Medical Provider Visits (MV) Section

MV01
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER....}  {EVN-DT}
Did (PERSON) visit (PROVIDER) on (VISIT DATE) in person or was this a telephone call?

SAW PROVIDER .................................. 1
TELEPHONE CALL .............................. 2
REF ........................................... -7
DK ............................................. -8

[Code One]

<table>
<thead>
<tr>
<th>IF MV01 IS CODED ‘1’ (SAW PROVIDER), FLAG EVENT AS ‘MV-IN-PERSON’ AND CONTINUE WITH MV02A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF MV01 IS CODED ‘2’ (TELEPHONE CALL), ‘-7’, (REFUSED), OR ‘-8’ (DON’T KNOW), FLAG EVENT AS ‘MV-TELEPHONE’ AND GO TO MV03</th>
</tr>
</thead>
</table>

MV02
=====

OMITTED.

MV02A
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER....}  {EVN-DT}
What kind of place is that -- a managed care plan center or HMO, a clinic, a doctor’s office, or some other place?

DOCTOR’S OFFICE OR GROUP PRACTICE ..... 1
MEDICAL CLINIC ............................. 2
MANAGED CARE PLAN CENTER/HMO .......... 3
NEIGHBORHOOD/FAMILY HEALTH CENTER ..... 4
LASER EYE SURGERY CENTER ............... 5
OTHER FREESTANDING SURGICAL CENTER .... 6
RURAL HEALTH CLINIC ..................... 7
COMPANY CLINIC ............................ 8
SCHOOL CLINIC ............................. 9
OTHER CLINIC ............................... 10
WALK-IN URGENT CENTER ................. 11
VA FACILITY ............................... 12
COMMUNITY HEALTH CENTER ............. 13
LABORATORY/X-RAY FACILITY ............. 14
SOME OTHER PLACE ....................... 91

[Code One]

MV03
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER....}  {EVN-DT}
{Did (PERSON) see a medical doctor during this particular visit?/Was this telephone call about (PERSON)’s health with a medical doctor?}

YES ......................................... 1
NO ........................................... 2 {MV04}
MEPS FAMES Panel 11 Round 5 Medical Provider Visits (MV) Section

REF ................................... -7 {MV04}
DK .................................... -8 {MV04}

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

| DISPLAY ‘Did (PERSON) see a medical doctor during this particular visit?’ IF MV01 IS CODED ‘1’ (SAW PROVIDER), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) FOR THIS EVENT. |
| DISPLAY ‘Was this telephone call about (PERSON)’s health with a medical doctor?’ IF MV01 IS CODED ‘2’ (TELEPHONE CALL) FOR THIS EVENT. |

MV03A

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER....}  {EVN-DT}

What was the doctor’s specialty?

IF TALKED TO MORE THAN ONE DOCTOR, PROBE FOR MAIN PROVIDER.

ALLERGY/IMMUNOLOGY ..........  1
ANESTHESIOLOGY ..............  2
CARDIOLOGY (HEART) ..........  3
DERMATOLOGY (SKIN) ..........  4
ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID) .......  5
FAMILY PRACTICE .............  6
GASTROENTEROLOGY ..........  7
GENERAL PRACTICE ............  8
GENERAL SURGERY .............  9
GERIATRICS (ELDERLY) ........ 10
GYNECOLOGY-OBSTETRICS ....... 11
HEMATOLOGY (BLOOD) .......... 12
HOSPITAL RESIDENCE .......... 13
INTERNAL MEDICINE ........... 14
INTERNAL MEDICINE (INTERNIST) ........ 15
NEPHROLOGY (KIDNEYS) ........ 16
NEUROLOGY ................... 17
NUCLEAR MEDICINE ..........  18
PHYSICIANS ASSOCIATE .......... 19
PHYSICIAN’S ASSISTANT ......... 20
RADIOLOGY ................... 21
RHEUMATOLOGY (ARTHRITIS) .... 22
THORACIC SURGERY (CHEST) .... 23
UROLOGY ..................... 24
OTHER DR SPECIALTY .......... 25

[Code One]

| GO TO BOX_01 |

MV04

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER....}  {EVN-DT}

What type of medical person did (PERSON) talk to on (VISIT DATE)?

IF TALKED TO MORE THAN ONE MEDICAL PERSON, PROBE FOR MAIN PROVIDER.

