations

**DAVIS VISION**  
EYECARE REFRAMED™

Welcome Web Admin [Provider Home](#) [Logout](#)

Tuesday, July 17, 2018

**Member Account Search**  
Enter an ID for the Member or select a Name to access current and historic account information.  
To determine if a patient is covered by Davis Vision, please enter their ID Number below.  
ID:

**Member Advanced Search**  
To determine if a patient is covered by Davis Vision, please enter the Subscriber's Last Name, First Name and Date of Birth below.  
Last Name:   
First Name:   
Date of Birth:  /  /    
Month Day Year

**Excel Advantage™**  
"Buy Frames Online"  
What is Excel Advantage?     
Phone: (800) 888-4321  **NOW BILLING ON NET 30 TERMS**

**Important Notice:**

- The 2018 Provider Manual has been updated and posted. To access the Provider Manual, please click [Provider Manual](#) in Important Links.
- May 18, 2018 - **NEW ANNOUNCEMENT: Versant Health**
- Feb. 24, 2018 - Davis Vision/Superior Vision support telehealth services to improve access and quality of care while reducing costs. [Read the full Position Statement here.](#)
- Effective April 1, 2018, Davis Vision will only accept the American Medical Association Current Procedural Terminology (CPT) codes for exams and contact lens evaluation services. Please [click here](#) to review the full communication.
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- Please be advised - While there is not a difference in product specifications or function, the name "AQ Compact Ultra Standard" progressive lens has been changed to "Synchrony Easy 5 Ultra".
- **IMPORTANT ORDER ENTRY CHANGE Effective 1/1/18: [CLICK HERE](#)**
- Davis Vision maintains confidentiality protocols to protect certain personal information of a victim of domestic violence. Please refer to Davis Vision's notice titled Confidentiality for Domestic Violence Victims in the Privacy and Legal section of the website for additional information on this topic. All Providers are encouraged to post a copy of this notice within their office.

**Practice Account Status**

**Recent Shipping History** [more...](#)

Order Date	Patient Name	Invoice Number	Ship Date
There were no records found.			

**Work in Progress** [more...](#)

Order Date	Patient Name	Invoice Number	Status
There were no records found.			

**Authorizations** [more...](#)

Issue Date	Patient Name	Auth Number	Action
7/17/2018	MEMBER, MARY	ABC-0000749	<a href="#">Enter Claim/Order</a>

**BEST PRACTICE:**



User-Friendly

# Self-Service Options

# Self-Service Options via the Navigation Menu

## Retrieving Member Information

-  **Performing a Search**  
Quickly locate a patient's record, using the Davis Vision identification number search function
-  **Determining Eligibility**  
Verify available services and future eligibility
-  **Benefits Alerts**  
View plan information without an identification number, including payment information
-  **Retrieve an Authorization**  
View member's service record form

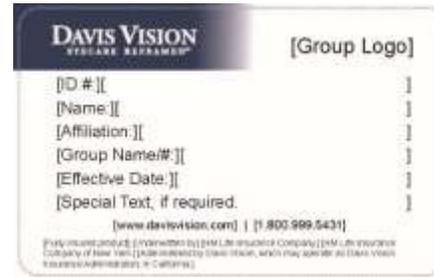
## Obtaining Authorizations

-  **Determine Patient Eligibility**  
Review the process to issue an authorization
-  **Reviewing Service Record Forms (SRF)**  
A high level overview of member's benefits
-  **Reviewing Existing Authorizations**  
How to access prior authorizations

# Accessing Benefits and Benefit Alerts

1

Retrieve the Member's ID Card



2

Use Navigation Menu Shortcut



OR

Use Search Criteria Field

**Benefit Alerts**

Filter By:  Effective Date from: Jun 16 2018 through Aug 16 2018

Classification: [Dropdown]

Client Name: [Text Field]

**Search** **View New Benefit Alerts**

3

Review the Benefit Alert

- View breakdown of reimbursements
- View Service Record Form

**Client Name:**

**Effective Date:** 7/16/2018

**Classification:** Alert

**Payment Information:** Exam Payment:  
 Dispensing Amount (*complete pair*)  
 Dr. Supplied Frame Reimbursement:  
 Dr. Supplied Contact Lens Reimbursement:  
 Contact Lens Evaluation Reimbursement:

**Service Record Form:** [View SRF](#)

# Obtaining Authorizations

**1** Begin by entering an Identification Number, Last Name, First Name, Date of Birth

**Member Account Search**

Enter an ID for the Member or select a Name to access current and historic account information.

To determine if a patient is covered by Davis Vision, please enter their ID Number below.

ID:  **Go**

**Go**

OR

**Member Advanced Search**

To determine if a patient is covered by Davis Vision, please enter the Subscriber's Last Name, First Name and Date of Birth below.

Last Name:

First Name:

Date of Birth:    **Go**

Month Day Year

**2** Select the appropriate plan offering

Please select the group for which you would like to access benefits.

