

# **NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES**



**Commission  
for the Blind**

May 2021 to April 2026 Low Vision  
Guidelines

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## Low Vision Guidelines

### **1. General Information**

The *Low Vision Contract Guidelines* contains information for the provision of low vision services to participants referred by the New York State Commission for the Blind (NYSCB). This document focuses on the needs of policy for low vision providers.

The policy for participants to receive low vision services is outlined in section 9.02 of the *Vocational Rehabilitation Policy Manual* and found here [https://ocfs.ny.gov/main/cb/vocrehab\\_manual/](https://ocfs.ny.gov/main/cb/vocrehab_manual/).

#### **1.1 Program Description**

Low vision services are provided to legally blind individuals to help maximize the use of their residual vision. Low vision services can also be used to determine eligibility for services. These services are provided by NYSCB when necessary for the achievement of the vocational rehabilitation (VR) goal. Low vision services are frequently medically necessary to increase a person's visual functioning and the ability to perform daily living activities such as self-care, mobility in the home and community and reading. Children, Adaptive Living Program and Independent Living (IL) participants do not require a vocational goal.

#### **Adaptive Living Program**

Low vision services can be provided under the Adaptive Living Program (ALP) as part of the level of service the participant is receiving. Low vision services, including exams, devices, and assistive equipment, must directly address the needs identified and prioritized in the participant's Individual Service Plan. Low vision services must be related to the achievement of the specific goals or tasks and provided with the accompanying training to integrate the use of the devices into the daily routine. Low vision services are provided under the outcomes 2, 2E and 3. NYSCB will not purchase devices that are not covered within the outcome.

Only comprehensive services contract (CSC) providers can refer for ALP low vision exams and devices. Services are outlined in section 2, Adaptive Living Program (ALP) of the *Comprehensive Services Contract Guidelines* found here [https://ocfs.ny.gov/main/cb/provider\\_info.asp](https://ocfs.ny.gov/main/cb/provider_info.asp). Rates and services identified in this document can be used by ALP services; however, ALP providers can also negotiate their own rates for ALP services if they prefer.

##### **1.1.1. Low Vision Exams**

Low vision services include one initial examination and up to three follow-up examinations within a two-year period. Low vision services may also include training on the use of

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devices for daily living activities.

### **1.1.2. Guidelines for Prescribing Low Vision Aids**

The low vision (LV) device must enable the individual to perform tasks that are necessary to the achievement of the vocational goal or a functional objective, i.e., use in the classroom, reading labels, etc.

The documentation on the *Low Vision Evaluation Report* (Form 1119) should clearly and specifically state the relationship between the functional objective of the device being recommended and the tasks that are necessary for the person to perform related to the vocational goal, address the purpose that a particular device will fulfill and the tasks to be performed. All recommended low vision aids must reflect the appropriate code and price listed in the fee schedule. The description of the aid should be as it appears on the fee schedule. Lens systems may be recommended by using more than one code, price, and description and totaling the price. Some items include the cost of the frame in the price. Below are the key guidelines for prescribing Low Vision Aids.

1. For a more complex LV device, the individual must have the desire and ability to use it properly. When necessary, a discussion with the referring NYSCB counselor can help to assess these factors. Special consideration must be given to the usefulness of the device beyond the exam room and in the home/school/work environment. Explain how the individual will be able to use the device independently and sustain use over time.
2. Prescribe less expensive alternatives if they are equally effective for the purpose. The device should not only improve visual acuity or field but also improve performance on important tasks. A slight increase in acuity or in magnification may not always result in a tangible improvement in performance. Please consider the primary function of the device and the situation in which it will be used.
3. When there are concerns about the effectiveness (i.e., due to fluctuating vision) or cost of a device, a trial loaner must be made available before a final recommendation to purchase is made. NYSCB is aware that some manufacturers offer a return policy, and this advantage should be offered to the participant.
4. Adaptive equipment, non-optical devices and adaptive techniques should be considered as effective alternatives to low vision devices, particularly when the increased visual functioning that may be achieved has minimal impact on the actual performance of tasks. These alternatives must be explored when appropriate. These alternatives should also be considered for individuals with fluctuating or progressive vision loss.

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5. Low vision devices will only be replaced once for eligible individuals when the devices are damaged through occurrences beyond the control of the individual or when lost. Once an individual completes the rehabilitation plan and the case is closed, the risk of loss or damage rests upon the individual.
6. The participant may supplement the cost of frames should they desire more fashionable or durable frames. Frames are the only items on the fee schedule that may be supplemented by the participant.
7. Sports frames are considered durable frames (i.e., titanium or flexible frames) that are prescribed because of the nature of a person's vocational goal or use in physical education classes necessary for a degree. Additional costs for frames as a special request will not be approved.

