



A product of DentaQuest

Provider Portal User Guide

Welcome to the EyeQuest Provider Portal! Use the Provider Portal to check member eligibility, submit claims and prior authorization requests, or order glasses from Classic Lab (when applicable).

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The portal designates the first user to register as the account holder for any users under your tax ID. After the first user has claimed the main account, all additional accounts will need to be created as subaccounts following the Add New Users directions below. Before registering, please check with your team to determine the best person to register as the main account holder. We recommend using an email address that will be accessible in the event the main account holder leaves the practice.

Registering in the Portal

1 To register your first account, navigate to

<https://vision-providers.dentaquest.com/PWP/Landing> and click Register Now.

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Returning Users

Username *

Password *

Login

Forgot your user name or password?

**New User?
Register Now**

Welcome to our enhanced web portal!

Our portal is designed to make vision program management easier than ever for our members and providers.

We continue to offer you the best in:

- Streamlined claims and authorization entry
- Quick and easy member benefits and eligibility lookup
- Up-to-date payment information
- Find A Provider search

2 Select the **Payee Registration** option.

Main

Registration

You can register for the portal as one of the following entities. Select the entity that best fits your role.

Payee

Register as a payee if you receive payment for adjudicated claims on behalf of one or more providers and/or locations. As a payee, you will have access to information for all of your associated providers and locations.

Payee Registration

Location

Register as a location if you are administrative staff for an office or clinic location. As a location, you will have access to information for all of the providers associated with your physical location.

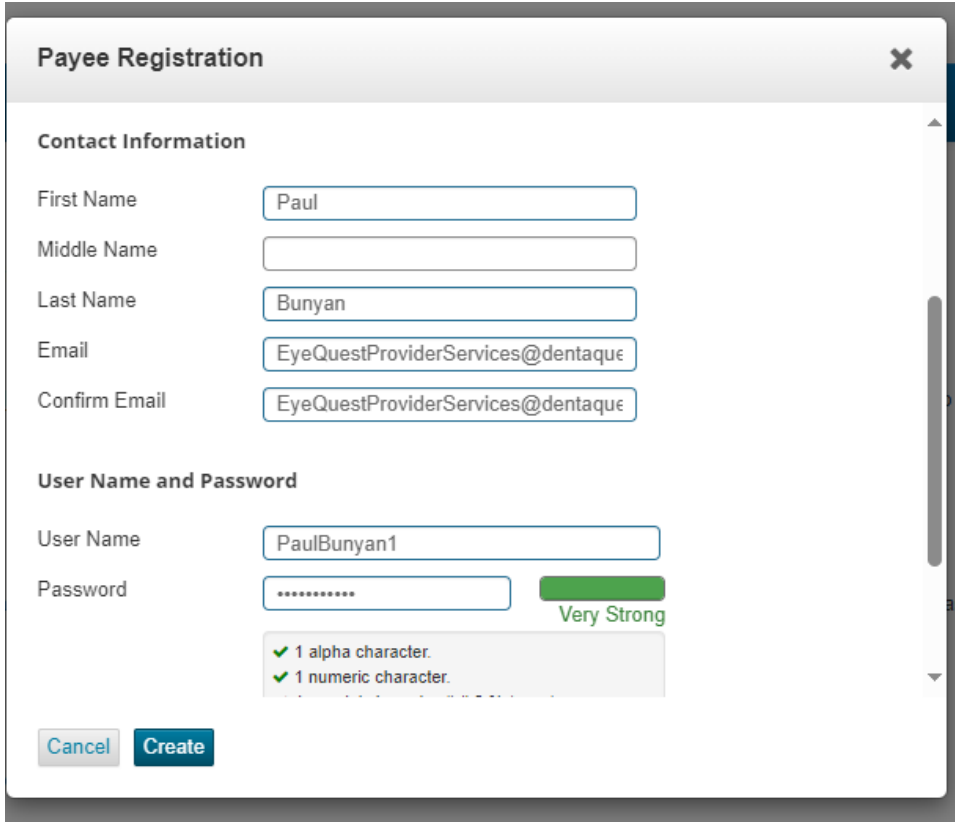
Location Registration

Provider

Register as a provider if you work with only your own patients. As a provider, you will have access to your own information.

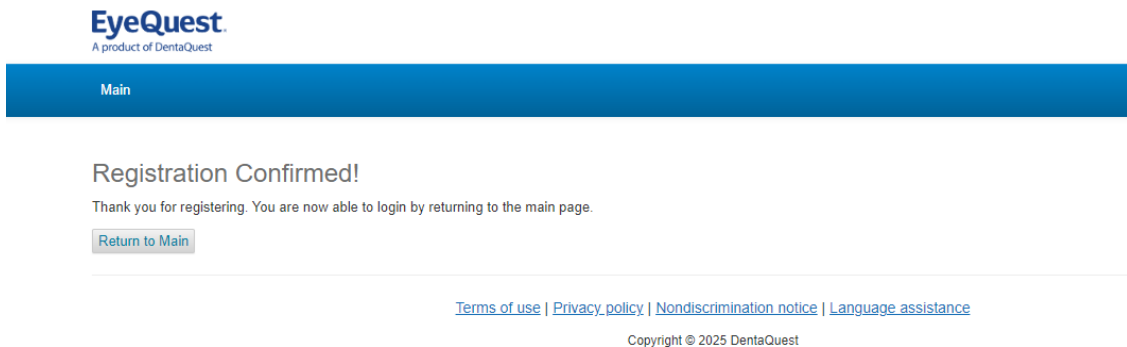
Provider Registration

3 A Payee Registration popup will generate. Fill in the Payee ID, Company Name, and your billing city, state, and ZIP that we have provided for you. Enter your name and email and then create a username and password. When you have filled in the required fields, click Create to create your account.



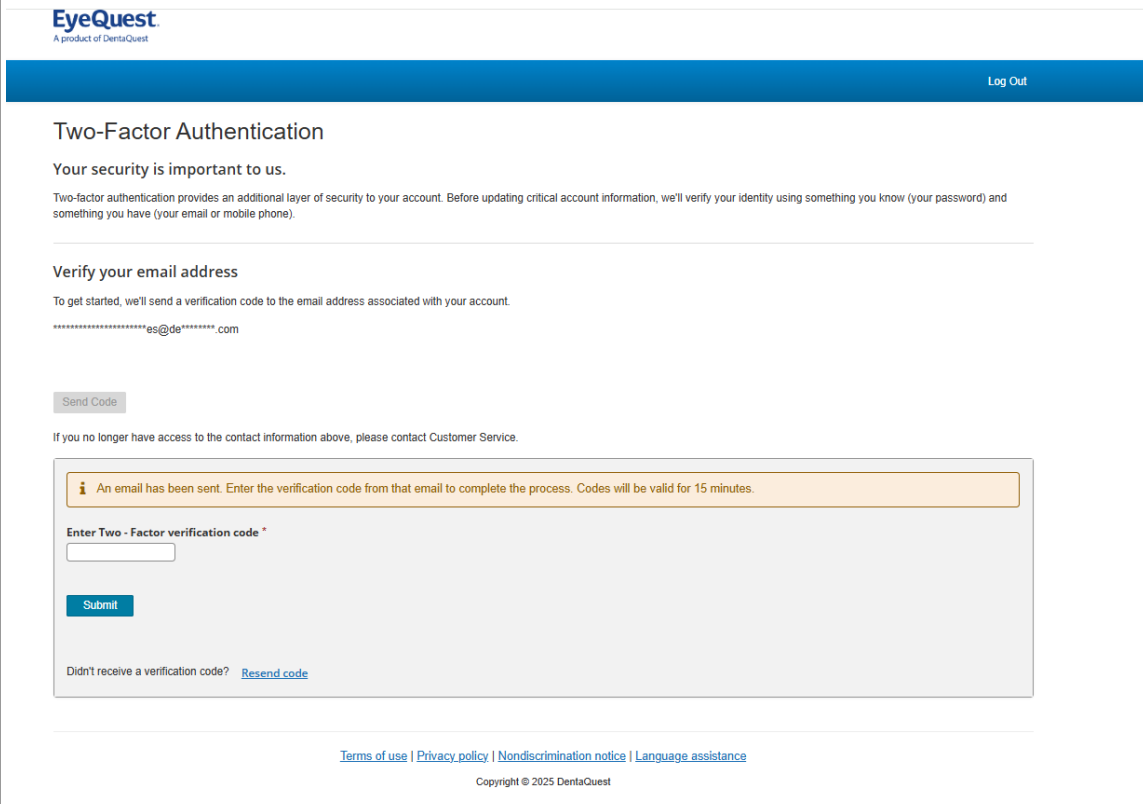
The screenshot shows a 'Payee Registration' popup window. It is divided into two sections: 'Contact Information' and 'User Name and Password'. In the 'Contact Information' section, the 'First Name' field contains 'Paul', 'Last Name' contains 'Bunyan', and both 'Email' and 'Confirm Email' fields contain 'EyeQuestProviderServices@dentaque'. The 'User Name and Password' section has 'User Name' set to 'PaulBunyan1' and 'Password' masked with dots. A green strength indicator shows 'Very Strong' with two checkmarks: '1 alpha character' and '1 numeric character'. At the bottom left are 'Cancel' and 'Create' buttons.

4 Once your profile is created, you will see a registration confirmation page. Click Return to Main to return to the login page and log in using your credentials.



The screenshot shows the 'EyeQuest' logo at the top left, with the tagline 'A product of DentaQuest'. Below the logo is a blue horizontal bar with the word 'Main' in white. Underneath this bar, the text 'Registration Confirmed!' is displayed in a large font, followed by a smaller line of text: 'Thank you for registering. You are now able to login by returning to the main page.' Below this text is a 'Return to Main' button. At the bottom of the page, there are four links: 'Terms of use', 'Privacy policy', 'Nondiscrimination notice', and 'Language assistance'. The footer contains the text 'Copyright © 2025 DentaQuest'.

5 Before signing in for the first time, you will need to verify the email address you used to register the account. Click Send Code to have a code sent to your email, then enter and click Submit to sign in.



The screenshot shows the EyeQuest Two-Factor Authentication interface. At the top left is the EyeQuest logo with the tagline 'A product of DentaQuest'. A blue navigation bar at the top right contains a 'Log Out' link. The main heading is 'Two-Factor Authentication', followed by the text 'Your security is important to us.' and a paragraph explaining that two-factor authentication provides an additional layer of security. Below this is a section titled 'Verify your email address' with instructions to get started by sending a verification code to the email address associated with the account. A text input field contains a partially masked email address: '*****es@de*****.com'. A 'Send Code' button is positioned below the input field. A note states: 'If you no longer have access to the contact information above, please contact Customer Service.' Below this is a yellow information box with an 'i' icon and the text: 'An email has been sent. Enter the verification code from that email to complete the process. Codes will be valid for 15 minutes.' Underneath is a form titled 'Enter Two - Factor verification code *' with a text input field and a 'Submit' button. At the bottom of the form, there is a link: 'Didn't receive a verification code? Resend code'. At the very bottom of the page, there are links for 'Terms of use', 'Privacy policy', 'Nondiscrimination notice', and 'Language assistance', along with a copyright notice: 'Copyright © 2025 DentaQuest'.