CHIROPRACTOR ..........................  1
DENTIST/DENTAL CARE PERSON ..........  2
MIDWIFE ..............................  3
NURSE/NURSE PRACTITIONER ..........  4
OPTOMETRIST ..........................  5
PODIATRIST ...........................  6
PHYSICIAN’S ASSISTANT .............  7
PHYSICAL THERAPIST ....................  8
OCCUPATIONAL THERAPIST ...............  9
PSYCHOLOGIST .......................... 10
SOCIAL WORKER ........................ 11
TECHNICIAN ............................ 12
RECEPTIONIST, CLERK, SECRETARY ..... 13
ACUPUNCTURIST ........................ 14
MASSAGE THERAPIST ..................... 15
HOMEOPATHIC/NATUROPATHIC/HERBALIST 16
OTHER ALTERNATIVE/COMPLEMENTARY
   CARE PROVIDER ....................... 17
OTHER ..................................... 91
REF ..................................... -7
DK ..................................... -8

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

MV05
====
OMITTED.

BOX_01
=====

| IF MV01 IS CODED ‘1’ (SAW PROVIDER) AND MV03 IS |
| CODED ‘1’ (YES), GO TO MV07                          |
-------------------------------------------------------------------------
| IF MV01 IS CODED ‘2’ (TELEPHONE CALL), ‘-7’ |
| (REFUSED), OR ‘-8’ (DON’T KNOW) AND MV03 IS CODED |
| ‘1’ (YES), GO TO MV08                                |
-------------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH MV06                           |
-------------------------------------------------------------------------

MV06
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}
TYPE OF PERSON HAD CONTACT: {MEDICAL PERSON TYPE FROM MV04}
CODE WITHOUT ASKING IF OBVIOUS. OTHERWISE, ASK:
Do any medical doctors work at {the same location as (PROVIDER)/(PROVIDER)}?
YES .................................... 1
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8
PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.
-------------------------------------------------------------------------
| DISPLAY ‘the same location as (PROVIDER)’ IF |
| PROVIDER IS FLAGGED AS ‘PERSON-TYPE-PROVIDER’. |
| DISPLAY ‘(PROVIDER)’ IF PROVIDER IS FLAGGED AS |
| ‘FACILITY-PROVIDER’.                          |
-------------------------------------------------------------------------

FOR ‘MEDICAL PERSON TYPE FROM MV04’, DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT MV04:

| |
| |

Page 3 of 13

----------------------------------------------------

| IF MV01 IS CODED ‘2’ (TELEPHONE CALL), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO MV08 |

----------------------------------------------------

| OTHERWISE, CONTINUE WITH MV07 |

MV07

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}
SHOW CARD MV-1.
Please look at this card and tell me which category best describes the care (PERSON) received during the visit to (PROVIDER) on (VISIT DATE).

GENERAL CHECKUP ....................... 1
DIAGNOSIS OR TREATMENT ................ 2
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 3
PSYCHOTHERAPY OR MENTAL HEALTH
COUNSELING ............................... 4
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 5
IMMUNIZATIONS OR SHOTS .................. 6
VISION EXAM ............................... 7
MATERNITY CARE (PRE/POSTNATAL) ........ 8
WELL CHILD EXAM .......................... 9
LASER EYE SURGERY ........................ 10
OTHER ................................. 91
REF ...................................... -7
DK ...................................... -8

(Code One)
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------

| EDITS: IF MV07 IS CODED ‘8’ (MATERNITY CARE (PRE/POSTNATAL)), CHECK THAT PERSON IS FEMALE. |
| IF NOT, DISPLAY THE FOLLOWING MESSAGE: CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER. |
IF MV07 IS CODED ‘9’ (WELL CHILD EXAM), CHECK THAT
PERSON IS < 7 YEARS OLD (OR AGE CATEGORIES 1
THROUGH 3). IF NOT, DISPLAY THE FOLLOWING
MESSAGE: CODE UNAVAILABLE FOR PERSONS 7 AND
OLDER. VERIFY AND RE-ENTER.