Once a participant has achieved their vocational goal and exits the VR program, they are responsible for the care and replacement of low vision devices. NYSCB does not authorize payment for periodic, routine replacement of low vision devices.

### **1.1.3. Special Request Prior Approval Process**

When a low vision specialist determines that the best aid for a participant is not on the low vision fee schedule and an appropriate substitute on the low vision fee schedule does not exist, a *Special Request Prior Approval Form* must be completed. NYSCB can also accept the *Low Vision Evaluation Report (1119)* with code M999 entered.

Any prescribed items that are not on the fee schedule require the *Special Request Prior Approval Form* (M999 Form) and a higher level of documentation. A supplemental narrative (or the below *Special Request Prior Approval Form*) [Form 1119](#) must include the following items:

1. Provide a description of the low vision aid
2. Explain the purpose of the low vision aid and provide justification of its necessity
3. Provide information about the need for training with the prescribed low vision aid
4. Provide a price quote from a verifiable source (e.g., wholesale supplier) that clearly indicates the actual cost of the item.

The pricing methodology used for low vision aids on the fee schedule also applies to special requests. Reimbursement rates for special request items are subject to change and may be modified at NYSCB's discretion.

1. If the request is on a special request prior approval form, NYSCB will verify the price, if possible, and mark up for shipping and handling. The markup method is used to discourage the more expensive items when a less expensive aid will do

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2. If the request is on an 1119 form, NYSCB will verify the price and **no** markup will occur.

### Steps to Follow for Approval

1. The low vision practitioner will submit the *Low Vision Evaluation Report* form and the *Special Request Prior Approval Form* to the VR counselor.
2. The VR counselor will review the information and send it to the senior counselor or the district manager for further review and approval.
3. Once approved by the senior counselor or district manager, the request and documentation should be sent to the home office for final approval.
4. The VR counselor will be notified of the decision in a memo, which includes a description and the approved fee. This notification will be sent to the VR counselor. **A copy of this memo must be attached to the authorization when submitted in CIS for payment.** If the request is denied, the VR counselor will be notified with the reason for the denial.

### Closed-Circuit Televisions (CCTVs)

The purchase of a CCTV can only occur with a recommendation from a low vision specialist. When recommending a CCTV, the low vision specialist should be as specific as possible in describing any features required by the participant. Though CCTVs are considered high tech equipment, they do not require economic eligibility.

Even though CCTVs are recommended by the low vision specialist, NYSCB will purchase them on separate authorizations following the standard high-tech equipment process. No CCTV should be added to a low vision authorization.

CCTVs can be recommended for everyone, but NYSCB can only purchase them for VR participants.

## 1.2 Low Vision Staff Qualifications

In order to provide low vision services, vendors must

1. be a licensed ophthalmologist,

or

an optometrist certified as a low vision specialist by the New York Optometric Association (NYSOA) (<http://www.nysoa.org/index.php>); and

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2. accept all terms conditions and rates outlined in this guideline.

### **1.3 Confidentiality of Information**

The contractor must safeguard the confidentiality of all information relating to all participants who receive services under the contract and must maintain the confidentiality of all such information in conformity with the provisions of applicable state and federal laws and regulations. A participant's records must not be released without the written consent of the participant or as otherwise required, pursuant to applicable state or federal laws and regulations.

A contractor must inform NYSCB of any breach of confidentiality as soon as it is discovered by the contractor.

### **1.4 Participant's Preferred Format**

It is the expectation of NYSCB that NYSCB and contract agency staff communicate with participants in their preferred format.

To communicate effectively in writing with participants, and to comply with the Americans with Disabilities Act (ADA), it is required that participants receive written materials in a format that is accessible to them. Participants self-report their preferred format. The participant's preferred format should be entered into the demographic form in the participant's Electronic Case File (ECF). Once identified, all written communications must be sent to the participant in this format. A participant's preferred format may change during the time the participant is involved in services. The change in format should be shared with the VR counselor, and future written communication should follow the new format.

### **1.5 Communicating With Participants Who Are Deaf/Blind**

To communicate effectively with participants who are deaf/blind, it may be necessary to secure the services of a certified interpreter. Contractor staff must consider whether the services of a certified interpreter is needed for a participant who is deaf/blind to participate in services. NYSCB will pay for interpreter services for VR cases. Consideration of this need should be given during all aspects of the participant's involvement with the contractor.