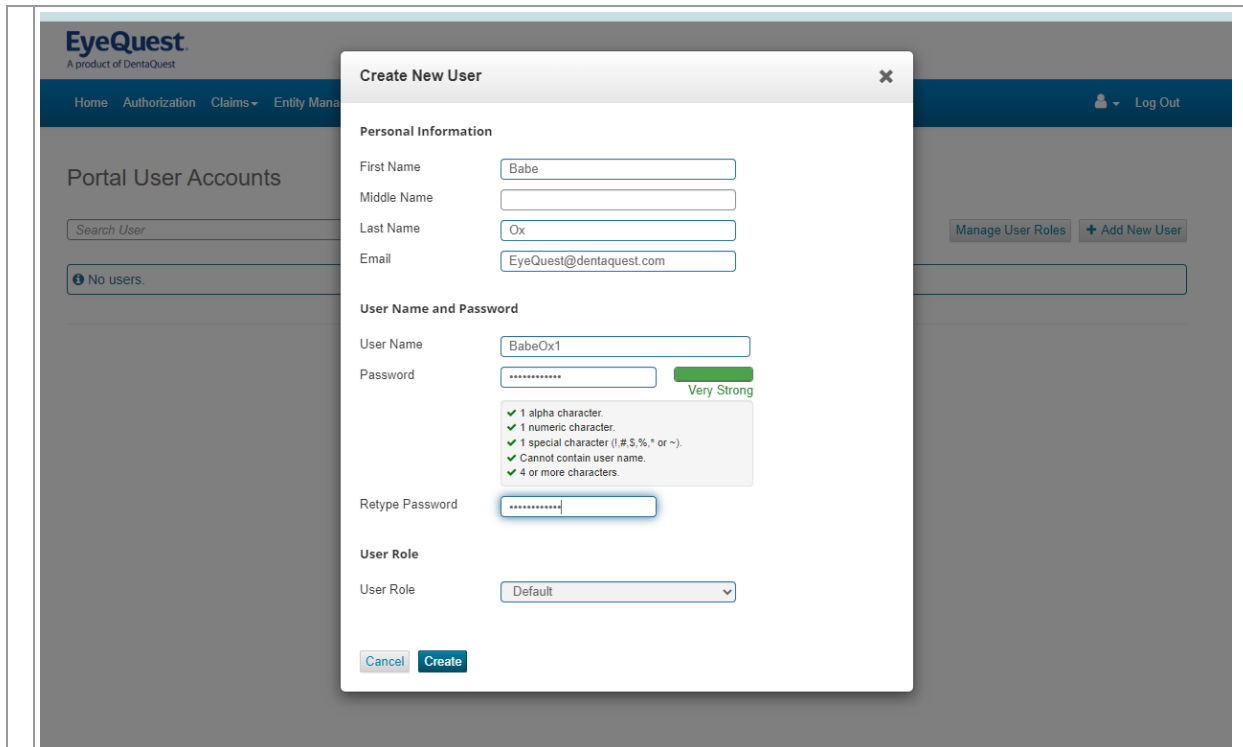
6 If you need to create subaccounts for other users at your practice, navigate to Resource Center>Management>Portal User Accounts.

Click Add New User to generate the Create New User popup.



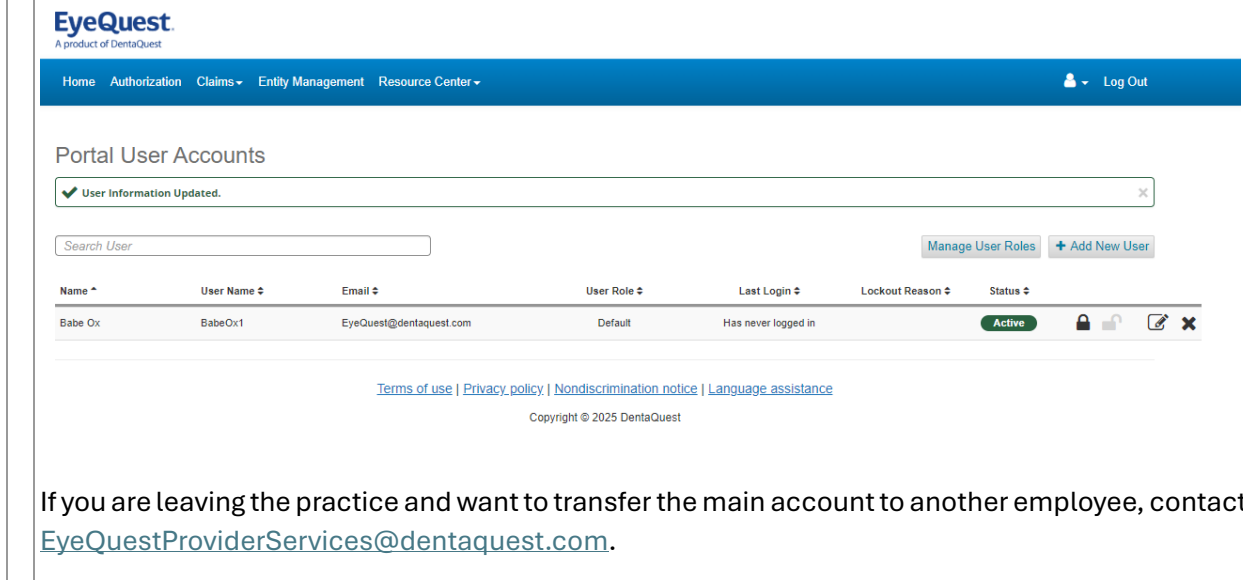
The screenshot shows the EyeQuest Portal User Accounts page. At the top left is the EyeQuest logo with the tagline 'A product of DentaQuest'. A blue navigation bar at the top contains links for 'Home', 'Authorization', 'Claims', 'Entity Management', and 'Resource Center'. On the right side of the navigation bar, there is a user profile icon and a 'Log Out' link. The main heading is 'Portal User Accounts'. Below the heading is a search input field with the placeholder text 'Search User'. To the right of the search field are two buttons: 'Manage User Roles' and '+ Add New User'. The '+ Add New User' button is highlighted with a red rectangular box.

7 Enter the user's name, email address, and create a unique username and password.



After the account has been created, you will return to the Portal User Accounts list with the new account appearing.

You can manage or edit the account as needed by selecting the Edit icon to the right, or if the user has left your practice you can delete their account with the X icon.



If you are leaving the practice and want to transfer the main account to another employee, contact EyeQuestProviderServices@dentaquest.com.

Provider Resources

1 The Provider Menu includes links to important forms and documents and links to a page for programs in each state. Navigate to your state to view EyeQuest's programs there, along with Office Reference Manuals, Classic Optical frame brochures, and other documents and information related to each program.

Use the **EFT Application Form** to sign up for direct deposit and/or electronic remittance advice. You can return the completed form along with a copy of a voided check or bank letter to EyeQuestProviderServices@dentaquest.com or 888-696-9552.

Use the **Provider Change Form** to submit requests to add new providers or make any other updates to your practice information.

EyeQuest
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Home Authorization Claims Entity Management Resource Center Log Out

Provider Menu
[Portal Tutorial](#)
[EFT Application Form](#)
[Provider Change Form](#)
Provider Resources

- Arkansas
- Colorado
- Georgia
- Illinois
- Kentucky
- Massachusetts
- Missouri
- Nevada
- New Jersey
- New York
- Ohio
- Pennsylvania
- South Carolina
- Tennessee
- Texas
- Virginia
- Washington
- Wisconsin

Start Order/Claim or Authorization

Check subscriber eligibility to get started with a new order/claim or auth.

Location
TEST Location 1 (Milwaukee, WI, 53221)

Provider
Test Provider 1

Date of Service

Subscriber ID

Subscriber ID and date of birth

Last name and date of birth

Last name, first name, and date of birth

Information Center

Order/Claims

Entered	0
Submitted	0
Pending	0
In Process	0
Processed (last 30 days)	0

Payments

Recent

No payment record.

[Terms of use](#) | [Privacy policy](#) | [Nondiscrimination notice](#) | [Language assistance](#)

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Checking a Member's Eligibility

1 On the Home page, select the applicable Location and Provider from the dropdowns (if your practice has more than one). Enter the Date of Service and search for the member by Subscriber ID or one of the other search options.

EyeQuest
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Home Authorization Claims Entity Management Resource Center Log Out

Start Order/Claim or Authorization

Check subscriber eligibility to get started with a new order/claim or auth.

Location: TEST Location 1 (Milwaukee, WI, 53221)

Provider: Test Provider 1

Date of Service: 01/01/2025

Subscriber ID: 1234567

Subscriber ID and date of birth

Last name and date of birth

Last name, first name, and date of birth

Reset Search

Information Center

Order/Claims

Entered	0
Submitted	0
Pending	0
In Process	0
Processed (last 30 days)	0

Historical Claims Dashboard

Payments

Recent Historical

No payment record.

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2 Click Select, then click Start an Order/Claim.

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Home Authorization Claims Entity Management Resource Center Log Out

Start Order/Claim or Authorization

Check subscriber eligibility to get started with a new order/claim or auth.

Location: TEST Location 1 (Milwaukee, WI, 53221)

Provider: Test Provider 1

Date of Service: 01/01/2025

Subscriber ID: 1234567

Subscriber ID and date of birth

Last name and date of birth

Last name, first name, and date of birth

Reset Search

Information Center

Order/Claims

Entered	0
Submitted	0
Pending	0
In Process	0
Processed (last 30 days)	0

Historical Claims Dashboard

Payments

Recent Historical

No payment record.

Search Results

Name	Date of birth	Address
RIP VAN WINKLE	01/31/2015	3 W SUNNYSIDE LN IRVINGTON, NY 10533

Select

Start an Order/Claim

Start an Authorization

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3 The member's primary benefit eligibility will show by default. If the member is eligible for routine services covered by the plan, they will show as Available. Use the Benefit Summary Report and [Office Reference Manual](#) to cross-reference covered services for the member's plan and subgroup to determine eligibility, as the available services and Benefit Summary may not accurately reflect all covered services.