MV08
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE
PROVIDER......}  {EVN-DT}
Was this [visit/telephone call] related to any specific health
condition or were any conditions discovered during this [visit/
telephone call]?
YES .................................... 1
NO ..................................... 2  
REF ................................... -7  
DK .................................... -8  

MV09
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE
PROVIDER......}  {EVN-DT}
What conditions were discovered or led (PERSON) to make this
[visit/telephone call]?
PROBE: Any other condition?
IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME
OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.
[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

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BOX_02
=====

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IF MV01 IS CODED ‘2′ (TELEPHONE CALL), ‘-7′ (REFUSED), OR ‘-8′ (DON’T KNOW), GO TO MV14

---

IF MV01 IS CODED ‘1′ (SAW PROVIDER), CONTINUE WITH BOX_03

---

BOX_03
=====

---

IF MV04 IS CODED ‘2′ (DENTIST/DENTAL CARE PERSON), ‘3′ (MIDWIFE), ‘5′ (OPTOMETRIST), OR ‘13′ (RECEPTIONIST, CLERK, SECRETARY), GO TO MV11

---

OTHERWISE, CONTINUE WITH MV10

---

MV10
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.....} {EVN-DT}
SHOW CARD MV-2.

Looking at this card, which of these treatments, if any, did (PERSON) receive during this visit?
CODE ‘95′ IF NO TREATMENTS WERE RECEIVED.
CODE ALL THAT APPLY.

PHYSICAL THERAPY ....................... 1
OCCUPATIONAL THERAPY .................. 2
SPEECH THERAPY ........................ 3
CHEMOTHERAPY ......................... 4
RADIATION THERAPY .................... 5
KIDNEY DIALYSIS ....................... 6
IV THERAPY ............................. 7
DRUG OR ALCOHOL TREATMENT ......... 8
ALLERGY SHOT .......................... 9
PSYCHOTHERAPY/COUNSELING .............. 10
SHOTS, OTHER THAN ALLERGY ............. 11
NO TREATMENTS RECEIVED ............... 95
REF .................................... -7
DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ALLOW CODE ‘95’ (NO TREATMENTS RECEIVED), ‘-7’ (REFUSED), AND ‘-8’ (DON’T KNOW) AS ENTRIES IN THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE ‘95’ WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.

EDIT: IF CODED ‘95’ (NO TREATMENTS RECEIVED), NO OTHER TREATMENT CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: ‘INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.’

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

  CODE ‘1’ = ’PHYS’
  CODE ‘2’ = ’OCCPT’
  CODE ‘3’ = ’SPCH’
  CODE ‘4’ = ’CHEMO’
  CODE ‘5’ = ’RADIA’
  CODE ‘6’ = ’KIDNY’
  CODE ‘7’ = ’IV’
  CODE ‘8’ = ’DRUG’
  CODE ‘9’ = ’ALRGY’
  CODE ‘10’ = ’PSYCH’
  CODE ‘11’ = ’SHOTS’
  CODE ‘95’ = ’NONE’

NOTE: ’NO TREATMENT RECEIVED’ IS NOT DISPLAYED ON SHOW CARD.

MV11

LOOKING AT THIS CARD, WHICH OF THESE SERVICES, IF ANY, DID (PERSON) HAVE DURING THIS VISIT?
CODE ‘95’ IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.

LABORATORY TESTS ....................... 1
SONOGRAM OR ULTRASOUND ............... 2
X-RAYS .................................. 3
MAMMOGRAM .............................. 4
MRI OR CATSCAN .......................... 5
EKG OR ECG ................................. 6
EEG .................................. 7
VACCINATION ............................... 8
ANESTHESIA ................................. 9
OTHER DIAGNOSTIC TEST ................. 10
NO SERVICES RECEIVED .................. 95
REF ................................... -7
DK .................................... -8

[Code All That Apply]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ALLOW CODE ‘4’ (MAMMOGRAM) ONLY IF PERSON IS
FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4
THROUGH 9).

ALLOW CODE ‘95’ (NO SERVICES RECEIVED), ‘-7’
(REFUSED), AND ‘-8’ (DON’T KNOW) AS ENTRIES IN
THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES
MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER.
CODE ‘95’ WILL NOT APPEAR AS A RESPONSE CATEGORY
ON THE SCREEN.

EDIT: IF CODED ‘95’ (NO SERVICES RECEIVED),
NO OTHER SERVICE CATEGORIES SHOULD BE CODED. IF
A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING
MESSAGE: ‘INVALID RESPONSE. PRESS ENTER ON A
BLANK FIELD.’