### **1.6 Communicating With Participants Who Are Non-English Speaking**

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To communicate effectively with participants who do not speak English, it may be necessary to secure the services of a foreign language interpreter. Contractor staff must consider if the services of a foreign language interpreter is needed for a participant who does not speak English to participate in services. NYSCB will pay for interpreter services for VR cases. Consideration of this need should be given during all aspects of the participant's involvement with the contractor.

### **1.7 Informed Choice**

Throughout these guidelines, reference is made to providing participants with opportunities for informed choice as they develop goals and receive services. This section provides information about the concept of informed choice and how to apply it during goal development and service provision.

Each participant who is referred for NYSCB services must be given the opportunity to make informed choices about the selection of their goal, objectives and plan for services, and the types of services and service providers. The opportunity to make informed choices continues throughout the rehabilitation process.

Informed choice is a decision-making process in which the participant is provided with relevant information on potential service providers and goals, and selects, in partnership with the NYSCB counselor or contractor, a goal, objectives, services and service providers. Through informed choice, the participant participates fully in considering and choosing options for training and services to obtain his or her goal.

### **1.8 Referrals**

NYSCB will make referrals to contractors based on individual participant choice and contractor capacity. No contractor is guaranteed referrals.

NYSCB reserves the right to cancel a referral when NYSCB determines this would be in the best interests of the participant.

### **1.9 Third-Party Reimbursements and Participant Out-of-Pocket Expenses**

#### Comparable Benefits

Available comparable benefits must be used prior to authorizing low vision services. Any applicable Medicaid, Medicare and private medical insurance benefits should be billed by the provider as comparable benefits and should be used before NYSCB authorizes low vision services. Low vision providers should clarify to the insurance carriers that the low vision exams and devices are medically necessary services that increase the visual functioning of an individual whose vision cannot be corrected by surgical means or by

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conventional eyeglasses.

Vendors should seek third-party reimbursement from insurance, Medicare, Medicaid and other third-party reimbursement sources before billing NYSCB. Vendors should consult with the third-party reimbursement source first to assure that such reimbursements are appropriate. If third-party reimbursements are allowable, then the total reimbursement from all sources cannot exceed the standard price of the item.

All authorizations for low vision services must include the statement "**Less any third-party insurance reimbursement.**" If providers are reimbursed after NYSCB has paid for a service, the provider is obligated to reimburse NYSCB for any excess payment.

For example, the low vision exam has a standard price of \$250. An insurance company will cover \$150 and NYSCB will cover \$100. In this case the insurance should be charged \$150 and NYSCB should be charged the remaining \$100.

If an insurance company has negotiated with the vendor a different standard price, then the lower costs of the item should be used.

For example, if normally the exam costs \$250, but the insurance company negotiated a price of \$200 (\$200 billed to insurance and \$50 to the participant), then the vendor should seek \$200 reimbursement from the insurance company, \$50 from NYSCB and \$0 from the participant.

Some third-party reimbursements will not allow this type of billing and it is the vendors responsibility to comply with each form of insurance. If third-party reimbursement does not allow the dual billing, then the \$250 should be billed to NYSCB as NYSCB is the last resort for payment.

Finally, no participant should be billed for any service or equipment that NYSCB covers as outlined in Section 2 below. NYSCB will pay the allowable copays on behalf of the individual (assuming the copay is less than the standard rate), and participants should never be charged a copay.

If the copay is not allowed to be paid from a third-party source (i.e., NYSCB), then NYSCB will not allow the vendor to bill that to the insurance, and the full amount must be charged to NYSCB under the rates outlined in this document.

Participants may be charged for items (copays and regular costs) that are not essential to their vocational goals. For example, an accountant who needs special glasses for reading a computer screen would have their glasses covered but would not be covered for specialized sports glasses for running and would have to pay for the sports glasses

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with private insurance or out of pocket. See section 1.1.2, Guidelines for Prescribing Low Vision Aids, for more information.

In rare instances, NYSCB may allow the vendor to charge the participant and then have NYSCB reimburse the participant. These situations must be cleared with the NSYCB counselor in writing and approved by their supervisor.

### 1.10 Counselor Role

The NYSCB counselor is the service coordinator for participants receiving services under this contract. Participants must be referred for low vision services by their NYSCB counselor and be eligible for vocational rehabilitation services. Participants can also be referred for low vision services to determine eligibility.