Order/Claim Entry

Patient Information
 RIP VAN WINKLE
 3 W SUNNYSIDE LN
 IRVINGTON, NY 10533
 DOB: 01/31/2015
[Need to select a different patient?](#)

Provider/Location Information
 Test Provider 1
 TEST Location 1
 113 Test Road
 Milwaukee, WI 53221 -
[Need to select a different provider?](#)

Patient Benefits

Date of Service: 01/01/2025 [Change date of service?](#)

Place of Service: 11 - Office

Group/Plan/Subscriber: TN Amerigroup Medicaid Vision / TN WellPoint Medicaid Child Vision /

Vision Benefit: Primary
 Multiple Vision Benefits Available

Plan Type	Effective Date	Term Date	Exam Benefit	Contact Fit	Contacts Benefit	Frame Benefit	Lens Benefit	Med/Surg
Exam and Materials	01/01/2025		Available	Available	Available	Available	Available	Available
Select options for this patient →			<input type="checkbox"/> Exam	<input type="checkbox"/> Contact Fit	<input type="checkbox"/> Contacts	<input type="checkbox"/> Frames	<input type="checkbox"/> Lenses	<input type="checkbox"/> Med/Surg

[View Benefit Summary Report](#)

Diagnosis Codes as Indicated (Include all applicable diagnosis codes)

4 If the member's primary benefits have been used, you can select the Replacement Eyewear option from the Vision Benefit dropdown. This will show if the member has coverage for replacement eyewear.

If the member's primary and replacement benefits have been utilized and the member needs another replacement, contact EyeQuest@dentaquest.com.

Order/Claim Entry

Patient Information
 RIP VAN WINKLE
 3 W SUNNYSIDE LN
 IRVINGTON, NY 10533
 DOB: 01/31/2015
[Need to select a different patient?](#)

Provider/Location Information
 Test Provider 1
 TEST Location 1
 113 Test Road
 Milwaukee, WI 53221 -
[Need to select a different provider?](#)

Patient Benefits

Date of Service: 01/01/2025 [Change date of service?](#)

Place of Service: 11 - Office

Group/Plan/Subscriber: TN Amerigroup Medicaid Vision / TN WellPoint Medicaid Child Vision /

Vision Benefit: 1st Pair Replacement Eyewear
 Multiple Vision Benefits Available

Plan Type	Effective Date	Term Date	Exam Benefit	Contact Fit	Contacts Benefit	Frame Benefit	Lens Benefit	Med/Surg
Exam and Materials	01/01/2025		Not Available	Not Available	Not Available	Available	Available	Not Available
Select options for this patient →			<input type="checkbox"/> Exam	<input type="checkbox"/> Contact Fit	<input type="checkbox"/> Contacts	<input type="checkbox"/> Frames	<input type="checkbox"/> Lenses	<input type="checkbox"/> Med/Surg

[View Benefit Summary Report](#)

Submitting an Exam Claim

- Continuing from the Order/Claim Entry screen accessed when [verifying member eligibility](#), select the Exam Benefit box to expand the Exam block.

Patient Benefits

Date of Service: 01/01/2025 [Change date of service?](#)

Place of Service: 11 - Office

Group/Plan/Subscriber: TN Amerigroup Medicaid Vision / TN WellPoint Medicaid Child Vision /

Vision Benefit: Primary
Multiple Vision Benefits Available

Plan Type	Effective Date	Term Date	Exam Benefit	Contact Fit	Contacts Benefit	Frame Benefit	Lens Benefit	Med/Surg
Exam and Materials	01/01/2025		Available	Available	Available	Available	Available	Available

Select options for this patient → Exam Contact Fit Contacts Frames Lenses Med/Surg

[View Benefit Summary Report](#)

Diagnosis Codes as Indicated (Include all applicable diagnosis codes)

Code Type: ICD-10

Primary Diagnosis Code:

Diagnosis Code 2:

Diagnosis Code 3:

Diagnosis Code 4:

Patient referred to their primary care provider: Yes No

Exam

Procedure Code 1: \$

Procedure Code 2: \$

Procedure Code 3: \$

Contact Fit

- Enter your ICD-10 diagnosis code(s) and select No for 'Patient referred to their primary care provider.' Make sure to include any applicable diabetic diagnosis codes.

Patient Benefits

Date of Service: 01/01/2025 [Change date of service?](#)

Place of Service: 11 - Office

Group/Plan/Subscriber: TN Amerigroup Medicaid Vision / TN WellPoint Medicaid Child Vision /

Vision Benefit: Primary
Multiple Vision Benefits Available

Plan Type	Effective Date	Term Date	Exam Benefit	Contact Fit	Contacts Benefit	Frame Benefit	Lens Benefit	Med/Surg
Exam and Materials	01/01/2025		Available	Available	Available	Available	Available	Available

Select options for this patient → Exam Contact Fit Contacts Frames Lenses Med/Surg

[View Benefit Summary Report](#)

Diagnosis Codes as Indicated (Include all applicable diagnosis codes) [Clear](#)

Code Type: ICD-10

Primary Diagnosis Code: H52.13 MYOPIA, BILATERAL

Diagnosis Code 2: H52.221 REGULAR ASTIGMATISM, R.

Diagnosis Code 3:

Diagnosis Code 4:

Patient referred to their primary care provider: Yes No

Exam

3 Enter your exam procedure code and a submitted cost. If the member is diabetic, make sure to indicate Yes and include the applicable codes from the Diagnosis Code and CPTII dropdowns.

Diagnosis Codes as Indicated (Include all applicable diagnosis codes) [Clear](#)

Code Type: ICD-10

Primary Diagnosis Code: x

Diagnosis Code 2: x

Diagnosis Code 3: x

Diagnosis Code 4:

Patient referred to their primary care provider: Yes No

Exam [Clear](#)

Procedure Code 1: x

Procedure Code 2:

Procedure Code 3:

Is this patient known to have diabetes: Yes No Diagnosis Code: CPTII:

Patient tested for glaucoma: Yes No

Contact Fit

If you have additional codes to submit, select the Med/Surg box to expand the Medical/Surgical block and enter them there, along with any modifiers, diagnosis pointers, quantity, and your billed amount.

Med/Surg [Clear](#)

Procedure Code: x

DOS From: DOS To:

Modifier 1: Modifier 2: Modifier 3: Modifier 4:

Diag Ptr 1: Diag Ptr 2: Diag Ptr 3: Diag Ptr 4:

Diag Ptr 5: Diag Ptr 6: Diag Ptr 7: Diag Ptr 8:

NDC Num: NDC Qty: NDC Unit:

Qty: Total Billed Amount:

[Clear Service](#) [?](#)

[Add Another Service](#) Total Med/Surg Services Billed: \$

Other Coverage This Patient has other coverage

4 After entering all procedure and diagnosis codes and information, click Save and Calculate to advance to the confirmation page.

5 Review your submission, then click Submit or Cancel if you need to edit your claim before submitting.

Review Order/Claim

Date of Service: 01/01/2025

For Provider Use Only

Patient Information

RIP VAN WINKLE
3 W SUNNYSIDE LN
IRVINGTON, NY 10533
DOB: 01/31/2015

Provider/Location Information

Test Provider 1
TEST Location 1
113 Test Road
Milwaukee, WI 53221 -

	Total Qty.	Qty. Supplied by Supplier	Qty. Supplied by Provider	Billed Amount per Unit	Total Billed Amount	Patient Price
Exams						
1. OPTH SERV: MED EXAM & EVAL; COMP ESTAB PT	1	N/A	1	\$50.00	\$50.00	\$0.00
Contact Fit						
No Contact Fit Added						
Contacts						
No Contacts Added						
Frame						
No Frame Added						
Lenses (Pair)						
No Lenses Added						
Med/Surg						
No Services Added						
Totals					\$50.00	\$0.00

Rendered: [blurred]

Cancel **Submit**

5 After clicking Submit, you will see a confirmation page. From here, you can print this confirmation for your records if you'd like, or click Done to return to the Home page.

Provider Order/Claim Summary

Date of Service: 01/01/2025

For Provider Use Only

Patient Information

RIP VAN WINKLE
 3 W SUNNYSIDE LN
 IRVINGTON, NY 10533
DOB: 01/31/2015

Provider/Location Information

Test Provider 1
 TEST Location 1
 113 Test Road
 Milwaukee, WI 53221 -

	Total Qty.	Qty. Supplied by Supplier	Qty. Supplied by Provider	Billed Amount per Unit	Total Billed Amount	Patient Price
Exams						
1. OPHTH SERV: MED EXAM & EVAL; COMP ESTAB PT	1	N/A	1	\$50.00	\$50.00	\$0.00
Contact Fit						
No Contact Fit Added						
Contacts						
No Contacts Added						
Frame						
No Frame Added						
Lenses (Pair)						
No Lenses Added						
Med/Surg						
No Services Added						
Totals					\$50.00	\$0.00

✔ Order/Claim was submitted successfully!

Tracking Number V0250116000001 can be edited for the next 90 Minutes. Submitted order/claims can be edited from the Order/Claim Dashboard or by searching for the patient.

Rendered: [blurred]

Print Done

6 Claims will stay in Submitted status for 90 minutes to allow you time to catch and correct any errors. If you need to submit a correction to a claim within this period, you can navigate to the Claims Dashboard via the Home page. After the 90 minutes is up, claims will show as Pending and cannot be edited. If you need to submit a correction after this point, send a HCFA with the corrected claim information to EyeQuest@dentaquest.com or 888-696-9552 and indicate the original claim that you are correcting so we can update and reprocess your claim.

Provider Menu

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- [Provider Change Form](#)

Provider Resources

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- [New Jersey](#)
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- [South Carolina](#)
- [Tennessee](#)
- [Texas](#)
- [Virginia](#)
- [Washington](#)
- [Wisconsin](#)

Start Order/Claim or Authorization

Check subscriber eligibility to get started with a new order/claim or auth.

Location

Provider

Date of Service

- Subscriber ID
- Subscriber ID and date of birth
- Last name and date of birth
- Last name, first name, and date of birth

Information Center

Order/Claims

Entered	0
Submitted	1
Pending	0
In Process	0
Processed (last 30 days)	0

[Historical Claims](#) [Dashboard](#)

Payments

[Recent](#) [Historical](#)

No payment record.

7 From the Dashboard, click Edit to review your claim.

Dashboard

Select a tile to update results.

Location Provider

[What does the order/claim status mean?](#)

Entered (not submitted) 0 Order/Claim	Submitted 1 Order/Claim	Pending 0 Order/Claim
In Process 0 Order/Claim	Processed (last 30 days) 0 Order/Claim	

Tracking Number	Order Type	Optical Lab	Patient First Name	Patient Last Name	Date Created	Transaction Status	Estimated Ship Date	Provider Status	Actions
V0250118000001	Eyeglasses	N/A	RIP	VAN WINKLE	01/16/2025	Submitted	N/A		Edit View Delete

Page 1 of 1

[First](#) [Previous](#) [Next](#) [Last](#)

[Search Historical Claims](#)

8 Make any edits needed and click Save and Calculate when completed to resubmit.



Home Authorization Claims Entity Management Resource Center

Log Out

Order/Claim Entry

⚠ You are modifying an order/claim which was submitted previously.