Subscriber Name	Date of Birth	Click to Select
ROBERT MEMBER	01/01/1969	<b>ABC COMPANY</b>

**3** Review available services and eligibility

Authorizations				
Name	Relationship	Authorization	Services	Action
ROBERT MEMBER	MEMBER			Owned by a different provider <a href="#">Get Authorization</a>
MARY MEMBER	SPOUSE	n/a	Examination 1 pair eyeglasses or contacts	<a href="#">Get Authorization</a>
JOHN MEMBER	CHILD	n/a	Examination n/a	<a href="#">Get Authorization</a> Not Eligible Until: <sup>**</sup> Frame: 9/8/2018 Lens: 9/8/2018 Contact Lens: 9/8/2018

# Order Entry

## The Exclusive Collection Frames

**1.a** Select service type that your office provided:

The patient is currently eligible for the following benefits:

**Examination**  
1 pair eyeglasses or contacts

Select the type of Authorization you would like to obtain:

- Examination & Materials
- Examination Only
- Materials Only

**2.a** Retrieve the authorization, view the SRF and enter a claim:

**Get Authorization**

Authorization Issued

Authorization Number:	ABC-0000747
Issue Date:	7/16/2018
Expiration Date:	8/6/2018
Services:	Examination 1 pair eyeglasses or contacts
Examination Copayment:	\$0.00

*Upon placement of your order or claim submission, your total payment will be calculated and displayed.*

**3.a** Select the following:

- Service Date
- Check Exam
- If Exclusive Collection frame is chosen, select **Complete**

Service Date:

Exam

No Materials

Complete (Lab-Supplied Spectacle Lenses and Frame) 

Single Vision  Multi Focal  Progressive

**4.a** Provide the name of the provider/practice:

**Order:**

Authorization: ABC-0000748  
 Order Date: 7/17/2018  
 Practitioner's Name:   
 Service Date: 7/17/2018  
 Pair#:

**5.a** Provide the exam type, diagnosis and dilation information:

**Exam:**

Patient Type:   
 Exam Type:

Diagnosis (ICD-10) Code 1:  Other:

Diagnosis (ICD-10) Code 2:  Other:

**6.a** Enter the lens material; be mindful of group provisions:

**Lens Material:**

Material Category:  Show All  Plastic  Glass  Polycarbonate  
 Polarized  Photo  Hi-Index

Material:   
 Style:   
 Color:

# Order Entry

## Provider-Supplied & Patient-Supplied Frames

**1.b** Select service type that your office provided:

The patient is currently eligible for the following benefits:

**Examination**  
1 pair eyeglasses or contacts

Select the type of Authorization you would like to obtain:

- Examination & Materials
- Examination Only
- Materials Only

**4.b** Provide the name of the provider/practice:

**2.b** Retrieve the authorization, view the SRF and enter a claim:

**Get Authorization**

**Authorization Issued**

Authorization Number:	ABC-0000747
Issue Date:	7/16/2018
Expiration Date:	8/6/2018
Services:	Examination 1 pair eyeglasses or contacts
Examination Copayment:	\$0.00

*Upon placement of your order or claim submission, your total payment will be calculated and displayed.*

**5.b** Provide the exam type, diagnosis and dilation information:

**Order:**

Authorization: ABC-0000748  
 Order Date: 7/17/2018  
 Practitioner's Name:   
 Service Date: 7/17/2018  
 Pair#:

**3.b** Select the following:

- Service Date
- Check Exam
- If Provider-Supplied or Patient-Supplied frame is chosen, select **Lab-Supplied Lenses Only**

**Void** **Enter Claim/Order**

**View Service Record Form**

Service Date:    **Today** **Yesterday**

Exam

No Materials

Lab-Supplied Spectacle Lenses Only 

Single Vision  Multi Focal  Progressive

Dr.-Supplied Frame  Patient-Supplied Frame  Order Frame through Excel Advantage

**6.b** Enter the lens material; be mindful of group provisions:

**Exam:**

Patient Type:   
 Exam Type:

Diagnosis (ICD-10) Code 1:  Other:

Diagnosis (ICD-10) Code 2:  Other:

**Lens Material:**

Material Category:  Show All  Plastic  Glass  Polycarbonate  
 Polarized  Photo  Hi-Index

Material:   
 Style:   
 Color:

# Reviewing a Service Record Form

Service Record Form (SRF) identify member's benefit information such as plan level, covered items and copays.

## SECTION II – COVERAGE SECTION

Use this section to identify plan level, benefit cycle detail and basic copays. Plan descriptions may vary by plan.

## SECTION III – SERVICE SECTION

Use this section to identify contact lenses coverage for Davis Vision supplied contact lenses via the formulary. If the benefit has Davis Vision supplied contact lenses covered, it will be stated as either Premium Collection Lenses, Standard Collection Lenses, or Collection Lenses and it will state the level of coverage (i.e. 4 multi-packs/ 2 multi-packs **plan supplied**). If the benefit does not have Davis Vision supplied contact lenses via the formulary, then it will be stated as Provider Supplied.

## SECTION IV – ALLOWANCE SECTION

Allowance Section provides the monetary dollar amount available for non-plan materials. Allowance amounts may vary by plan.

## SECTION IV – ALLOWANCE SECTION

Patient Charge: upfront cost(s) received from patient at the time of service.  
 Additional Dispense: the office will be reimbursed this amount out of the patient charges that were collected up front.

SECTION II - COVERAGE SECTION			
Plan Level:	Fashion		
Copayments:	Eye examination		\$10
	Frame		\$0
	Spectacle lenses		\$25
	Contact Lenses:		
	Premium Collection lenses - Plan 1		\$0
Plan Description:	An eye examination (including dilation), spectacle lenses and a frame or contact lenses in lieu of spectacle lenses. Visually Required contact lenses may be provided with prior approval.		