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY
FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY
ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING
ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR
THIS DISPLAY:

CODE ‘1’ = ‘LAB’
CODE ‘2’ = ‘ULTRA’
CODE ‘3’ = ‘X-RAYS’
CODE ‘4’ = ‘MAMMO’
CODE ‘5’ = ‘MRI’
CODE ‘6’ = ‘EKG’
CODE ‘7’ = ‘EEG’
CODE ‘8’ = ‘VACIN’
CODE ‘9’ = ‘ANEST’
CODE ‘10’ = ‘OTHER’
CODE ‘95’ = ‘NONE’

NOTE: ‘NO SERVICES RECEIVED’ IS NOT DISPLAYED ON
SHOW CARD.
MV12
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}
Was a surgical procedure performed on (PERSON) during this visit?
   YES .................................... 1
   NO ..................................... 2
   REF ................................... -7
   DK .................................... -8
   PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

MV13
====

OMITTED.

MV14
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}
During this {visit/telephone call}, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.
   YES .................................... 1
   NO ..................................... 2 {BOX_04}
   REF ................................... -7 {BOX_04}
   DK .................................... -8 {BOX_04}
   PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

| DISPLAY 'visit' IF MV01 IS CODED '1' (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON’T KNOW) FOR THIS EVENT. DISPLAY 'telephone call' IF MV01 IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT. |
----------------------------------------------------

MV15
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}
Please tell me the names of the prescriptions from this visit that were filled.
PROBE: Any other prescribed medicines from this visit that were filled?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S-PRESCRIBED-MEDICINES-ROSTER.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF
MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES).

3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.’

BOX_04
======

IF MV01 IS CODED ‘1’ (SAW PROVIDER), CONTINUE WITH BOX_05

-------------------

IF MV01 IS CODED ‘2’ (TELEPHONE CALL), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO BOX_07

BOX_05
======

IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO THIS PROVIDER FOR THIS PERSON, GO TO BOX_07

-------------------

OTHERWISE, CONTINUE WITH BOX_06

BOX_06
======

IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS PERSON HAVE NOT COMPLETED THE MEDICAL PROVIDER VISITS UTILIZATION MODULE AND IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, CONTINUE WITH MV16

-------------------

OTHERWISE, GO TO BOX_07

MV16
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.....} {EVN-DT}
Earlier I recorded that (PERSON) had some other visits to (PROVIDER). Were any of these visits related to any condition associated with (PERSON)’s visit on (VISIT DATE)? That is, were any of the other visits for the (READ CONDITIONS BELOW) and did (PERSON) receive {(READ SERVICES BELOW)/the same services)?

CONDITIONS

{PERSON’S MV MEDICAL CONDITION.} {SERVICES RECEIVED.}

{PERSON’S MV MEDICAL CONDITION.} {SERVICES RECEIVED..}
{PERSON’S MV MEDICAL CONDITION.} {SERVICES RECEIVED..}
YES .................................... 1
NO ......................................... 2 {BOX_07}
REF ......................................... -7 {BOX_07}
DK ........................................... -8 {BOX_07}
PRESS F1 FOR DEFINITION OF REPEAT VISITS.

-------------------------------------------------------------------------------------
| DISPLAY ‘(READ SERVICES BELOW)’ IF MV11 IS NOT |
| CODED ‘95’ (NO SERVICES), ‘-7’ (REFUSED), OR ‘-8’ |
| (DON’T KNOW). IF MV11 IS CODED ‘95’ (NO |
| SERVICES), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), |
| DISPLAY ‘the same services’. |
-------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------
| FOR ‘PERSON’S MV MEDICAL CONDITION.’, DISPLAY ALL |
| CONDITIONS SELECTED OR ADDED TO PERSON’S-MEDICAL- |
| CONDITIONS-ROSTER AT MV09. |
-------------------------------------------------------------------------------------
| FOR ‘SERVICES RECEIVED..’, DISPLAY THE FOLLOWING |
| TEXT FOR EACH CODE ENTERED AT MV11: |
| CODE ‘1’ = LABORATORY TESTS |
| CODE ‘2’ = SONOGRAM/ULTRASOUND |
| CODE ‘3’ = X-RAYS |
| CODE ‘4’ = MAMMOGRAM |
| CODE ‘5’ = MRI/CATSCAN |
| CODE ‘6’ = EKG/ECG |
| CODE ‘7’ = EEG |
| CODE ‘8’ = VACCINATION |
| CODE ‘9’ = ANESTHESIA |
| CODE ‘10’ = OTHER SERVICES |
-------------------------------------------------------------------------------------

MV17
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE |
PROVIDER......} {EVN-DT}
Did any of these visits or calls cost the same amount as |
(PERSON)’s visit on (VISIT DATE)?
YES .................................... 1
NO ......................................... 2 {BOX_07}
REF ......................................... -7 {BOX_07}
DK ........................................... -8 {BOX_07}
PRESS F1 FOR DEFINITION OF COST THE SAME AMOUNT.

