

Other Medical Expenses (OM) Section

BOX\_01A  
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| IF ROUND 3, CONTINUE WITH BOX\_01B |  
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| OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX\_01 |  
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BOX\_01B  
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| IF OM ITEM TYPE IS GLASSES/CONTACT LENSES, |  
| CONTINUE WITH OM01A |  
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| OTHERWISE (I.E., IF OM ITEM TYPE IS NOT GLASSES/ |  
| CONTACT LENSES), GO TO BOX\_01 |  
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OM01A  
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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}  
Of the times (PERSON) obtained glasses or contact lenses since  
(START DATE), how many were during 1999?  
[Enter Number of Times].....  
REF..... -7  
DK..... -8

OM01B  
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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}  
Of the times (PERSON) obtained glasses or contact lenses since  
(START DATE), how many were during 2000?  
[Enter Number of Times].....  
REF..... -7  
DK..... -8

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| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN |  
| ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE |  
| CP SECTION. |  
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| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION. |  
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BOX\_01  
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| IF THE OM ITEM TYPE IS NOT INSULIN OR OTHER |  
| DIABETIC EQUIPMENT OR SUPPLIES, CONTINUE WITH OM01 |  
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| IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC |  
| EQUIPMENT OR SUPPLIES, GO TO OM02 |  
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OM01

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{PERSON'S FIRST MIDDLE AND LAST NAME}  
NOTE:  
NO UTILIZATION SECTION IS REQUIRED FOR **{GLASSES OR CONTACT LENSES/AMBULANCE SERVICES/ORTHOPEdic ITEMS/HEARING DEVICES/PROSTHESES/BATHROOM AIDS/MEDICAL EQUIPMENT/DISPOSABLE SUPPLIES/ALTERATIONS OR MODIFICATIONS/{TEXT FROM OTHER SPECIFY}}**.  
PRESS ENTER TO CONTINUE.

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| DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT TYPE |  
| IS OM AND ITEM TYPE IS CODED '1' (GLASSES OR |  
| CONTACT LENSES.) DISPLAY 'AMBULANCE SERVICES' |  
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '4' |  
| (AMBULANCE SERVICES). DISPLAY 'ORTHOPEdic ITEMS' |  
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '5' |  
| (ORTHOPEdic ITEMS). DISPLAY 'HEARING DEVICES' |  
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '6' |  
| (HEARING DEVICES). DISPLAY 'PROSTHESES' IF EVENT |  
| TYPE IS OM AND ITEM TYPE IS CODED '7' |  
| (PROSTHESES). DISPLAY 'BATHROOM AIDS' IF EVENT |  
| TYPE IS OM AND ITEM TYPE IS CODED '8' (BATHROOM |  
| AIDS). DISPLAY 'MEDICAL EQUIPMENT' IF EVENT TYPE |  
| IS OM AND ITEM TYPE IS CODED '9' (MEDICAL |  
| EQUIPMENT). DISPLAY 'DISPOSABLE SUPPLIES' IS |  
| EVENT TYPE IS OM AND ITEM TYPE IS CODED '10' |  
| (DISPOSABLE SUPPLIES). DISPLAY 'ALTERATIONS OR |  
| MODIFICATIONS' IF EVENT TYPE IS OM AND ITEM TYPE |  
| IS CODED '11' (ALTERATIONS/MODIFICATIONS). FOR |  
| 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT |  
| ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS |  
| WHEN OM ITEM TYPE IS CODED '91' (OTHER). |  
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| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN |  
| ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE |  
| CP SECTION |  
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| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION |  
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OM02

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{PERSON'S FIRST MIDDLE AND LAST NAME}  
NOTE:  
**{INSULIN/OTHER DIABETIC EQUIPMENT OR SUPPLIES}** WILL BE PROCESSED  
LIKE A PRESCRIBED MEDICINE.  
AT THIS TIME, NO UTILIZATION OR CHARGE/PAYMENT SECTION WILL BE  
ASKED.  
PRESCRIBED MEDICINE QUESTIONS AND CHARGE/PAYMENT DATA WILL BE  
COLLECTED LATER.  
PRESS ENTER TO CONTINUE.

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| DISPLAY '**INSULIN**' IF OM ITEM TYPE BEING ASKED |  
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| ABOUT IS INSULIN. DISPLAY 'OTHER DIABETIC |
| EQUIPMENT OR SUPPLIES' IF OM TYPE BEING ASKED |
| ABOUT IS OTHER DIABETIC EQUIPMENT OR SUPPLIES. |
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| FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS |
| 'PROCESSED'. INSULIN AND OTHER DIABETIC EQUIPMENT |
| AND SUPPLIES WILL BE PROCESSED THROUGH CP AS |
| PRESCRIBED MEDICINES. |
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BOX\_02  
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| GO TO THE EVENT DRIVER (ED) SECTION |
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[Return to Top](#)