SECTION III - SERVICE SECTION	
<b>C. Contact Lenses:</b>	
<b>Collection Lenses:</b>	
Evaluation/Fitting	<input type="checkbox"/>
4 multi-packs* plan supplied Disposable lenses or:	<input type="checkbox"/>
2 multi-packs* plan supplied Planned Replacement lenses	<input type="checkbox"/>
<b>Provider Supplied:</b> Evaluation/Fitting: Standard	<input type="checkbox"/>
Specialty	<input type="checkbox"/>

SECTION IV - ALLOWANCE SECTION				
Frame	Contact Lens Evaluation & Fitting		Contact Lens Material	Visually Required Contact Lens Material
	Standard	Specialty		
\$130 plus 20% discount on overage	Paid in Full	Up to \$60 plus 15% discount on overage	\$130 plus 15% discount on overage	Paid in Full (prior approval required)

SECTION V - OPTIONS SECTION				
Patient charges for selected options. Additional dispense will be paid by Davis Vision.				
Option	<input checked="" type="checkbox"/>	Patient Charge	Additional Dispense	
Premier Frame**	<input type="checkbox"/>	\$25	\$10	
Ultraviolet Coating	<input type="checkbox"/>	\$12	\$ 6	
Scratch-Resistant Coating	<input type="checkbox"/>	Included	N/A	
Intermediate Vision Lenses	<input type="checkbox"/>	\$30	\$10	
Standard Progressive Addition Multifocals	<input type="checkbox"/>	\$50	\$30	
Premium Progressive Addition Multifocals	<input type="checkbox"/>	\$90	\$30	
Ultra Progressive Addition Multifocals	<input type="checkbox"/>	\$140	\$60	
Polycarbonate Lenses***	<input type="checkbox"/>	\$30	\$20	

 **BEST PRACTICE:**



# Order Entry

## Prescription Error Message

### We have made order entry enhancements:

- To help ensure that Davis Vision members receive eyewear that is cosmetically appealing and provides optimal visual acuity.
- For continued improvement in reducing remakes and improving quality of eyewear.

### BEST PRACTICE:



Refer to [RxRecommendations](#) to fully optimize lens to frame dimensions



### Prescription:

To ensure your patients' eyewear is cosmetically appealing, please consider the following industry recommendations when selecting your patients' eyewear.

Frame (A + DBL) - Patient PD = Total Horizontal Decentration

Recommended Horizontal Decentration Ranges:

- Plano to  $\pm 2.00$  total power = 16mm Total Decentration or 8mm Monocular Decentration
- $\pm 2.00$  to  $\pm 4.00$  total power = 10mm Total Decentration or 5mm Monocular Decentration
- $\pm 4.00$  to  $\pm 6.00$  total power = 6mm Total Decentration or 3mm Monocular Decentration
- $\pm 6.00$  & above total power = 4mm Total Decentration or 2mm Monocular Decentration

	Sphere	Cylinder	Axis	OC Height*	PD/Distance	PD/Near	PD Type**	Balance
Right:	<input type="text"/>	<input type="checkbox"/>						
Left:	<input type="text"/>	<input type="checkbox"/>						

\*Specified from Frame Lower Edge

\*\* Binocular PD Type: PD/Distance and PD/Near must be over 40.5.

Monocular PD Type: PD/Distance and PD/Near must be between 15.5 and 40.0.

Decentration PD Type: PD/Distance and PD/Near must be 15.0 or less.

	Prism (IN/OUT)	Prism (UP/DOWN)	Base Curve	Thickness	Thickness Mode
Right:	No Value <input type="text"/>	No Value <input type="text"/>	<input type="text"/>	<input type="text"/>	No Value <input type="text"/>
Left:	No Value <input type="text"/>	No Value <input type="text"/>	<input type="text"/>	<input type="text"/>	No Value <input type="text"/>

# Order Entry

## Prescription Error Message

### Correct Entries

#### Prescription:

To ensure your patients' eyewear is cosmetically appealing, please consider the following industry recommendations when selecting your patients' eyewear.

Frame (A + DBL) - Patient PD = Total Horizontal Decentration

Recommended Horizontal Decentration Ranges:

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- $\pm 6.00$  & above total power = 4mm Total Decentration or 2mm Monocular Decentration

	Sphere	Cylinder	Axis	OC Height*	PD/Distance	PD/Near	PD Type**	Balance
Right:	+0.25	+1.25			11.0			<input type="checkbox"/>
Left:					11.0			<input type="checkbox"/>

\*Specified from Frame Lower Edge

\*\* Binocular PD Type: PD/Distance and PD/Near must be over 40.5.  
 Monocular PD Type: PD/Distance and PD/Near must be between 15.5 and 40.0.  
 Decentration PD Type: PD/Distance and PD/Near must be 15.0 or less.

	Prism (IN/OUT)	Prism (UP/DOWN)	Base Curve	Thickness	Thickness Mode
Right:	No Value	No Value			No Value
Left:	No Value	No Value			No Value

#### Multi Focal Prescription:

	Add Power	Seg Height*	OC Height*	Add 2
Right:	225	17.0	11.0	
Left:	225	17.0	11.0	

\*Specified from Frame Lower Edge

### Incorrect Entries

#### Prescription:

To ensure your patients' eyewear is cosmetically appealing, please consider the following industry recommendations when selecting your patients' eyewear.

