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
=====

{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
OM01B

(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 2001?

[Enter Number of Times].................

REF.................................... -7

DK..................................... -8

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<p>| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN |
| ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE |</p>
<table>
<thead>
<tr>
<th>CP SECTION.</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION.</th>
</tr>
</thead>
</table>

BOX_01

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<p>| IF THE OM ITEM TYPE IS NOT INSULIN OR OTHER |</p>
<table>
<thead>
<tr>
<th>DIABETIC EQUIPMENT OR SUPPLIES, CONTINUE WITH OM01</th>
</tr>
</thead>
</table>

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<p>| IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC |</p>
<table>
<thead>
<tr>
<th>EQUIPMENT OR SUPPLIES, GO TO OM02</th>
</tr>
</thead>
</table>
(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.

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' IF 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).

IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE CP SECTION

OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION
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.

DISPLAY 'INSULIN' IF OM ITEM TYPE BEING ASKED ABOUT IS INSULIN. DISPLAY 'OTHER DIABETIC EQUIPMENT OR SUPPLIES' IF OM TYPE BEING ASKED ABOUT IS OTHER DIABETIC EQUIPMENT OR SUPPLIES.

FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS 'PROCESSED'. INSULIN AND OTHER DIABETIC EQUIPMENT AND SUPPLIES WILL BE PROCESSED THROUGH CP AS PRESCRIBED MEDICINES.

GO TO THE EVENT DRIVER (ED) SECTION.