When referring a participant for low vision services, the VR counselor will provide the low vision specialist with

1. a copy of the participant's most recent ophthalmological examination, if available;
2. a *Low Vision Evaluation Report* form (1119), which includes the participant's planned activities related to their vocational goal and any counselor concerns (for agency providers this form automatically populates into the case record when the authorization is approved); and
3. an authorization for an initial low vision exam.

Based on the low vision specialist's recommendations, the VR counselor can determine which devices are necessary for the participant to achieve their vocational goals using the following guidelines:

1. For more complex LV devices, consider if the participant has the motivation and the ability to learn how to use the device properly. Discussion with the participant and the direct service provider (e.g., vision rehabilitation therapist, orientation and mobility instructor (O&M), or occupational therapist) will help to assess these factors. While a device may improve acuity and the ability to perform a specific task during an examination, will the participant be willing and able to learn to use the device independently and sustain use over time? Careful consideration of these factors must support the decision to purchase.
2. Whenever the VR counselor has doubts about how effective a device may be, the possibility of a trial loaner along with rehabilitation teaching (or O&M instruction, depending on the purpose of the device) should be explored. For custom devices, this is not always feasible.

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3. In some circumstances, by looking carefully at the functional gain the participant wants to achieve, adaptive equipment, adaptive skills training or non-optical devices can be more effective than some low vision aids. If this seems possible, ask the low vision practitioner if these alternatives are appropriate.
4. NYSCB counselors should include in their referral any information regarding the possibility of the participant benefiting from a CCTV to achieve their vocational goal. For NYSCB to purchase a CCTV, recommendations need to be on the *Low Vision Evaluation Report* form (1119).

Before authorizing devices, VR counselors should review the *Low Vision Evaluation Report* recommendations. The NYSCB low vision consultant may be contacted if the VR counselor has any questions about the devices being prescribed.

### **1.11 Low Vision Provider Role**

The low vision provider will

1. review referral information and the *Low Vision Evaluation Report* (1119) prior to the start of the exam and contact the counselor to obtain any additional information that is necessary to provide a low vision evaluation;
2. evaluate the use of low vision aids in assisting the participant in maximizing the use of their residual vision;
3. use the *Low Vision Evaluation Report* (1119) to report findings to the VR counselor, to prescribe low vision aids and provide recommendations for additional equipment (CCTV) if it is needed for the participant to achieve their vocational goal.

## **2. Services**

### **2.1 Initial Examination**

The initial low vision examination is expected to include, but is not limited to the following:

1. Case history (including use of large print, braille, special aids; occupation before and after visual impairment; current goals; mobility)
2. Exterior eye examination
3. Internal eye examination
4. Visual acuity (includes lighting analysis)
5. Objective tests
6. Subjective tests (includes refraction)

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7. Tests of eye coordination and muscle function
8. Visual field tests
9. Color vision tests
10. Glaucoma tests
11. Pre-confirmation of all subjective tests
12. Prescription of specific low vision aids

### 2.2 Follow-Up Examinations

The follow-up examination will be used to

1. assess the functional use of prescribed aids;
2. instruct the participant in the use of prescribed aids, when necessary; and
3. address significant changes in vision.

VR counselors should not routinely authorize follow-up examinations. Follow-up examinations are authorized in response to specific needs of the participant identified at the initial low vision examination. An authorization of a follow-up examination should not occur for simple fitting or adjustment of the low vision aids.

### 2.3 Low Vision Devices

Any prescribed low vision device(s) as identified on the *Low Vision Evaluation Report* (1119).

## 3. Rates

### 3.1 Low Vision Exam Rate Schedule

#### Vocation Rehabilitation

Section	Parent Services	CIS Name	Rate
2.1	Low Vision Exam	CSC - Low Vision Exam (Initial) - F	\$250
2.2	Low Vision Exam	CSC - Low Vision Exam (Follow up) - F	\$75
2.3	Low Vision Aids	*See Low Vision Device Rates Section	Various

#### Children's and Independent Living

Section	Parent Services	CIS Name	Rate
2.1	Low Vision Exam	CSC - Low Vision Exam (Follow up) - F	\$250
2.2	Low Vision Exam	CSC - Low Vision Exam (Follow up) NVR - F	\$75

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2.3	Low Vision Aids	*See Low Vision Device Rates Section	Various
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**3.2 Low Vision Device Rates**