Frame (A + DBL) - Patient PD = Total Horizontal Decentration

Recommended Horizontal Decentration Ranges:

- Plano to  $\pm 2.00$  total power = 16mm Total Decentration or 8mm Monocular Decentration
- $\pm 2.00$  to  $\pm 4.00$  total power = 10mm Total Decentration or 5mm Monocular Decentration
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- $\pm 6.00$  & above total power = 4mm Total Decentration or 2mm Monocular Decentration

	Sphere	Cylinder	Axis	OC Height*	PD/Distance	PD/Near	PD Type**	Balance
Right:	+0.25				11			<input type="checkbox"/>
Left:								<input type="checkbox"/>

\*Specified from Frame Lower Edge

\*\* Binocular PD Type: PD/Distance and PD/Near must be over 40.5.  
 Monocular PD Type: PD/Distance and PD/Near must be between 15.5 and 40.0.  
 Decentration PD Type: PD/Distance and PD/Near must be 15.0 or less.

	Prism (IN/OUT)	Prism (UP/DOWN)	Base Curve	Thickness	Thickness Mode
Right:	No Value	No Value			No Value
Left:	No Value	No Value			No Value

#### Multi Focal Prescription:

	Add Power	Seg Height*	OC Height*	Add 2
Right:	2.25	17	11	
Left:	2.25	17	11	

\*Specified from Frame Lower Edge

# Incorrect Order Entry

## Types of Error Messages

### Incorrect Entries

#### Prescription:

To ensure your patients' eyewear is cosmetically appealing, please consider the following industry recommendations when selecting your patients' eyewear.  
**Frame (A + DBL) - Patient PD = Total Horizontal Decentration**  
**Recommended Horizontal Decentration Ranges:**

- Plano to ± 2.00 total power = 16mm Total Decentration or 8mm Monocular Decentration
- ± 2.00 to ± 4.00 total power = 10mm Total Decentration or 5mm Monocular Decentration
- ± 4.00 to ± 6.00 total power = 6mm Total Decentration or 3mm Monocular Decentration
- ± 6.00 & above total power = 4mm Total Decentration or 2mm Monocular Decentration

 **BEST PRACTICE:**

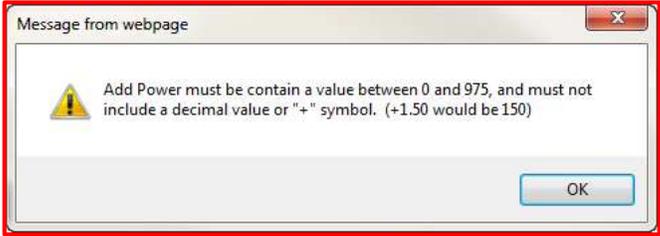
  
 Be aware that all Rx Entries are point sensitive except for **Add Power**



	Sphere	Cylinder	Axis	OC Height*	PD/Distance	PD/Near	PD Type**	Balance
Right:	+25				11			<input type="checkbox"/>
Left:								<input type="checkbox"/>

\*Specified from Frame Lower Edge  
 \*\* Binocular PD Type: PD/Distance and PD/Near must be over 40.5.  
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 Decentration PD Type: PD/Distance and PD/Near must be 15.0 or less.

	Prism (IN/OUT)	Prism (UP/DOWN)	Base Curve	Thickness	Thickness Mode
Right:	No Value	No Value			No Value
Left:	No Value	No Value			No Value



#### Multi Focal Prescription:

	Add Power	Seg Height*	OC Height*	Add 2
Right:	2.25	17	11	
Left:	2.25	17	11	

\*Specified from Frame Lower Edge



# Order Entry

## The Exclusive Collection & Provider-Supplied Frames

7 Enter the prescription information  
(+ or – must be entered)

8 Enter the tint and coating information;  
be mindful of group provisions

 BEST PRACTICE:



Refer to [RxRecommendations](#) to fully optimize lens to frame dimensions

### Prescription:

	Sphere	Cylinder	Axis	OC Height*	PD/Distance	PD/Near	PD Type**	Balance
Right:	<input type="text"/>	<input type="checkbox"/>						
Left:	<input type="text"/>	<input type="checkbox"/>						

\*Specified from Frame Lower Edge

\*\* Binocular PD Type: PD/Distance and PD/Near must be over 40.5.

Monocular PD Type: PD/Distance and PD/Near must be between 15.5 and 40.0.

Decentration PD Type: PD/Distance and PD/Near must be 15.0 or less.

	Prism (IN/OUT)	Prism (UP/DOWN)	Base Curve	Thickness	Thickness Mode
Right:	No Value <input type="text"/>	No Value <input type="text"/>	<input type="text"/>	<input type="text"/>	No Value <input type="text"/>
Left:	No Value <input type="text"/>	No Value <input type="text"/>	<input type="text"/>	<input type="text"/>	No Value <input type="text"/>

### Tint and Coatings:

Tint Type:  None  Solid  Gradient  Double Gradient

Tint Color	Tint Percent Top	Tint Percent Bottom
Select Tint Color <input type="text"/>	<input type="text"/>	<input type="text"/>
Select Tint Color <input type="text"/>	<input type="text"/>	<input type="text"/>

### Coatings:

#### Anti-Reflective Coating

Standard

Standard AEGIS AR Coating

Premium

Clear Shield  
 Essilor CRIZAL AR Coating

#### Scratch Coating

Scratch Coat

#### UV Coating

UV Coating



Key Note: Scratch-Coating Option implements the Scratch Protection Plan covered by plan or purchased by the member.