Patient Information

RIP VAN WINKLE
3 W SUNNYSIDE LN
IRVINGTON, NY 10533
DOB: 01/31/2015

[Need to select a different patient?](#)

Provider/Location Information

Test Provider 1
TEST Location 1
113 Test Road
Milwaukee, WI 53221 -

[Need to select a different provider?](#)

Patient Benefits

Date of Service: 01/01/2025 [Change date of service?](#)
Place of Service: 11 - Office
Group/Plan/Subscriber: TN Amerigroup Medicaid Vision / TN WellPoint Medicaid Child Vision /
Vision Benefit: Primary
Multiple Vision Benefits Available

Plan Type	Effective Date	Term Date	Exam Benefit	Contact Fit	Contacts Benefit	Frame Benefit	Lens Benefit	Med/Surg
Exam and Materials	01/01/2025		Available	Available	Available	Available	Available	Available

Select options for this patient → Exam Contact Fit Contacts Frames Lenses Med/Surg

[View Benefit Summary Report](#)

Diagnosis Codes as Indicated (Include all applicable diagnosis codes)

[Clear](#)

Code Type: ICD-10

Primary Diagnosis Code: H52.13 MYOPIA, BILATERAL
Diagnosis Code 2: H52.221 REGULAR ASTIGMATISM, R.
Diagnosis Code 3:
Diagnosis Code 4:

Patient referred to their primary care provider: Yes No

Exam

[Clear](#)

Procedure Code 1: 92014 Eye Exam \$ 50.00
Procedure Code 2: \$
Procedure Code 3: \$

Is this patient known to have diabetes: Yes No

Patient tested for glaucoma: Yes No

Submitting an Eyeglass Claim (Non-Classic Lab)

1 Continuing from the Order/Claim Entry screen accessed when [verifying member eligibility](#), select the Frame and/or Lens Benefit boxes (or the Contact Fit/Benefit boxes if the member's plan covers these) to expand the Eyeglasses block.

Note: If you have [an exam claim to submit](#), you can also select Exam and submit both at the same time.

Patient Benefits

Date of Service: 12/01/2024 [Change date of service?](#)

Place of Service: 11 - Office

Group/Plan/Subscriber: TN Amerigroup Community Care Medicare Vision / TN Wellpoint Extra

Vision Benefit: Primary
Multiple Vision Benefits Available

Plan Type	Effective Date	Term Date	Exam Benefit	Contact Fit	Contacts Benefit	Frame Benefit	Lens Benefit	Med/Surg
Exam and Materials	01/01/2024	12/31/2024	Available	Not Available	Available	Available	Available	Available

Select options for this patient → Exam Contact Fit Contacts Frames Lenses Med/Surg

[View Benefit Summary Report](#)

Diagnosis Codes as Indicated (Include all applicable diagnosis codes)

Code Type: ICD-10

Primary Diagnosis Code:

Diagnosis Code 2:

Diagnosis Code 3:

Diagnosis Code 4:

Patient referred to their primary care provider: Yes No

Exam

Contact Fit

Contacts

Eyeglasses

Frame

Patient Supplied Frame: Yes No

Search for a frame using any of the following criteria:

- Style
- Collection
- Manufacturer

Frame details are required in order to process the order.

Lab Selection: Classic Optical

2 Select Patient Supplied Frame as No.

Enter anything in the Search field, then click Search and select "Click here if you can't find the frame you are looking for."

Eyeglasses [Clear](#)

Frame

Patient Supplied Frame: Yes No

Search for a frame using any of the following criteria:

- Style
- Collection
- Manufacturer

[Click here if you can't find the frame you are looking for.](#)

⚠ Displaying top 100 search results. Refine your search to narrow down the list of records.

Manufacturer	Collection	Style	
Capri	Capri	Trendy Flex 1 (TF1) (Prior Auth Required)	<input type="button" value="Select"/>
Capri	Capri	Trendy Flex 2 (TF2) (Prior Auth Required)	<input type="button" value="Select"/>
Capri	Capri	Trendy Flex 3 (TF3) (Prior Auth Required)	<input type="button" value="Select"/>
Capri	Capri	Trendy Flex 4 (TF4) (Prior Auth Required)	<input type="button" value="Select"/>
Capri	Capri	Trendy Flex 5 (TF5) (Prior Auth Required)	<input type="button" value="Select"/>

3 Enter the frame information and click Add.

Provider Frame Not Found Information ✕

Manufacturer:

Collection:

Style:

Color:

Eye Size:

B Measurement:

Bridge Size:

Temple Size:

Frame Edge Type:

Billed Charges:

4 Confirm your frame information populates. Disregard the 'Lab Selection' dropdown if it says Classic Optical as your claim will not be submitted to Classic Optical as an order.

Eyeglasses [Clear](#)

Frame

Patient Supplied Frame: Yes No

	Manufacturer	Collection	Style	Size	Color (Color Code)	Frame Edge Type	Billed Charges
<input checked="" type="checkbox"/>	SAFILO	BANANA REPUB...	ALEA	48-29-17-135	0JTB	Half Eye Nylon Zyl	\$ 229.00

You have selected a Provider Supplied Frame.

Lab Selection

Lenses and Frames Order Lenses Only, Provider to Mount Uncut Lenses

Prescription [Clear](#)

Lens/Prescription Type:

Med/Surg

5 Select a Lens/Prescription Type and enter the Rx information. Enter the Lens Style, Material, Treatment, and any additional options along with submitted amounts in the cost fields.

You have selected a Provider Supplied Frame.

Lab Selection Classic Optical

Lenses and Frames Order Lenses Only, Provider to Mount Uncut Lenses

Prescription

[Clear](#)

Lens/Prescription Type: Single Vision

Eye	Sphere	Cylinder	Axis	PD Type	Dist/Near PD	OC	OC Reference	BC	Hor Prism	Hor Base Dir	Vert Prism	Vert Base Dir
Right (OD) <input type="checkbox"/> Bal	-1.50	-0.25	130	<input type="radio"/> Bi <input checked="" type="radio"/> Mono	29.5							
	OU				OU			OU	OU	OU	OU	OU
Left (OS) <input type="checkbox"/> Bal	-1.25				29.0							

Lenses

[Clear](#)

Industrial Thickness Yes No

Lens Style Single Vision Enter Procedure Code for Left/Right Eye \$ 50.00

Lens Material Polycarbonate (1.59) \$ 25.00

Lens Treatment No Treatment \$

Lens Options

[Clear](#)

Option 1 AR Coating \$ 100.00

Option 2 \$

6 Scroll to the bottom of the page and review the total cost, then click Save and Calculate to proceed.

You have selected a Provider Supplied Frame.

Lab Selection: Classic Optical

Lenses and Frames Order Lenses Only, Provider to Mount Uncut Lenses

Prescription [Clear](#)

Lens/Prescription Type: Single Vision

Eye	Sphere	Cylinder	Axis	PD Type	Dist/Near PD	OC	OC Reference	BC	Hor Prism	Hor Base Dir	Vert Prism	Vert Base Dir
Right (OD) <input type="checkbox"/> Bal	-1.50	-0.25	130	<input type="radio"/> Bi <input checked="" type="radio"/> Mono	29.5							
OU												
Left (OS) <input type="checkbox"/> Bal	-1.25				29.0							
OU												

Lenses [Clear](#)

Industrial Thickness Yes No

Lens Style: Single Vision Enter Procedure Code for Left/Right Eye

Lens Material: Polycarbonate (1.59)

Lens Treatment: No Treatment

Lens Options [Clear](#)

Option 1: AR Coating

Option 2:

Med/Surg

Other Coverage This Patient has other coverage

Attached Documents (0) [^](#)

Maximum file size: 4.8 Megabytes.
Allowed file types: doc, docx, gif, jpg, jpeg, odt, pdf, png, tif, tiff, txt, xls, xlsx, zip

There are currently no documents attached to this claim.

Remarks [Clear](#)

0 / 600 Characters

7 Review your claim for accuracy, click the box confirming the Order Instructions, and click Submit.

Review Order/Claim

Date of Service: 01/01/2025

For Provider Use Only

Patient Information

GEOFFREY CRAYON
5132 NY-23A
HAINES FALLS, NY 12436
DOB: 01/01/1957

Optical Lab Information

Classic Optical
3710 Belmont Avenue
Youngstown, OH 44505
(888)522-2020

Provider/Location Information

Test Provider 1
Test Location 8
123 S North Street
Milwaukee, WI 53207 -

	Total Qty.	Qty. Supplied by Supplier	Qty. Supplied by Provider	Billed Amount per Unit	Total Billed Amount	Patient Price
Exams						
No Exams Added						
Contact Fit						
No Contact Fit Added						
Contacts						
No Contacts Added						
Frame						
1. ALEA	1	0	1	\$229.00	\$229.00	\$29.00
Lenses (Pair) <small>(includes applicable copay)</small>						
1. Single Vision	1	0	1	\$50.00	\$50.00	\$50.00
2. Polycarbonate	1	0	1	\$25.00	\$25.00	\$25.00
3. AR Coating (Option)	1	0	1	\$100.00	\$100.00	\$100.00
Prescription						
Eye	Sphere	Cylinder	AxIs	Distance PD		
R	-1.50	-0.25	130	29.5		
L	-1.25	--	--	29.0		
Med/Surg						
No Services Added						
Totals					\$404.00	\$204.00

Order Instructions

You have selected:

- Provider Supplied Frame (Frame Not Found)
- Lenses

Your office is responsible for providing the frame to the vision lab for completion. The lab will insert the lenses and return the completed eyeglasses to your office.

I understand and agree to the Order Instructions.

Rendered:

Cancel **Submit**

- 8 Confirm your claim was submitted and click Done to return to the Home screen. If you have any changes or corrections to make, you can make them within the next 90 minutes before the claim is submitted to EyeQuest. Refer to the instructions for editing a claim [here](#).