<b>Low Vision Device Rates:</b>	<b>Rate</b>
<b>ABSORPTIVE LENSES</b>	
A0366 Solarshield / Cocoons	\$69.91
A0384 Noir Sunwear (#20, 21,22, 40,48,50, 60)	\$56.88
A0385 Noir Sunwear Medium Amber (W/I/R Coat)	\$77.00
A0386 Noir Sunwear Dark Amber	\$86.80
A0388 Noir Sunwear Dark Grey (#23)	\$72.63
<b>FRAMES</b>	
F8500 Standard Frame	\$161.00
F8501 Std. Frame For Tele/Microscopic Sys	\$210.00
F8504 Sports Frame	\$250.00
<b>LIGHTING</b>	
L6500 100 Watt Low-Vision Floor Lamp	\$140.00
L9017 Wide Angle Light	\$260.00
<b>HAND MAGNIFIERS</b>	
<b>Eschenbach</b>	
M0303 Eschenbach 1511-3 Led Hand Held	\$135.66
M0306 Eschenbach 1511-5 Led Hand Held	\$135.66
M0307 Eschenbach 1511-7 Led Hand Held	\$121.66
M0308 Eschenbach 1511-10 Led Hand Held	\$121.66
M0309 Eschenbach 1521-10 Easy Pocket (Black)	\$85.58
M0310 Eschenbach 1521-11 Easy Pocket (Silver)	\$85.58
M0311 Eschenbach 1521-22 Easy Pocket 4X(Blue)	\$92.26
M0097 1710-67-Folding Pocket - Gray 7X Aspher	\$68.08
M0098 1710-910-Folding Pocket-White 10X Asph.	\$68.08
M0104 1740-160-Folding Pocket-Burg 3.5X Bicon	\$44.63
<b>BESSER</b>	
M2000 B8796 Super Brite Led 3X 8D	\$66.06
M2004 B0796 Super Brite 4X 12D	\$57.73
M2006 B1796 Super Brite 5X 16D	\$57.73

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M2008 B6796 Super Brite 6x 20D	\$55.00
M2010 B7796 Super Brite 7X 23D	\$55.56
M2012 B2796 Super Brite 8X 28D	\$55.98
M2014 B3796 Super Brite 10X 36D	\$52.06
M2016 B4796 Super Brite 12X 44D	\$52.06
M2018 B5796 Super Brite 14X 50D	\$52.06
M2023 Emh16D Led Hh 16D 5X 60Mm	\$85.66
M2024 Emh20D Led Hh 20D 6X 55Mm	\$80.41
M2025 Emh24D Led Hh 24D 7X 44Mm	\$85.66
M2026 Emh28D Led Hh 28D 8X 35Mm	\$68.16
M2027 Emh39D Led Hh 39D 10.75X 35Mm	\$74.29
M2028 Emh48D Led Hh 48D 13X 35Mm	\$77.88
M2029 Emh56D Led Hh 56D 15X 35Mm	\$85.66
<b>Coil/ Optelec hand magnifiers</b>	
M1513 Coil#5204 Hp 4X Hand Reader	\$68.69
M1530 Coil#5247 4.42X Windsor 48Mm	\$12.90
M1531 Coil#5248 2.6X Windsor 70Mm	\$15.90
M1532 Coil#5249 2.3X Windsor 98Mm	\$19.90
M9052 Optelec Powermag HH 3X-3.5X White 9502W	\$85.75
M9053 Optelec Powermag H H 4X-7.5X White	\$85.75
M9054 Optelec Powermag HH10X-14X White Yellow	\$85.75
M1603 Coil#7146 5X Led Hand Magnifier	\$86.28
M1604 Coil#7147 7X Led Hand Magnifier	\$74.02
M1606 Coil#7148 9X Led Hand Magnifier	\$74.02
<b>Bausch and Lomb hand magnifiers</b>	
M4504 B&L#81-23-67 5X-20X Folding Pocket	\$46.72
M4506 B&L#81-26-17 Magna-Bar	\$13.70
M4510 B&L#81-31-33 5X Packette	\$17.92
<b>Mattingly</b>	
M5100 5X/+20 Smartmag	\$25.00
M5101 3X/+12 Smartmag	\$25.00
<b>STAND MAGNIFIERS</b>	
<b>Eschenbach stand magnifiers</b>	
M0047 1550-71-Illum Incndscnt St 10X Asp Head	\$82.46
M0050 1551-71-Illum Incndscnt St 7X Asp Head	\$76.86
M0053 1552-71-Illum Incndscnt St 6X Asp Head	\$82.46
M0056 1553-91-Illum Incndscnt St 5X Asp Head	\$88.90