# Order Entry

## The Exclusive Collection

- 9 Enter the frame information; be mindful of frame availability

**Attention:**  
\*Frames from Exclusive Collection are demo frames only.

- 10 Enter any additional services or special instructions *if applicable*

**Lab-Supplied Frame:**

Collection: Choose A Value ▾

Style: ▾

Color: ▾

Temple Length: ▾

Use frame from Tower, sending to lab:

**Additional Services & Special Instructions:**

Additional Services:	Special Instructions:
Choose A Value ▾	<input type="text"/>
Choose A Value ▾	
Choose A Value ▾	
Choose A Value ▾	

**View Order Summary** **Cancel**

# Order Entry

## Provider-Supplied or Patient-Supplied

9 Enter the frame information

If frame information is not available select

<b>Dr.-Supplied Frame:</b>		<b>Patient-Supplied Frame:</b>	
Manufacturer:	<input type="text" value="---- Choose A Value ----"/>	Manufacturer:	<input type="text" value="---- Choose A Value ----"/>
Style:	<input type="text" value="v"/>	Style:	<input type="text" value="v"/>
Frame Specification: (Eye/Bridge/Temple/Color)	<input type="text" value="v"/>	Frame Specification: (Eye/Bridge/Temple/Color)	<input type="text" value="v"/>
Temple Type:	<input type="text" value=""/>	Temple Type:	<input type="text" value=""/>
Retail Price:	<input type="text" value=""/>	Retail Price:	<input type="text" value=""/> <input type="text" value=""/>
Edge Type:	<input type="text" value="Choose A Value"/>	Edge Type:	<input type="text" value="Choose A Value"/>
Dr.-Supplied Frame Material:	<input type="radio"/> Plastic <input type="radio"/> Metal	Patient-Supplied Frame Material:	<input type="radio"/> Plastic <input type="radio"/> Metal
		Frame sent to lab:	<input type="radio"/> Yes <input type="radio"/> No

- Choose A Value ----
- \*\*\*\* Frame Not In Catalog \*\*\*\*
  - \*\*\*\* Frame Information Not Available \*\*\*\*
  - A & A Optical - Alexander Collection
  - A & A Optical - Alexandrer Collection
  - A & A Optical - All American Classics
  - A & A Optical - Cremieux
  - A & A Optical - Crocs? Eyewear
  - A & A Optical - Crocs? Eyewear Junior Collection
  - A & A Optical - Cruz Eyewear
  - A & A Optical - Jalapenos Eyewear

**Attention:**  
Always send the member's frame selection to the lab.

10 Enter any additional services or special instructions *if applicable*

Additional Services & Special Instructions:	
<b>Additional Services:</b>	<b>Special Instructions:</b>
<input type="text" value="Choose A Value"/>	<input type="text" value=""/>
<input type="text" value="Choose A Value"/>	
<input type="text" value="Choose A Value"/>	
<input type="text" value="Choose A Value"/>	
<input type="button" value="View Order Summary"/> <input type="button" value="Cancel"/>	

# Order Entry

## Davis Vision Supplied Contact Lenses

**1.c** Select service type that your office provided:

The patient is currently eligible for the following benefits:

**Examination**  
1 pair eyeglasses or contacts

Select the type of Authorization you would like to obtain:

- Examination & Materials
- Examination Only
- Materials Only

**2.c** Retrieve the authorization, view the SRF and enter a claim:

**Get Authorization**

---

**Authorization Issued**

Authorization Number:	ABC-00000747
Issue Date:	7/16/2018
Expiration Date:	8/6/2018
Services:	Examination 1 pair eyeglasses or contacts
Examination Copayment:	\$0.00

*Upon placement of your order or claim submission, your total payment will be calculated and displayed.*

**3.c** Select the following:

- Service Date
- Check Exam
- If Lab-Supplied Contact Lenses are chosen, select **Lab-Supplied Contact Lenses**

[Void](#) [Enter Claim/Order](#)  
[View Service Record Form](#)

Service Date:    [Today](#) [Yesterday](#)

Exam

No Materials

Lab-Supplied Contact Lenses 

Dr.-Supplied Contact Lenses 

[Submit](#) [Cancel](#)

**4.c** Provide the name of the provider/practice:

**Order:**

Authorization: ABC-00000748  
 Order Date: 7/17/2018  
 Practitioner's Name:  [v](#)  
 Service Date: 7/17/2018  
 Pair#:  [v](#)

**5.c** Provide the exam type, diagnosis and dilation information:

**Exam:**

Patient Type:  [v](#)  
 Exam Type:  [v](#)

Diagnosis (ICD-10) Code 1:  [v](#) **Other:**

Diagnosis (ICD-10) Code 2:  [v](#) **Other:**

**6.c** Enter the contact lens type and prescription for each eye.

Select Fitting Type:

**Lab-Supplied Contact Lenses:**

Right Eye [Clear](#)

Contact Type:  [v](#) [Copy to Left Eye](#)  
 Prescription:  [v](#)

Left Eye [Clear](#)

Contact Type:  [v](#) [Copy to Right Eye](#)  
 Prescription:  [v](#)

Contact Lens Evaluation/Fitting:  [v](#)