Patient Information
 GEOFFREY CRAYON
 5132 NY-23A
 HAINES FALLS, NY 12436
 DOB: 01/01/1957

Optical Lab Information
 Classic Optical
 3710 Belmont Avenue
 Youngstown, OH 44505
 (888)522-2020

Provider/Location Information
 Test Provider 1
 Test Location 8
 123 S North Street
 Milwaukee, WI 53207 -

	Total Qty.	Qty. Supplied by Supplier	Qty. Supplied by Provider	Billed Amount per Unit	Total Billed Amount	Patient Price
Exams						
No Exams Added						
Contact Fit						
No Contact Fit Added						
Contacts						
No Contacts Added						
Frame						
1. ALEA	1	0	1	\$229.00	\$229.00	\$29.00
Lenses (Pair)					(includes applicable copay)	
1. Single Vision	1	0	1	\$50.00	\$50.00	\$50.00
2. Polycarbonate	1	0	1	\$25.00	\$25.00	\$25.00
3. AR Coating (Option)	1	0	1	\$100.00	\$100.00	\$100.00
Prescription						
Eye	Sphere	Cylinder	Axis	Distance PD		
R	-1.50	-0.25	130	29.5		
L	-1.25	--	--	29.0		
Med/Surg						
No Services Added						
Totals					\$404.00	\$204.00

✔ Order/Claim was submitted successfully!

Tracking Number V0250203000001 can be edited for the next 90 Minutes. Submitted order/claims can be edited from the Order/Claim Dashboard or by searching for the patient.

Order Instructions

You have selected:

- Provider Supplied Frame (Frame Not Found)
- Lenses

Your office is responsible for providing the frame to the vision lab for completion. The lab will insert the lenses and return the completed eyeglasses to your office.

I understand and agree to the Order Instructions.

Rendered: Print Done

Submitting a Contact Lens Claim

1 Continuing from the Order/Claim Entry screen accessed when [verifying member eligibility](#), select or the Contact Fit/Benefit boxes if the member's plan covers these to expand the Contact block.

Note: If you have [an exam claim to submit](#), you can also select Exam and submit both at the same time.

Enter diagnosis codes and check No for 'Patient referred to their primary care provider.'

Patient Benefits

Date of Service: 01/01/2025 [Change date of service?](#)

Place of Service: 11 - Office

Group/Plan/Subscriber: TN Amerigroup Medicaid Vision / TN WellPoint Medicaid Child Vision /

Vision Benefit: Primary
Multiple Vision Benefits Available

Plan Type	Effective Date	Term Date	Exam Benefit	Contact Fit	Contacts Benefit	Frame Benefit	Lens Benefit	Med/Surg
Exam and Materials	01/01/2025		Available	Available	Available	Available	Available	Available

Select options for this patient → Exam Contact Fit Contacts Frames Lenses Med/Surg

[View Benefit Summary Report](#)

Diagnosis Codes as Indicated (Include all applicable diagnosis codes) [Clear](#)

Code Type: ICD-10

Primary Diagnosis Code: H52.03 HYPERMETROPIA, BILATE. x

Diagnosis Code 2: H52.222 REGULAR ASTIGMATISM, L. x

Diagnosis Code 3: x

Diagnosis Code 4:

Patient referred to their primary care provider: Yes No

2 Enter the Contact Fit procedure code (if submittable to EyeQuest), then select the applicable lens code from the Style dropdown. Enter the applicable quantity and Billed Amount Per Unit. Click Save and Calculate to advance to the Review stage.

Contact Fit [Clear](#)

Procedure Code: 92310 Contact Lens Fitting \$ 50.00

Contacts [Clear](#)

Right Eye

Search Formulary Lenses Only Search Toric Lenses Only

Style	Color	Base Curve	Diameter	Sphere	Qty/ Boxes	Billed Amount per Unit	Total Billed Amount
V2520 Contact lens, hy...x	All	0.1	0.0	+0.00	1	\$ 99.00	\$ 99.00

Non-Formulary

OU

Left Eye

Search Formulary Lenses Only Search Toric Lenses Only

Style	Color	Base Curve	Diameter	Sphere	Qty/ Boxes	Billed Amount per Unit	Total Billed Amount
V2520 Contact lens, hy...x	All	0.1	0.0	+0.00	1	\$ 99.00	\$ 99.00

Non-Formulary

Total Boxes Allowed: 999

Eyeglasses

Med/Surg

Other Coverage This Patient has other coverage

Attached Documents (0)

[Attach Document\(s\)](#) Maximum file size: 4.8 Megabytes.
Allowed file types: doc, docx, gif, jpg, jpeg, odt, pdf, png, tif, tiff, txt, xls,xlsx, zip

There are currently no documents attached to this claim.

Remarks [Clear](#)

0 / 600 Characters

\$ 248.00

[Delete](#) [Clear All](#) [Cancel](#) [Save & Calculate](#)

3 Review your submission, check the box acknowledging the Order Instructions, and click Submit.

Review Order/Claim

Date of Service: 01/01/2025

For Provider Use Only

Patient Information

RIP VAN WINKLE
3 W SUNNYSIDE LN
IRVINGTON, NY 10633
DOB: 01/31/2015

Provider/Location Information

Test Provider 1
Test Location 8
123 S North Street
Milwaukee, WI 53207 -

	Total Qty.	Qty. Supplied by Supplier	Qty. Supplied by Provider	Billed Amount per Unit	Total Billed Amount	Patient Price												
Exams																		
No Exams Added																		
Contact Fit																		
1. PRSC & FIT CONTACT LENS; CORNEAL EXCEPT APHAKIA	1	N/A	1	\$50.00	\$50.00	\$0.00												
Contacts																		
1. V2520 Contact lens, hydrophilic, spherical, per lens - Right (OD)	1	0	1	\$99.00	\$99.00	\$0.00												
2. V2520 Contact lens, hydrophilic, spherical, per lens - Left (OS)	1	0	1	\$99.00	\$99.00	\$0.00												
Prescription																		
<table><thead><tr><th>Eye</th><th>Base Curve</th><th>Diameter</th><th>Sphere</th></tr></thead><tbody><tr><td>R</td><td>0.0</td><td>0.0</td><td>+0.00</td></tr><tr><td>L</td><td>0.0</td><td>0.0</td><td>+0.00</td></tr></tbody></table>	Eye	Base Curve	Diameter	Sphere	R	0.0	0.0	+0.00	L	0.0	0.0	+0.00						
Eye	Base Curve	Diameter	Sphere															
R	0.0	0.0	+0.00															
L	0.0	0.0	+0.00															
Frame																		
No Frame Added																		
Lenses (Pair)																		
No Lenses Added																		
Med/Surg																		
No Services Added																		
Totals					\$248.00	\$0.00												

Order Instructions

You have selected:

- Non-Formulary Contacts

Your office is responsible for providing the contact lenses to the patient.

I understand and agree to the Order Instructions.

Rendered:

4 As with other claims, you will be able to edit this claim for 90 minutes after submitting if you need to make any corrections. Refer to the instructions for editing a claim [here](#).

Submitting an Order to Classic Optical (Select Medicaid Programs Only)

1 Typically, EyeQuest's Medicaid programs utilize Classic Optical for eyewear and pay a dispensing fee to the provider instead of frame and lens reimbursement. Consult your Provider Agreement and [Office Reference Manual](#) to determine if you should place an order to Classic Optical.

From the Home page, select the applicable Location and Provider from the dropdowns. This will determine where your order is shipped so make sure to select the correct address.

Enter the **current** date as the Date of Service.

Key in Subscriber ID or another search option to pull up the member and click Search, then Start an Order/Claim.



The screenshot shows the EyeQuest web application interface. At the top is a blue navigation bar with links for Home, Authorization, Claims, Entity Management, and Resource Center, along with a user profile icon and a Log Out button. The main content area is divided into three columns. The left column contains a "Provider Menu" with a "Portal Tutorial" link, an "EFT Application Form" link, and a "Provider Change Form" link. Below this is a "Provider Resources" section with a list of state links: Arkansas, Colorado, Georgia, Illinois, Kentucky, Massachusetts, Missouri, Nevada, New Jersey, New York, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, and Wisconsin. The middle column is titled "Start Order/Claim or Authorization" and contains a form with fields for Location (TEST Location 1 (Milwaukee, WI, 53221)), Provider (Test Provider 1), and Date of Service (01/01/2025). There are three radio button options for search criteria: "Subscriber ID" (selected), "Subscriber ID and date of birth", "Last name and date of birth", and "Last name, first name, and date of birth". A "Subscriber ID" field contains the value "1234567". There are "Reset" and "Search" buttons. Below the form is a "Search Results" table with columns for Name, Date of birth, and Address. The table contains one entry: "RIP VAN WINKLE" with a date of birth of "01/31/2015" and an address of "3 W SUNNYSIDE LN IRVINGTON, NY 10533". A "Select" button is next to the entry. A red arrow points to the "Select" button, which has a dropdown menu open showing "Start an Order/Claim" and "Start an Authorization" options. The right column is titled "Information Center" and contains an "Order/Claims" section with a table showing counts for Entered (0), Submitted (0), Pending (0), In Process (0), and Processed (last 30 days) (0). There are "Historical Claims" and "Dashboard" buttons. Below this is a "Payments" section with "Recent" and "Historical" tabs and a message: "No payment record." At the bottom of the page are links for "Terms of use", "Privacy policy", "Nondiscrimination notice", and "Language assistance", and a copyright notice for 2025 DentaQuest.

2 Select the Frames and/or Lenses option to expand the order block.

Note: Do not submit an order with a claim for an exam or other services. If you do, your order will not be received by Classic Optical.

Order/Claim Entry

Patient Information

RIP VAN WINKLE
3 W SUNNYSIDE LN
IRVINGTON, NY 10533
DOB: 01/31/2015

[Need to select a different patient?](#)

Provider/Location Information

Test Provider 1
TEST Location 1
113 Test Road
Milwaukee, WI 53221 -

[Need to select a different provider?](#)

Patient Benefits

Date of Service: 01/01/2025 [Change date of service?](#)
Place of Service: 11 - Office
Group/Plan/Subscriber: TN Amerigroup Medicaid Vision / TN WellPoint Medicaid Child Vision /
Vision Benefit: Primary
Multiple Vision Benefits Available

Plan Type	Effective Date	Term Date	Exam Benefit	Contact Fit	Contacts Benefit	Frame Benefit	Lens Benefit	Med/Surg
Exam and Materials	01/01/2025		Available	Available	Available	Available	Available	Available
Select options for this patient →			<input type="checkbox"/> Exam	<input type="checkbox"/> Contact Fit	<input type="checkbox"/> Contacts	<input checked="" type="checkbox"/> Frames	<input checked="" type="checkbox"/> Lenses	<input type="checkbox"/> Med/Surg

[View Benefit Summary Report](#)

Diagnosis Codes as Indicated (Include all applicable diagnosis codes)

Code Type: ICD-10
Primary Diagnosis Code:
Diagnosis Code 2:
Diagnosis Code 3:
Diagnosis Code 4:
Patient referred to their primary care provider: Yes No

Exam

Contact Fit

Contacts

Eyeglasses

Frame

Patient Supplied Frame: Yes No

Search for a frame using any of the following criteria:

- Style

3 Enter diagnosis codes and check No for 'Patient referred to their primary care provider.'

Select 'Patient Supplied Frame' as No for a lab-supplied frame. If you are sending a Frame to Follow to Classic Optical, follow the directions [here](#).