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M0060 1554-91-Illum Incndscnt St 4X Asp Head	\$96.60
M0069 Handle Led 1599-144	\$117.60
M0046 4294-413 Microlux Eschenbach	\$139.86
<b>Besser Stand Magnifiers</b>	
M2050 B9496 Super Brite 3X 8D	\$73.85
M2051 B8496 Super Brite 3X 6D	\$71.05
M2052 B1596 Super Brite 4X 12 D	\$61.60
M2053 B0596 Super Brite 5X 16D	\$61.60
M2054 B5596 Super Brite 6X 20D	\$61.60
M2055 B2596 Super Brite 7X 23D	\$57.73
M2056 B3596 Super Brite 8X 28D	\$57.73
M2057 B4596 Super Brite 10X 36D	\$57.73
M2058 B2496 Super Brite 12X 44D	\$57.73
M2059 B4496 Super Brite 14X 50D	\$57.73
M6517 2.5 Inch Dome Magnifier- # R6912	\$30.16
M6518 2 Inch Dome Magnifier# R6913	\$19.72
<b>Optelec Stand Magnifiers</b>	
M9001 Pwrmag BW Stand Mag 3X 8 D 9523W	\$75.60
M9002 Pwrmag BW Stand Mag 4X 12 D 9524W	\$64.75
M9003 Pwrmag BW Stand Mag 5X 16 D 9525W	\$64.75
M9004 Pwrmag BW Stand Mag 6X 20 D 9526W	\$64.75
M9005 Pwrmag BW Stand Mag 7X 24 D9727W	\$64.75
M9006 Pwrmag BW Stand Mag 8X 28 D 9529W	\$64.75
M9007 Pwrmag BW Stand Mag 10.75X 39 D 9531W	\$68.25
M9008 Pwrmag BW Stand Mag 13X 48 D 9533W	\$68.25
M9009 Pwrmag BW Stand Mag 15X 56 D 9535W	\$68.25
M9059 Big Eye#310 Floor Mag	\$210.00
M9060 Big Eye#010 Table Mag-6769156	\$135.80
M9061 Big Eye#L575 Lens-#16-L465	\$47.18
M9123 Big Eye Floor Lamp (30"-60")	\$222.60
<b>Spectacles</b>	
S8525 +6.00-+20.00 Aspheric (Full Eye) Mon	\$77.00
S8527 +6.00-+20.00 Ou Aspheric (Full Eye) Bi	\$91.00
S8550 +6.00-+20.00 Asph (Half Eye) Monocular	\$77.00
S8552 +6.00-+20.00 Ou Asph (Half Eye) Binoc	\$91.00
S8641 4X-8X Microscopic (Full Eye) Monocular	\$82.60
S8643 4X-8X Ou Microscopic (Full Eye) Binoc	\$109.20

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S8653 10X-12X Microscopic (Full Eye) Monocular	\$82.60
S8655 10X-12X Ou Microscopic (Full Eye) Binocu	\$119.00
S8714 +4.00 Prism (Half-Eye)	\$70.00
S8715 +5.00 Prism (Half-Eye)	\$70.00
S8716 Li +6.00-+10 Prism (Half-Eye)	\$70.00
S8807 +4.00 Prism (High Index)	\$131.60
S8813 +4.00 Prism "Thin" (Half-Eye )	\$78.75
S8814 +6.00-+8.00 Prism "Thin" (Half-Eye)	\$78.75
S8816 +10.00 Prism "Thin" (Half-Eye)	\$82.25
S8817 +12.00 Prism "Thin" (Half-Eye)	\$82.25
S8818 +14.00 Prism "Thin" (Half-Eye)	\$82.25
S8868 Progressive Addition Lenses Polycarbona	\$331.00
S8869 Bifocal Lenses Plastic	\$158.73
S8870 Trifocal Lenses Plastic	\$220.26
S8871 Polycarbonate Single Vision	\$146.43
S8872 Polycarbonate Bifocal Lenses	\$203.03
S8873 Single Vision Transition Plastic	\$147.66
S8874 Bifocal Transitions Plastic	\$232.56
S8875 Trifocal Transitions Plastic	\$294.09
S8876 Polycarbonate Transition Single Vision	\$183.34
S8877 Single Vision Lenses	\$109.51
S8878 Progressive Addition Lenses Plastic	\$355.61
S8879 Anti Reflective Coating	\$100.00
S8880 Single-Vision High Aspheric Lenses	\$184.58
S8882 Myodisc Single Vision	\$267.50
S8881 Bifocal High Aspheric Plus Lenses	\$227.64
S8883 Myodisc Bifocal Lenses	\$307.63
S8884 Polarized Single Vision Lenses	\$195.65
S8885 Polarized Bifocal Lenses	\$220.26
S8886 Polarized Trifocal Lenses	\$246.10
S8887 Lens Treatment UV, Scratch, Color Tint	\$24.61
S8888 Polycarbonate Bifocal Transition	\$282.32
S8890 Mirror Lens Coating	\$61.53
S8900 Sphero-Prism	\$36.92
S8901 Aspheric Polycarbonate Lenses	\$205.49
S8902 Polarized Polycarbonate Lenses	\$291.63
S8903 Hi-Add Polycarbonate Progressive Lenses	\$380.22