[View Order Summary](#) [Cancel](#)

# Order Entry

## Provider-Supplied Contact Lenses

**1.d** Select service type that your office provided:

The patient is currently eligible for the following benefits:

Examination  
1 pair eyeglasses or contacts

Select the type of Authorization you would like to obtain:

- Examination & Materials
- Examination Only
- Materials Only

**2.d** Retrieve the authorization, view the SRF and enter a claim:

**Get Authorization**

**Authorization Issued**

Authorization Number:	ABC-00000747
Issue Date:	7/16/2018
Expiration Date:	8/6/2018
Services:	Examination 1 pair eyeglasses or contacts
Examination Copayment:	\$0.00

*Upon placement of your order or claim submission, your total payment will be calculated and displayed.*

**3.d** Select the following:

- Service Date
- Check Exam

If Provider-Supplied Contact Lenses are chosen, select **Dr.-Supplied Contact Lenses**

Void Enter Claim/Order  
View Service Record Form

Service Date:    Today Yesterday

Exam

No Materials

Dr.-Supplied Contact Lenses 

Submit Cancel

**4.d** Provide the name of the provider/practice:

**Order:**

Authorization: ABC-00000748  
Order Date: 7/17/2018  
Practitioner's Name:    
Service Date: 7/17/2018  
Pair#:

**5.d** Provide the exam type, diagnosis and dilation information:

**Exam:**

Patient Type:    
Exam Type:    
Diagnosis (ICD-10) Code 1:   Other:   
Diagnosis (ICD-10) Code 2:   Other:

**6.d** Enter the manufacturer, style, base, curve and diameter, power and retail price.

If contact lens information is not available select

**Dr.-Supplied Contact Lenses:**

Manufacturer:    
Style:    
Base Curve & Diameter:    
Power:    
Type:  Base Curve & Diameter:    
Retail Price:  Power:    
Type:  Non-plan Contact Lenses  
Retail Price:

# Order Entry Summary

## Review Order Summary Before Submitting

Review the Order Summary

If changes need to be made, edit the order.

You may save and complete the claim at a later time.

### Attention:

**\*Claims may expire after 20 days. Call Customer Service to verify the timeframe.**

If the order/claim is accurate, submit the order.

Review your order summary below. You may edit the order again or submit the order to Davis Vision below.

Services:	Examination and Eye Glasses
Doctor's Name:	
Date of Service:	7/27/2018
Pair Number:	1
Patient Type:	New Patient
Exam Type:	Routine Eye Exam
Diagnosis 1:	Z01.00 - Encounter for exam of eyes and vision w/o abnormal findings
Dilation:	Yes
Lens Status:	Lab-supplied lenses
Lens Material:	PLASTIC (CR39)
Lens Style:	SINGLE VISION /SV
Lens Color:	Clear
PD Type:	
Clear Shield :	Yes
Scratch Coat :	Yes
Frame Status:	Lab-supplied frame
Frame Collection:	Premier (blue tag)
Frame Style:	AR 902 /DIWA
Frame Color:	BLACK 5117STD
Frame Temple Length:	135
Additional Service 1:	
Additional Service 2:	
Additional Service 3:	
Additional Service 4:	
Special Instructions:	

[Edit this Order](#) [Save for Later](#)

**Submit Order**

# Payment Summary

The Payment Summary includes:

- Invoice Number
- Provider Payments
- Provider Reimbursements

**Attention:**  
Once you exit the Payment Summary page, you will no longer have access.

Explanation of Payments (EOP)

- Checks are issued every Friday.  
An EOP will be included inside the envelope.

 **BEST PRACTICE:**



Print Payment  
Summary for  
Patient's records

Would you like to fill in Provider Lab Survey?

Thank you for submitting Your Order. Your order for MARY MEMBER has been received.  
The Invoice Number for the services you entered is listed below:

Invoice Number : 6XXXXXX

Please record the Invoice Number or print this page for future reference.

Provider Payment:	
Examination Fee:	+
Examination Co-pay:	-
Material Dispensing Fee:	+
Material Co-pay/Option Charges:	-
Additional Dispensing Fee:	+
Non-plan Material Reimbursement:	+
Davis Vision Payment	=
* Total Reimbursement	=
* does not include overage collected on non-plan items	

# Shipping Provider-Supplied Frames

**Attention:**  
Always note the order tracking number.

## ENSURE FASTER DELIVERY FOR YOUR PROVIDER SUPPLIED FRAMES



### 1 - PRINT

Complete the order, and print the Davis Vision packing slip.



### 2 - WRAP

Wrap the packing slip around the frame, and secure with tape or rubber band.



### 3 - SHIP

Use the UPS labels supplied by Davis Vision to immediately ship the frame.

**DON'T WAIT FOR ADDITIONAL ORDERS! SHIP FRAMES IMMEDIATELY AFTER ORDER ENTRY FOR FASTER PROCESSING.**

If you have any questions please contact us at  
**1-800-584-3140**

## DAVIS VISION EYECARE REFRAMED™

For customer service: 1-800-888-4321

Packing Slip for Provider-Supplied Frames

**DON'T WAIT FOR ADDITIONAL ORDERS! SHIP FRAMES IMMEDIATELY AFTER ORDER ENTRY FOR FASTER PROCESSING.**

\*To expedite the order, please call the packing slip around the frame so that the correct number and patient name are visible. Thank you!