In the Eyeglasses block, enter the name of the frame and click Search to populate results, then click Select when you locate the correct frame.

Exam and Materials 01/01/2025 Available Available Available Available Available Available

Select options for this patient → Exam Contact Fit Contacts Frames Lenses Med/Surg

[View Benefit Summary Report](#)

Diagnosis Codes as Indicated (Include all applicable diagnosis codes) [Clear](#)

Code Type: ICD-10

Primary Diagnosis Code: H52.03 HYPERMETROPIA, BILATE... x v

Diagnosis Code 2: H52.223 REGULAR ASTIGMATISM, B... x v

Diagnosis Code 3: x v

Diagnosis Code 4: v

Patient referred to their primary care provider: Yes No

Exam

Contact Fit

Contacts

Eyeglasses

Frame [Clear](#)

Patient Supplied Frame: Yes No

Search for a frame using any of the following criteria:

- Style
- Collection
- Manufacturer

Adam [Click here if you can't find the frame you are looking for.](#)

Manufacturer	Collection	Style
Modern Optical	Modern Optical	ADAM

Frame details are required in order to process the order.

Lab Selection: Classic Optical v

Indicate the frame size and color, then enter \$0 in the Billed Charges field.

4 Select your Lens/Prescription Type to expand the Prescription block.

Enter the Rx and select a Lens Style, Lens Material, and any Lens Treatment or Lens Options. Consult the [Office Reference Manual](#) for covered services by member subgroup and charge amounts for any buy-up options. Enter 0 for services covered per the ORM and the buy-up charge for any elective non-covered services the member wishes to add. As a reminder, members should always sign a waiver specifically acknowledging any out of pocket costs for buy-up options. This can be a waiver provided by your office or one available in the program's [Office Reference Manual](#).

Contacts

Eyeglasses

Frame [Clear](#)
 Patient Supplied Frame: Yes No

Manufacturer	Collection	Style	Size	Color (Color Code)	Frame Edge Type	Billed Charges
Modern Optical	Modern Optical	ADAM	51-0-16-140	BLACK	Standard Zyl	\$ 0.00

You have selected a Lab Supplied Frame.

Lab Selection:

Prescription [Clear](#)
 Lens/Prescription Type:

Eye	Sphere	Cylinder	Axis	PD Type	Dist/Near PD	OC	OC Reference	BC	Hor Prism	Hor Base Dir	Vert Prism	Vert Base Dir
Right (OD) <input type="checkbox"/> Bal	-1.50	-0.25	127	<input type="radio"/> Bi <input checked="" type="radio"/> Mono	29.0							
OU												
Left (OS) <input type="checkbox"/> Bal	-1.25				29.0							

Lenses [Clear](#)
 Industrial Thickness: Yes No

Lens Style: Enter Procedure Code for Left/Right Eye

Lens Material: \$ 0.00

Lens Treatment: \$

Lens Options [Clear](#)

Option 1: \$ 20.00

Option 2: \$

Med/Surg

5 After entering all required information, click Save and Calculate to advance to the confirmation page.

6 Review your order and check the box indicating you agree to the order instructions, then click Submit.

Patient Information

RIP VAN WINKLE
 3 W SUNNYSIDE LN
 IRVINGTON, NY 10533
 DOB: 01/31/2015

Optical Lab Information

Classic Optical
 3710 Belmont Avenue
 Youngstown, OH 44505
 (888)522-2020

Provider/Location Information

Test Provider 1
 TEST Location 1
 113 Test Road
 Milwaukee, WI 53221 -

	Total Qty.	Qty. Supplied by Supplier	Qty. Supplied by Provider	Billed Amount per Unit	Total Billed Amount	Patient Price
Exams						
No Exams Added						
Contact Fit						
No Contact Fit Added						
Contacts						
No Contacts Added						
Frame						
1. ADAM	1	1	0	\$0.00	\$0.00	\$0.00
Lenses (Pair) <small>(includes applicable copay)</small>						
1. Single Vision	1	1	0	\$0.00	\$0.00	\$0.00
2. Polycarbonate	1	1	0	\$0.00	\$0.00	\$0.00
3. Polish Edges (Option)	1	1	0	\$20.00	\$20.00	\$20.00
Prescription						
Eye	Sphere	Cylinder	Axis	Distance PD		
R	-1.50	-0.25	127	29.0		
L	-1.25	--	--	29.0		
Med/Surg						
No Services Added						
Totals					\$20.00	\$20.00

Order Instructions

You have selected:

- Lab Supplied Frame
- Lenses

No further action is required, the eyeglasses will be shipped to your office.

I understand and agree to the Order Instructions.

Rendered:

Cancel

7 Orders will stay in Submitted status for 90 minutes to allow you time to catch and correct any errors. If you need to submit a correction to an order within this period, you can navigate to the Order Dashboard via the Home page and edit your order. After the 90 minutes is up, orders will show as Pending and cannot be edited. If you need to edit or cancel an order after this point or check the status of your order, contact Classic Optical at **1.888.522.2020**.

EyeQuest
A product of DentaQuest

Home Authorization Claims ▾ Entity Management Resource Center ▾ 👤 Log Out

Dashboard

Select a tile to update results.

Location: Provider: [Clear Filters](#)

[What does the order/claim status mean?](#)

Entered (not submitted)
1
Order/Claim

Submitted
0
Order/Claim

Pending
0
Order/Claim

In Process
0
Order/Claim

Processed (last 30 days)
0
Order/Claim

Tracking Number ▾	Order Type ▾	Optical Lab ▾	Patient First Name ▾	Patient Last Name ▾	Date Created ▾	Transaction Status ▾	Estimated Ship Date ▾	Order Status	Actions
N/A	N/A	Classic Optical	RIP	VAN WINKLE	01/16/2025	Entered	N/A	N/A	Edit Delete

Page 1 of 1 [First](#) [Previous](#) [Next](#) [Last](#)

[Search Historical Claims](#)

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 Copyright © 2025 DentaQuest

For Frame to Follow orders, select Patient Supplied Frame as Yes.

Enter anything in the Search field, then click Search and select “Click here if you can’t find the frame you are looking for.”

Eyeglasses [Clear](#)

Frame

Patient Supplied Frame: Yes No

Search for a frame using any of the following criteria:

- Style
- Collection
- Manufacturer

[Search](#) [Click here if you can't find the frame you are looking for.](#)

Manufacturer	Collection	Style	
Modern Optical	Modern Optical	ACHIEVE	Select
Modern Optical	Modern Optical	ACTIVE	Select
Modern Optical	Modern Optical	ADVICE	Select
Modern Optical	Modern Optical	ARRIVAL	Select
Modern Optical	Modern Optical	BEHAVE	Select

If the member does not have a benefit for a non-standard frame, the pop-up below will generate. Review and Click Accept.

Please note that the frame amount will be the member’s out of pocket responsibility and not payable by EyeQuest.

Patient Waiver Form [X]

By acceptance of the waiver, you, the provider:

- Cannot request reimbursement for the frame.
- Have reviewed the terms and risks of the waiver with the patient and obtained their signed acceptance of the waiver.
- Store and keep the signed waiver until the transaction (order) is completed.

Enter the frame information and click Add. If the member has a Value Added Benefit covering an allowance on a non-Classic frame, enter the cost in the Billed Charges field.

Patient Frame Not Found Information [X]

Manufacturer: MCGEE

Collection: XOXO

Style: CHEER

Color: TORT/BLUE

Eye Size: 51

B Measurement: 29

Bridge Size: 16

Temple Size: 135

Frame Edge Type: Standard Zy

Billed Charges: \$

Confirm your frame information populates and proceed with [Step 4](#).

Eyeglasses

Frame [Clear](#)

Patient Supplied Frame: Yes No

	Manufacturer	Collection	Style	Size	Color (Color Code)	Frame Edge Type	Billed Charges
<input type="button" value="X"/> <input type="button" value="Edit"/>	MCGEE	XOXO	CHEER	51-29-16-135	TORT/BLUE	Standard Zyl	\$

You have selected a Patient Supplied Frame.

Lab Selection:

Lenses Order Lenses Only, Provider to Mount Uncut Lenses

Submitting an Eyewear Claim (Non-ordering)

1 On the Home page, select the applicable Location and Provider from the dropdowns (if your practice has more than one). Enter the Date of Service and search for the member by Subscriber ID or one of the other search options.

2 Click Select, then click Start an Order/Claim.

The screenshot displays the EyeQuest web application interface. At the top, the logo 'EyeQuest' is visible, along with navigation links: Home, Authorization, Claims, Entity Management, and Resource Center. A user profile icon and 'Log Out' link are in the top right corner.

The main content area is divided into three sections:

- Provider Menu:** Includes links for Portal Tutorial, EFT Application Form, and Provider Change Form. Below this is a 'Provider Resources' list with links for various states: Arkansas, Colorado, Georgia, Illinois, Kentucky, Massachusetts, Missouri, Nevada, New Jersey, New York, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, and Wisconsin.
- Start Order/Claim or Authorization:** This section contains a form for checking subscriber eligibility. It includes dropdowns for Location (Test Location 8 (Milwaukee, WI, 53207)) and Provider (Test Provider 1). The Date of Service is set to 01/01/2025. There are three search options: Subscriber ID (selected, with value 12345678), Subscriber ID and date of birth, Last name and date of birth, and Last name, first name, and date of birth. 'Reset' and 'Search' buttons are present.
- Information Center:** Shows 'Order/Claims' statistics: Entered (1), Submitted (0), Pending (0), In Process (0), and Processed (last 30 days) (0). It also has buttons for 'Historical Claims' and 'Dashboard'. Below this is a 'Payments' section with 'Recent' and 'Historical' tabs, and a search box for payments by date.

The search results table shows one entry for GEOFFREY CRAYON, born 01/01/1957, at 5132 NY-23A, HAINES FALLS, NY 12436. A red box highlights the 'Select' dropdown menu for this entry, which has opened to show options: 'Start an Order/Claim' and 'Start an Authorization'. At the bottom of the page, there are links for Terms of use, Privacy policy, Nondiscrimination notice, and Language assistance, along with a copyright notice for 2025 DentaQuest.

3 Select the Frame and Lens Benefit options.

Note: If you have [an exam claim to submit](#), you can also select Exam and submit both at the same time.