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S8904 Slab-Off Grinding	\$135.36
S8905 Bi-Concave Hyper Index	\$590.64
S8906 Progressive Trans Polycarbonate Lens	\$552.49
S8920 High Add Bifocal Binocular (+4.00 - +8	\$227.64
S8921 High Add Bifocal Binocular (> +8.00D)	\$252.25
S8923 High Add Bifocal Monocular(+4.00-+8.00)	\$196.88
S8924 High Add Bifocal Monocular (> +8.00D)	\$227.64
S8925 High-Index Single Vision Lenses	\$183.34
S8926 High-Index bifocal Lenses	\$227.64
S8927 Add-On For High Cylinder	\$30.76
S9019 Fresnel Press-On Prism	\$49.22
<b>TELESCOPES</b>	
<b>2.8X - 3.8X Telescopes</b>	
T9024 Selsi#229C 2.8X Spec Binoc R-229	\$75.60
<b>4X Telescopes</b>	
T6511 4X12 Telescope #Tc4X12 - Se - 170C	\$52.41
<b>5X - 5.5X Telescopes</b>	
T2103 Beecher Mirage 5.5X Binocular	\$596.19
T2104 Beecher Mirage 5.5X Monoc Od	\$423.13
T2105 Beecher Mirage 5.5X Monoc Os	\$423.13
<b>6X Telescopes</b>	
T0066 4293-616-Keplerian Monocular - 6X16	\$219.66
T1809 Walters#101-060 6X16B Monoc Ts-W06916	\$111.93
T1810 Specwell 6X16 - So616N	\$268.69
T6507 6X16 Short Focus Monocular-Se-167C	\$53.99
<b>7X Telescopes</b>	
T1811 Walters#101-070 7X25 Monoc Ts-Wo7925	\$229.60
T2106 Beecher Mirage 7X Binocular	\$596.19
T2108 Beecher Mirage 7X Monocular Od	\$423.13
T2109 Beecher Mirage 7X Monocular Os	\$423.13
<b>8X Telescopes</b>	
T0067 4293-816 Eschenbach Keplerian Monocular	\$244.30
T0064 4292-8212-Keplerian Monocular - 8X21	\$139.30
T2110 Beecher Mirage 8X Binocular	\$596.19
T2112 Beecher Mirage 8X Monocular Od	\$423.13
T2113 Beecher Mirage 8X Monocular Os	\$423.50

## Low Vision Guidelines

T2157 Beecher Cap: Special Order	\$75.53
T3314 Specwell 8X20 Monocular Ts-So820N	\$252.44
<b>10X + Telescopes</b>	
T1818 Walters#101-102 10X30 Monoc Ts-W10930	\$216.93
T6516 Tech Optics 10X25 Monocular (R3920)	\$69.91
T0094 1624-1 Max Tv	\$132.86
T0095 1624-3 Max Event	\$139.86
T0096 Microlux 4294-618	\$166.88
<b>Contact Lenses</b> (Softs) Hard are all M999	
<b>Initial Fitting</b>	
C9113 Spherical Wk/Mo Mon (Inc \$85 Fit Fee)	\$300.00
C9114 Toric Wk/Mo Monocular (Inc\$125 Fit Fee)	\$381.25
C9115 Spherical Wk/Mo Binoc (Inc\$85 Fit Fee)	\$418.75
C9150 Toric Wk/Mo Binocular (Inc\$125 Fit Fee)	\$606.25
<b>Replacements</b>	
C9116 Spherical Wk/Mo Binocular Inc50 F/U Fee	\$375.00
C9151 Toric Wk/Mo Binocular (Inc\$50 F/U Fee)	\$512.50
C9152 Spherical Wk/Mo Monocular Inc50 F/U Fee	\$250.00
C9153 Toric Wk/Mo Monocular (Inc\$50 F/U Fee)	\$287.50
<b>Aphakic Contact Lenses</b>	
C9161 Aphakia Monocular (Inc \$200 Fit Fee)	\$406.25
C9163 Aphakia Binocular (Inc \$200 Fit Fee)	\$562.50
<b>Replacements</b>	
C9162 Aphakia Monocular (Inc\$50 CI/F/U Fee)	\$218.75
C9164 Aphakia Binocular (Inc\$50 CI/F/U Fee)	\$375.00