### FRAMEWORK

The following Provider-supplied specialty frames are not accepted and will be returned without lenses:

- Oakley - Plastic Wrap
- Sunglass Frame
- Horn - Bone Material Frames
- Hand-Jaw - All Frames
- Google Glass - All Frames
- Lindbergh - Translucent Drill Mount

Date Of Order: 3/16/2022

Provider Number: 11043

Service Number: 12345678

Patient Name: John Smith

Frame Mfg: VITA

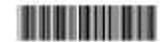
Frame Style: Spectra

Frame Color: Red

Frame Eye: 47

Frame Bridge: 18

Frame Temple: 141



12345678

**BEST PRACTICE:**



Print Packing Slip



# Saved and Existing Order Retrieving and Tracking

## Saved Orders

- Access saved orders using the navigation menu.



**Saved Orders**

Filter By: Entry Date from: Jan 1 2000 through Jun 26 2017

**Search**

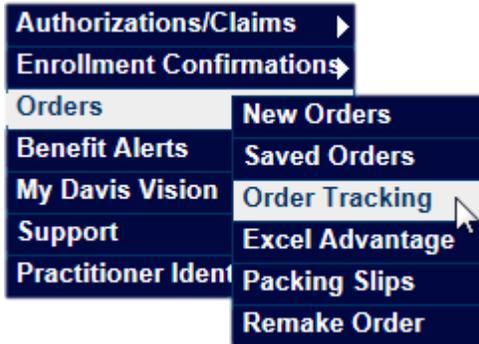
Date Entered	Patient Name	Authorization Number	Ticket Number	Action
4/8/2010			not submitted	Edit   Delete   Submit
3/12/2009			not submitted	Edit   Delete   Submit

**Work in Progress** [more...](#)

Order Date	Patient Name	Invoice Number	Status
4/23/2011			ORDER RECEIPT
4/23/2011			In Process
4/23/2011			ORDER RECEIPT
4/23/2011			In Process
4/23/2011			In Process

## Existing Orders

- Access existing orders using the navigation menu or the provider home shortcut.



**Order Tracking**

Filter By:  Order Date from: Jan 1 2002 through Jun 26 2017  
 Show only non-shipped orders  
 Ship Date from: Jan 1 2002 through Jun 26 2017  
 Invoice Number:

Sort By: Frame-To-Follow

**Search**

Order Date	Patient Name	Invoice Number	Status	Ship Date	
4/18/2011			Shipped	4/21/2011	Track
4/18/2011			Shipped	4/21/2011	Track

# Remake Orders

## Via Provider Portal or Telephone



### LENSES -

(Coverage Period 2 unless otherwise noted)

- Incorrect selection received
- Incorrect power
- Incorrect seg height
- Incorrect PD measurement
- Incorrect axis measurement
- Reversed prescription
- Scratched / Broken<sup>1</sup>
- Vertical imbalance / Incorrect prism
- Edged lenses do not fit frame correctly



### FRAME -

(Coverage Period 2 unless otherwise noted)

- Incorrect selection received
- Broken Frame<sup>1</sup>



PLACE RETURN AUTHORIZATION  
VIA PROVIDER PORTAL

LOG IN AT [DAVISVISION.COM/PROVIDER](https://davisvision.com/provider)



PLACE RETURN AUTHORIZATION  
VIA TELEPHONE

CALL US AT 1(800) 888-4321



### LENSES -

(Coverage Period 2 unless otherwise noted)

- AR coating<sup>1</sup>
- Too thin / thick
- Poor drill mounting
- Special circumstances<sup>1</sup>
- Def tint / photochromatic<sup>1</sup>
- Ansi standard - rejected by doctor<sup>1</sup>
- Not returned as requested by provider
- Incorrect contact lens selection received
- **Doctor's change:**<sup>4</sup>
  - Progressive style
  - Progressive height only (>1 mm)
  - Lab error processing uncuts
  - RX change (Other than progressive height)
- **Patient Change**
  - Material / Style
  - Non-adaptation to progressive (Cannot select another progressive)<sup>2</sup>
- **Add Ins:**
  - Tint
  - Standard AR coating
  - Roll and polish



### FRAME -

(Coverage Period 2 unless otherwise noted)

- Clip not supplied
- **Patient change:**
  - Allergic reaction<sup>4</sup>
  - New shape requires new lenses
- Replacement of non-plan / Dr. supplied<sup>1</sup>
- Complimentary pair (Notes + QA Permission)<sup>1</sup>



### ORDER ENTRY / SHIPPING -

(Coverage Period 2 unless otherwise noted)

- Lost in mail
- Mis-shipped (Sent to wrong provider)
- Phone entry challenge
- Internet entry challenge
- Order not updated as requested

 **BEST PRACTICE:**



Print Ship  
Back Form

# Remake Orders

## Via Provider Portal

- 1 Request remake orders by using the navigation menu and searching by invoice or authorization number
- 2 Select a remake reason
  - Remakes made through the portal are for reasons covered by the warranty only
- 3 Select the appropriate material and frame disposition that will be remade
  - Review the order summary and submit the request



**Remake Existing Order**

Select Order By:  Invoice Number:

Authorization Number: - Pair Number:

**Continue >>**

**Remake Existing Order**

Remake Reason: Choose Remake Reason

If the remake reason is not listed above, please contact Davis Vision at 1-800-888-4321 to place your remake order.