Order/Claim Entry

Patient Information

GEOFFREY CRAYON
 5132 NY-23A
 HAINES FALLS, NY 12436
 DOB: 01/01/1957

[Need to select a different patient?](#)

Provider/Location Information

Test Provider 1
 Test Location 8
 123 S North Street
 Milwaukee, WI 53207 -

[Need to select a different provider?](#)

Patient Benefits

Date of Service: 01/01/2025 [Change date of service?](#)
 Place of Service: 11 - Office
 Group/Plan/Subscriber: NJ Clover Health Vision / NJ Clover Health LiveHealthy (PPO) Vision
 Vision Benefit: Primary
 Multiple Vision Benefits Available

Plan Type	Effective Date	Term Date	Exam Benefit	Contact Fit	Contacts Benefit	Frame Benefit	Lens Benefit	Med/Surg
Exam and Materials	01/01/2025		Available	Not Available	Available	Available	Available	Available
Select options for this patient →			<input checked="" type="checkbox"/> Exam	<input type="checkbox"/> Contact Fit	<input type="checkbox"/> Contacts	<input checked="" type="checkbox"/> Frames	<input checked="" type="checkbox"/> Lenses	<input type="checkbox"/> Med/Surg

[View Benefit Summary Report](#)

Diagnosis Codes as Indicated (Include all applicable diagnosis codes)

[Clear](#)

Code Type: ICD-10

Primary Diagnosis Code: H52.11 MYOPIA, RIGHT EYE
 Diagnosis Code 2: H52.02 HYPERMETROPIA, LEFT EYE
 Diagnosis Code 3: H52.203 UNSPECIFIED ASTIGMATIS...
 Diagnosis Code 4:

Patient referred to their primary care provider: Yes No

Exam

[Clear](#)

Procedure Code 1: S0820 Routine Eye Exam \$ 50.00
 Procedure Code 2: \$
 Procedure Code 3: \$
 Is this patient known to have diabetes: Yes No
 Patient tested for glaucoma: Yes No

4 Enter diagnosis codes and check No for 'Patient referred to their primary care provider.'

Select 'Patient Supplied Frame' as No for a lab-supplied frame. If you are sending a Frame to Follow to Classic Optical, follow the directions [here](#).

In the Eyeglasses block, enter the name of the frame and click Search to populate results, then click 'Click here if you can't find the frame you are looking for' to generate the popup where you can enter your frame details.

Eyeglasses

Frame

Patient Supplied Frame: Yes No

Search for a frame using any of the following criteria:

- Style
- Collection
- Manufacturer

2132 [Click here if you can't find the frame you are looking for.](#)

⚠ No frame found. Please review search criteria.

Frame details are required in order to process the order.

Lab Selection

5 Enter the frame information in the pop-up window and click Add.

Note: The Billed Charges field will be the only piece of information affecting your claim. **This claim will not be placed as an order to Classic Optical.** Submit your order to your regular lab.

Patient referred to their primary care provider: Yes No

Exam

Procedure Code 1

Procedure Code 2

Procedure Code 3

Is this patient known to have diabetes:

Patient tested for glaucoma:

Contact Fit

Contacts

Eyeglasses

Frame

Patient Supplied Frame: Yes No

Search for a frame using any of the following criteria:

- Style
- Collection
- Manufacturer

2132 [Click here if you can't find the frame you are looking for.](#)

⚠ No frame found. Please review search criteria.

Frame details are required in order to process the order.

Lab Selection

Med/Surg

Other Coverage This Patient has other coverage

Provider Frame Not Found Information ✕

Manufacturer

Collection

Style

Color

Eye Size

B Measurement

Bridge Size

Temple Size

Frame Edge Type

Billed Charges

6 Enter the Rx and select lens style, material, and any other options.

Eyeglasses

Frame [Clear](#)

Patient Supplied Frame: Yes No

Manufacturer	Collection	Style	Size	Color (Color Code)	Frame Edge Type	Billed Charges
LUX	RAYBAN	RB2132	52-36-18-145	TORT	Standard Zyl	\$ 149.00

You have selected a Provider Supplied Frame.

Lab Selection Classic Optical [Clear](#)

Lenses and Frames Order Lenses Only, Provider to Mount Uncut Lenses

Prescription [Clear](#)

Lens/Prescription Type: Single Vision

Eye	Sphere	Cylinder	Axis	PD Type	Dist/Near PD	OC	OC Reference	BC	Hor Prism	Hor Base Dir	Vert Prism	Vert Base Dir
Right (OD) <input type="checkbox"/> Bal	-3.25	-0.75	80	<input checked="" type="radio"/> Bi <input type="radio"/> Mono	61.0							
Left (OS) <input type="checkbox"/> Bal	-3.50	-0.75	100		61.0							

Lenses [Clear](#)

Industrial Thickness Yes No

Lens Style: Single Vision Enter Procedure Code for Left/Right Eye \$ 99.00

Lens Material: Polycarbonate (1.50) \$ 75.00

Lens Treatment: Standard / Polarized / Brown \$ 75.00

Lens Options

Option 1: \$

7 When you've completed your claim entry, click Save and Calculate to advance to the confirmation page.

8 Review your claim and check the box indicating you agree to the order instructions, then click Submit.

Patient Information

GEOFFREY CRAYON
5132 NY-23A
HAINES FALLS, NY 12438
DOB: 01/01/1957

Optical Lab Information

Classic Optical
3710 Belmont Avenue
Youngstown, OH 44505
(888)522-2020

Provider/Location Information

Test Provider 1
Test Location 8
123 S North Street
Milwaukee, WI 53207 -

	Total Qty.	Qty. Supplied by Supplier	Qty. Supplied by Provider	Billed Amount per Unit	Total Billed Amount	Patient Price															
Exams																					
1. ROUTINE OPHTH EXAM INCL REFRACTION; NEW PT	1	N/A	1	\$50.00	\$50.00	\$0.00															
Contact Fit																					
No Contact Fit Added																					
Contacts																					
No Contacts Added																					
Frame																					
1. RB2132	1	0	1	\$149.00	\$149.00	\$0.00															
Lenses (Pair) (includes applicable copay)																					
1. Single Vision	1	0	1	\$99.00	\$99.00	\$48.00															
2. Polycarbonate	1	0	1	\$75.00	\$75.00	\$75.00															
3. Polarized	1	0	1	\$75.00	\$75.00	\$75.00															
Prescription																					
<table border="1"> <thead> <tr> <th>Eye</th> <th>Sphere</th> <th>Cylinder</th> <th>Axis</th> <th>Distance PD</th> </tr> </thead> <tbody> <tr> <td>R</td> <td>-3.25</td> <td>-0.75</td> <td>80</td> <td>61.0</td> </tr> <tr> <td>L</td> <td>-3.50</td> <td>-0.75</td> <td>100</td> <td>61.0</td> </tr> </tbody> </table>	Eye	Sphere	Cylinder	Axis	Distance PD	R	-3.25	-0.75	80	61.0	L	-3.50	-0.75	100	61.0						
Eye	Sphere	Cylinder	Axis	Distance PD																	
R	-3.25	-0.75	80	61.0																	
L	-3.50	-0.75	100	61.0																	
Med/Surg																					
No Services Added																					
Totals					\$448.00	\$198.00															

Order Instructions

You have selected:

- Provider Supplied Frame (Frame Not Found)
- Lenses

Your office is responsible for providing the frame to the vision lab for completion. The lab will insert the lenses and return the completed eyeglasses to your office.

I understand and agree to the Order Instructions.

Rendered:

9 As with other claims, you will be able to edit this claim for 90 minutes after submitting if you need to make any corrections. Refer to the instructions for editing a claim [here](#).

Submitting a Prior Authorization Request

1 *Prior Authorization/Prior Approval requests can be submitted for non-standard, medically necessary services. See the program's Office Reference Manual for services requiring prior authorization.*

On the Home page, select the applicable Location and Provider from the dropdowns (if your practice has more than one). Enter the Date of Service and search for the member by Subscriber ID or one of the other search options.

The screenshot shows the EyeQuest web application interface. At the top, there is a navigation bar with links for Home, Authorization, Claims, Entity Management, and Resource Center, along with a user profile icon and a Log Out button. Below the navigation bar, the main content area is divided into three sections: Provider Menu, Start Order/Claim or Authorization, and Information Center.

Provider Menu: Includes links for Portal Tutorial, EFT Application Form, and Provider Change Form.

Provider Resources: A list of states: Arkansas, Colorado, Georgia, Illinois, Kentucky, Massachusetts, Missouri, Nevada, New Jersey, New York, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, and Wisconsin.

Start Order/Claim or Authorization: A form titled "Start Order/Claim or Authorization" with the instruction "Check subscriber eligibility to get started with a new order/claim or auth." The form includes the following fields and options:

- Location:** A dropdown menu showing "TEST Location 1 (Milwaukee, WI, 53221)".
- Provider:** A dropdown menu showing "Test Provider 1".
- Date of Service:** A text input field containing "01/01/2025".
- Search Options:** Radio buttons for "Subscriber ID" (selected), "Subscriber ID and date of birth", "Last name and date of birth", and "Last name, first name, and date of birth".
- Subscriber ID:** A text input field containing "1234567".
- Buttons:** "Reset" and "Search" buttons.

Information Center: A section titled "Order/Claims" with a table showing counts for various statuses:

Order/Claims	Count
Entered	0
Submitted	0
Pending	0
In Process	0
Processed (last 30 days)	0

Below the table are buttons for "Historical Claims" and "Dashboard".

Payments: A section titled "Payments" with radio buttons for "Recent" and "Historical". Below this is a yellow warning box with a triangle icon and the text "No payment record."

At the bottom of the page, there are links for "Terms of use", "Privacy policy", "Nondiscrimination notice", and "Language assistance", along with a copyright notice: "Copyright © 2025 DentaQuest".

2 Click Select, then click Start an Authorization.

Provider Menu

- [Portal Tutorial](#)
- [EFT Application Form](#)
- [Provider Change Form](#)

Provider Resources

- Arkansas
- Colorado
- Georgia
- Illinois
- Kentucky
- Massachusetts
- Missouri
- Nevada
- New Jersey
- New York
- Ohio
- Pennsylvania
- South Carolina
- Tennessee
- Texas
- Virginia
- Washington
- Wisconsin

Start Order/Claim or Authorization

Check subscriber eligibility to get started with a new order/claim or auth.

Location

Provider

Date of Service

Subscriber ID

- Subscriber ID and date of birth
- Last name and date of birth
- Last name, first name, and date of birth

Search Results

Name	Date of birth	Address
RIP VAN WINKLE	01/31/2015	3 W SUNNYSIDE LN IRVINGTON, NY 10533

Select

- Start an Order/Claim
- Start an Authorization

[Terms of use](#) | [Privacy policy](#) | [Nondiscrimination notice](#) | [Language assistance](#)

Information Center

Order/Claims

Entered	0
Submitted	0
Pending	0
In Process	0
Processed (last 30 days)	0

Payments

⚠ No payment record.

