

Other Medical Expenses (OM) Section

BOX_01A

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IF ROUND 3, CONTINUE WITH BOX_01B

OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX_01

BOX_01B

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| IF OM ITEM TYPE IS GLASSES/CONTACT LENSES,
CONTINUE WITH OM01A

| OTHERWISE (I.E., IF OM ITEM TYPE IS NOT GLASSES/
CONTACT LENSES), GO TO BOX_01

OM01A

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{PERSON'S FIRST MIDDLE AND LAST NAME} {EVN-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

OM01B
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{PERSON'S FIRST MIDDLE AND LAST NAME} {EVN-DT}

Of the times (PERSON) obtained glasses or contact lenses since
(START DATE), how many were during 2002?

[Enter Number of Times].....
REF..... -7
DK..... -8

| 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.

BOX_01
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| IF THE OM ITEM TYPE IS NOT INSULIN OR OTHER |
DIABETIC EQUIPMENT OR SUPPLIES, CONTINUE WITH OM01

| IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC |
EQUIPMENT OR SUPPLIES, GO TO OM02

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.

| 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).

| 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

OM02
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{PERSON'S FIRST MIDDLE AND LAST NAME} {EVN-DT}

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.

BOX_02
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GO TO THE EVENT DRIVER (ED) SECTION