**Remake Existing Order**

Remake Reason Selected: FRAME RECEIVED DOES NOT MATCH ORDER FROM INVOICE

Please select the eyewear material that needs to be remade:

Complete Remake Order (Frames and Lenses)

Remake Frames Only

Will you send the frames back to your Davis Vision primary laboratory for insertion of new lenses?

Yes

No

# THE EXCLUSIVE COLLECTION

Excel Advantage Program





# The Exclusive Collection

*Provided at No Cost to Independent Providers*



- 222 Frames on Consignment
- Free one-year Breakage Warranty
  - Annual inventory events
- Additional revenue through Excel Advantage

# Excel Advantage

The Excel Advantage Program is an exclusive program for Davis Vision Providers that allows you to purchase frames from the Exclusive Collection and determine your own retail price.

- ✓ Increase your revenue with this program you can buy our frames below wholesale cost and set your own retail price for Non-Davis members.
- ✓ Frames are covered by our one year warranty
- ✓ May also purchase safety frames and eyeglass cases
- ✓ Many benefits allow members to select prescription Safety Frames in lieu of a Dress Frame
- ✓ No additional shipping charges, no minimum order requirements and most orders ship within 48 hours



# Excel Advantage Orders

## Via Provider Portal

1 Use the Navigation Menu or Provider Home Shortcut



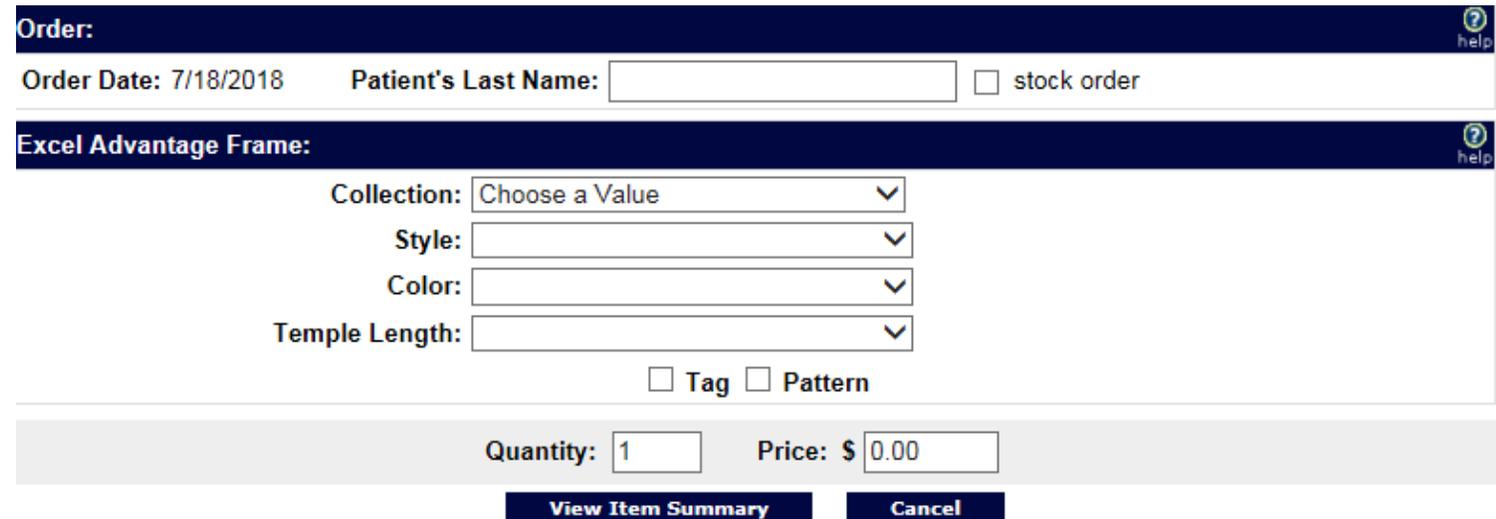
A vertical navigation menu with the following items: Authorizations/Claims, Enrollment Confirmations, Orders, Benefit Alerts, My Davis Vision, Support, Practitioner Ident. The 'Orders' menu is expanded to show: New Orders, Saved Orders, Order Tracking, Excel Advantage (highlighted), Packing Slips, and Remake Order.

2 Select the type of Excel Order (frame, lens or contact)



Excel Advantage™ banner with navigation links: What is Excel Advantage?, Browse Frames, Browse Pricelist, Safety Frame Pricelist. Contact information: Phone: (800) 888-4321. Promotional text: NOW BILLING ON NET 30 TERMS. Order Now button.

3 View the item summary and submit the order



Order: Order Date: 7/18/2018 Patient's Last Name:   stock order

Excel Advantage Frame: Collection: Choose a Value Style: Color: Temple Length:  Tag  Pattern

Quantity: 1 Price: \$ 0.00

View Item Summary Cancel

# CONTACT NUMBERS



## Provider Services

1-800-584-3140

Monday – Friday: 8AM – 6PM EST



## Excel Advantage

1-800-933-9375

Go to [www.davisvision.com](http://www.davisvision.com)



## Payments

1-800-783-8031

Option 3



## Utilization Review

1-800-584-2329

Monday – Friday: 8AM – 6PM EST



## Quality Assurance

1-888-343-3470

Go to [www.davisvision.com](http://www.davisvision.com)



## Website Assistance

1-800-943-5738