3 Select the service(s) you are requesting and enter the applicable fields for your authorization request.

Authorization Entry

Patient Information

RIP VAN WINKLE
3 W SUNNYSIDE LN
IRVINGTON, NY 10533
DOB: 01/31/2015

[Need to select a different patient?](#)

Provider/Location Information

Test Provider 1
Test Location 8
123 S North Street
Milwaukee, WI 53207 -

[Need to select a different provider?](#)

Patient Benefits

Date of Service: 01/01/2025 [Change date of service?](#)

Place of Service: 11 - Office

Auth Category: Standard

Group/Plan/Subscriber: TN Amerigroup Medicaid Vision / TN WellPoint Medicaid Child Vision /

Plan Type	Effective Date	Term Date	Exam Benefit	Contact Fit	Contacts Benefit	Frame Benefit	Lens Benefit	Med/Surg
Exam and Materials	01/01/2025		Auth Entry Available	Auth Entry Available	Auth Entry Available	Auth Entry Available	Auth Entry Available	Auth Entry Available
Select options for this patient →			<input checked="" type="checkbox"/> Exam	<input type="checkbox"/> Contact Fit	<input type="checkbox"/> Contacts	<input type="checkbox"/> Frames	<input type="checkbox"/> Lenses	<input type="checkbox"/> Med/Surg

[View Benefit Summary Report](#)

Diagnosis Codes as Indicated (Include all applicable diagnosis codes)

[Clear](#)

Code Type: ICD-10

Primary Diagnosis Code

H52.13 MYOPIA, BILATERAL

Diagnosis Code 2

Diagnosis Code 3

Diagnosis Code 4

Patient referred to their primary care provider:

Yes

No

Exam

[Clear](#)

Procedure Code	S0621 ROUTINE OPHTH EXAM INCL REF...x	DOS From	01/01/2025	DOS To	03/31/2025
Modifier 1		Modifier 2		Modifier 3	
Modifier 4		Modifier 5		Modifier 6	
Diag Ptr 1	1	Diag Ptr 2		Diag Ptr 3	
Diag Ptr 4		Diag Ptr 5		Diag Ptr 6	
Qty	1	Total Billed Amount	50.00		
Clear Service					
Add Another Service					
					Total Exam Services Billed: \$ 50.00

Contact Fit

4 Attach chart notes or other documents supporting your request and click Save.

[Add Another Service](#) Total Exam Services Billed: \$ 50.00

Contact Fit

Contacts

Frame

Lenses & Lens Options

Med/Surg

Attached Documents (1) ▲

[Attach Document\(s\)](#) Maximum file size: 4.8 Megabytes.
Allowed file types: doc, docx, gif, jpg, jpeg, odt, pdf, png, tif, tiff, txt, xls, xlsx, zip

Document

[Chart Notes.pdf](#) [Delete Document](#)

Remarks [Clear](#)

0 / 600 Characters

\$ 50.00

[Clear All](#) [Cancel](#) [Save](#)

[Terms of use](#) | [Privacy policy](#) | [Non-discrimination notice](#) | [Language assistance](#)

5 After reviewing your authorization submission, click Submit.

Review Authorization

Date of Service: 01/01/2025

For Provider Use Only

Patient Information

RIP VAN WINKLE
3 W SUNNYSIDE LN
IRVINGTON, NY 10533
DOB: 01/31/2015

Provider/Location Information

Test Provider 1
Test Location 8
123 S North Street
Milwaukee, WI 53207 -

	Total Qty.	Billed Amount per unit	Total Billed Amount
Exams			
1. ROUTINE OPHTH EXAM INCL REFRACTION; EST PT	1	\$50.00	\$50.00
Contact Fit			
No Contact Fit Added			
Contacts			
No Contacts Added			
Frame			
No Frame Added			
Lenses (Pair)			
No Lenses Added			
Med/Surg			
No Med/Surg Added			
Totals			\$50.00

Rendered:

Cancel **Submit**

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6 After confirming, click Done to return to the Home page.

Provider Authorization Summary

Date of Service: 01/01/2025

For Provider Use Only

Patient Information

RIP VAN WINKLE
3 W SUNNYSIDE LN
IRVINGTON, NY 10533
DOB: 01/31/2015

Provider/Location Information

Test Provider 1
Test Location 8
123 S North Street
Milwaukee, WI 53207 -

	Total Qty.	Billed Amount per unit	Total Billed Amount
Exams			
1. ROUTINE OPTH EXAM INCL REFRACTION; EST PT	1	\$50.00	\$50.00
Contact Fit			
No Contact Fit Added			
Contacts			
No Contacts Added			
Frame			
No Frame Added			
Lenses (Pair)			
No Lenses Added			
Med/Surg			
No Med/Surg Added			
Totals			\$50.00

✔ Authorization was submitted successfully!

Rendered: ██████████

Done

Checking an Authorization Status

1 Navigate to Authorizations from the top toolbar.

The screenshot displays the EyeQuest web application interface. At the top, the logo 'EyeQuest' is visible, with the tagline 'A product of DentaQuest' below it. A blue navigation bar contains the following menu items: Home, Authorization, Claims, Entity Management, and Resource Center. A red arrow points to the 'Authorization' menu item. On the right side of the navigation bar, there is a user profile icon and a 'Log Out' button.

The main content area is divided into three columns:

- Provider Menu:** Includes links for 'Portal Tutorial', 'EFT Application Form', and 'Provider Change Form'. Below this is a 'Provider Resources' section with a list of state links: Arkansas, Colorado, Georgia, Illinois, Kentucky, Massachusetts, Missouri, Nevada, New Jersey, New York, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, and Wisconsin.
- Start Order/Claim or Authorization:** A central form area with the heading 'Start Order/Claim or Authorization' and the instruction 'Check subscriber eligibility to get started with a new order/claim or auth.'. It contains several input fields: 'Location' (dropdown menu showing 'Test Location 8 (Milwaukee, WI, 53207)'), 'Provider' (dropdown menu showing 'Test Provider 1'), and 'Date of Service' (text input field). Below these are radio button options for 'Subscriber ID' (selected), 'Subscriber ID and date of birth', 'Last name and date of birth', and 'Last name, first name, and date of birth'. At the bottom of the form are 'Reset' and 'Search' buttons.
- Information Center:** A summary section with two sub-sections: 'Order/Claims' and 'Payments'. The 'Order/Claims' section shows a table with the following data:

Order/Claims	Count
Entered	0
Submitted	0
Pending	0
In Process	0
Processed (last 30 days)	0

Below the table are buttons for 'Historical Claims' and 'Dashboard'. The 'Payments' section has 'Recent' and 'Historical' tabs, and a yellow warning box stating 'No payment record.'

At the bottom of the page, there are links for 'Terms of use', 'Privacy policy', 'Nondiscrimination notice', and 'Language assistance', followed by the copyright notice 'Copyright © 2025 DentaQuest'.

2 Enter search parameters or click Search to populate all authorization requests. The status will show in the Auth Status column.

Authorization Search

Search Criteria

Authorization Information

Authorization Status: [What does the authorization status mean?](#)

Authorization Number:

Anticipated Service Date From: To:

Entered Date From: To:

Determination Date From: To:

Member Information

First Name:

Last Name:

Subscriber ID:

Insurer:

Provider Information

Location:

Provider:

Auth Number	Patient Name	DOB	Provider Name	Anticipated DOS	Entered Date	Determination Date	Auth Status
A0250121000001	VAN WINKLE, RIP	01/31/2015		01/01/2025 - 03/31/2025	01/21/2025		Pending

1 Record Returned

Checking Claim Status

1 Navigate to Claims>Claims Search from the top toolbar.

EyeQuest
A product of DentaQuest

Home Authorization **Claims** Entity Management Resource Center- Log Out

Claims Search
Claims Dashboard

Provider Menu
Portal Tutorial
EFT Application Form
Provider Change Form

Provider Resources

- Arkansas
- Colorado
- Georgia
- Illinois
- Kentucky
- Massachusetts
- Missouri
- Nevada
- New Jersey
- New York
- Ohio
- Pennsylvania
- South Carolina
- Tennessee
- Texas
- Virginia
- Washington
- Wisconsin

Start Order/Claim or Authorization

Check subscriber eligibility to get started with a new order/claim or auth.

Location
TEST Location 1 (Milwaukee, WI, 53221)

Provider
Test Provider 1

Date of Service

Subscriber ID

Subscriber ID

Subscriber ID and date of birth

Last name and date of birth

Last name, first name, and date of birth

Reset Search

Information Center

Order/Claims

Entered	0
Submitted	0
Pending	0
In Process	0
Processed (last 30 days)	0

Historical Claims Dashboard

Payments

Recent Historical

No payment record.

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2 Enter search parameters and click Search to populate results.

Claim Search

Search Criteria

Claim Information

Claim Status: All [What does the claim status mean?](#)

Encounter ID:

Service Date From: To:

Entered Date From: To:

Paid Date From: To:

Member Information

First Name:

Last Name:

Subscriber ID:

Insurer: All

Provider Information

Location: All

Provider: All

Clear Filters Search




Encounter ID	Patient Name	DOB	Provider Name	Date of Service	Date Paid	Claim Status
Enter search criteria						

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3 When the results populate, click the file icon to open the Claim Report. From there, you can print or save the file for your records.

Clear Filters Search

Encounter ID	Patient Name	DOB	Provider Name	Date of Service	Date Paid	Claim Status	
				09/30/2024		In Process	
				09/30/2024		In Process	
				09/30/2024 - 09/30/2020		In Process	
				09/30/2024		In Process	

Viewing an Explanation of Payment (EOP)

1 Navigate to the Payments tile on the home screen.

EyeQuest
A product of DentaQuest

Home Authorization Claims Entity Management Resource Center Log Out

Provider Menu

- [Portal Tutorial](#)
- [EFT Application Form](#)
- [Provider Change Form](#)

Provider Resources

- [Arkansas](#)
- [Colorado](#)
- [Georgia](#)
- [Illinois](#)
- [Kentucky](#)
- [Massachusetts](#)
- [Missouri](#)
- [Nevada](#)
- [New Jersey](#)
- [New York](#)
- [Ohio](#)
- [Pennsylvania](#)
- [South Carolina](#)
- [Tennessee](#)
- [Texas](#)
- [Virginia](#)
- [Washington](#)
- [Wisconsin](#)

Start Order/Claim or Authorization

Check subscriber eligibility to get started with a new order/claim or auth.

Location:

Provider:

Date of Service:

Subscriber ID

Subscriber ID and date of birth

Last name and date of birth

Last name, first name, and date of birth

Information Center

Order/Claims

Entered	0
Submitted	0
Pending	0
In Process	2
Processed (last 30 days)	0

Payments

Last five payments are shown.

Date	Amount	View
10/31/2024	\$139.43	<input type="button" value="View"/>

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To view your most recent EOPs, click the icon in the View column. To access older files, click the Historical tab and search by date.