-------------------------------------------------------------------------------------
| NOTE: THE ISSUES OF COST WHEN THE PERSON HAS A |
| COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE |
| HANDLED IN THE F1 DEFINITION. |
-------------------------------------------------------------------------------------

MV18
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE |
PROVIDER......} {EVN-DT}
Which of the following visits were related to the (READ |
CONDITIONS BELOW) and {READ SERVICES BELOW)/the same services} |
and cost the same amount as the (VISIT DATE) visit we’ve just |
talked about?
PROBE: Any other visits related to this condition and cost
the same amount?

**CONDITIONS**  **SERVICES**
{PERSON’S MV MEDICAL CONDITION.}  {SERVICES RECEIVED.}
{PERSON’S MV MEDICAL CONDITION.}  {SERVICES RECEIVED.}
{PERSON’S MV MEDICAL CONDITION.}  {SERVICES RECEIVED.}

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. Month, Day, Year-4]
[2. Month, Day, Year-4]
[3. Month, Day, Year-4]

----------------------------------------------------
<p>| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EVENTS |
| (DATES) IN PERSON’S-MEDICAL-EVENTS-ROSTER THAT |
| WERE CREATED THIS ROUND, ARE NOT YET PROCESSED IN |
| UTILIZATION, HAVE EVENT TYPE ‘MV’, AND ARE |
| ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT |</p>
<table>
<thead>
<tr>
<th>BEING ASKED ABOUT.</th>
</tr>
</thead>
</table>

----------------------------------------------------
| DISPLAY ‘(READ SERVICES BELOW)’ IF MV11 IS |
| CODED ‘95’ (NO SERVICES), ‘-7’ (REFUSED), OR ‘-8’ |
| (DON’T KNOW). IF MV11 IS CODED ‘95’ (NO |
| SERVICES), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), |
| DISPLAY ‘the same services’. |

----------------------------------------------------
<p>| FOR ‘PERSON’S MV MEDICAL CONDITION.’, DISPLAY ALL |
| CONDITIONS SELECTED OR ADDED TO PERSON’S-MEDICAL- |</p>
<table>
<thead>
<tr>
<th>CONDITIONS-ROSTER AT MV09.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOR ‘SERVICES RECEIVED..’, DISPLAY THE FOLLOWING</td>
</tr>
<tr>
<td>TEXT FOR EACH CODE ENTERED AT MV11:</td>
</tr>
</tbody>
</table>

| CODE ‘1’ = LABORATORY TESTS |
| CODE ‘2’ = SONOGRAM/ULTRASOUND |
| CODE ‘3’ = X-RAYS |
| CODE ‘4’ = MAMMOGRAM |
| CODE ‘5’ = MRI/CATSCAN |
| CODE ‘6’ = EKG/ECG |
| CODE ‘7’ = EEG |
| CODE ‘8’ = VACCINATION |
| CODE ‘9’ = ANESTHESIA |
| CODE ‘10’ = OTHER SERVICES |

----------------------------------------------------
<p>| FLAG EACH VISIT SELECTED AT MV18 AS A REPEAT VISIT |</p>
<table>
<thead>
<tr>
<th>RELATED TO THE EVENT BEING ASKED ABOUT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT</td>
</tr>
<tr>
<td>VISIT AS ‘PROCESSED’.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>LINK CONDITION(S) AND SERVICE(S) ASSOCIATED WITH</td>
</tr>
<tr>
<td>THE EVENT BEING ASKED ABOUT WITH EACH REPEAT</td>
</tr>
<tr>
<td>VISIT.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>THE EVENT DRIVER WILL NOT SERVE THESE REPEAT</td>
</tr>
<tr>
<td>VISITS FOR THE MV SECTION.</td>
</tr>
</tbody>
</table>
{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}
INTERVIEWER: RECORD ‘NAME OF REPEAT VISIT GROUP’ FOR EVENTS SELECTED IN PREVIOUS QUESTION:
[Enter Repeat Visit Group]

IF THE CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED FOR THIS MEDICAL PROVIDER VISIT (MV) EVENT, GO TO THE CHARGE/PAYMENT (CP) SECTION

OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION

Return to Top