### 3.3 Low Vision Device Special Device Rate

For all special device rate requests, NYSCB will pay the wholesale price plus the amount indicated on the table below. See “**Special Device Request Approval Process**” for more information.

Once approved, the rate paid will be based upon the whole sale price and will use the following calculations.

- Items less than \$25 (.01-24.99) – 100% (Double Cost)
- Items less than \$50 (25.00 – 49.99) – 75% (Cost X 1.75)

## Low Vision Guidelines

- Items less than \$200 (50.00 – 199.99) – 40% (Cost X 1.4)
- Items less than \$1000 (200.00 – 999.99) – 25% (Cost X 1.25)
- Items 1,000 and over, special request only with 10% (Cost X 1.1)

In addition, NYSCB will pay all shipping and handling, if any, on the purchase. The shipping and handling must be clearly marked on the form.

## 4. **Forms**

The following forms are for reference only. When completing, please ask for the individual Microsoft-Word files for each outcome, as some of the formatting might be slightly different.

Low Vision Guidelines

**4.1 Special Request Prior Approval Form (M999 Form)**

**Submit to the NYSCB counselor with the *Low Vision Evaluation Report* (Form 1119).**

**Participant's Name:  
Counselor's Name:**

**Specialist's Name:**

**Description of the Low Vision Aid:**

**Explain the purpose of the low vision aid and justification of necessity:**

**Provide information about the need for training with the prescribed low vision aid:**

**Provide the wholesale price of the aid and the source:**

**District manager/Senior approval \_\_\_\_\_**

**Additional comments:**

Low Vision Guidelines

4.2 OCFS -1119, Low Vision Evaluation Report

OCFS-1119 (Rev. 6/2014)

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
COMMISSION FOR THE BLIND  
**LOW VISION EVALUATION REPORT**

**THIS SECTION TO BE COMPLETED BY COUNSELOR OR PRIVATE AGENCY CASE MANAGER**

CLIENTS NAME: [REDACTED]	DATE OF BIRTH: [REDACTED]	CLIENT'S ADDRESS: [REDACTED]
COUNSELOR'S/CASE MANAGER'S NAME: [REDACTED]	OFFICE LOCATION: [REDACTED]	
PROPOSED CLIENT ACTIVITIES (if known) OR SPECIFIC COUNSELOR'S CONCERNS: Include relevant information on client's living situation, ability to travel independently, health status, motivational level, etc. [REDACTED]		

**THIS SECTION TO BE COMPLETED BY LOW VISION SPECIALIST**

FIELDS	ENTERING CORRECTED VISUAL ACUITY		DIAGNOSIS
Constricted <input type="checkbox"/> Hemianopic <input type="checkbox"/>  Full <input type="checkbox"/> Scotoma <input type="checkbox"/>	Distance	O.D. <input type="checkbox"/>	[REDACTED]
		Near	
		O.S. <input type="checkbox"/>	
		O.U. <input type="checkbox"/>	

RECOMMENDED OPTICAL DEVICES			
CODES/FEEES	DESCRIPTION	ANTICIPATED VISUAL ACUITY	USE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TOTAL: [REDACTED]	<b>Narrative Report:</b> (include information on tasks to be performed, client's acceptance of devices, special conditions required, such as lighting, posture, time restrictions, etc.) [REDACTED]		

DATE OF INITIAL EXAMINATION	DATE OF FOLLOW-UP VISIT 1	DATE OF FOLLOW-UP VISIT 2	DATE OF FOLLOW-UP VISIT 3	RESULTS OF FOLLOW-UP VISITS:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
SPECIALIST'S NAME AND ADDRESS [REDACTED]				[REDACTED]
SPECIALIST'S SIGNATURE: [REDACTED]				
				DATE: [REDACTED]

USE A SEPARATE SHEET OF PAPER FOR ADDITIONAL COMMENTS