

Other Medical Expenses (OM) Section

BOX_01A

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IF ROUND 3, CONTINUE WITH BOX_01B

OTHERWISE, GO TO BOX_01

BOX_01B

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

OTHERWISE, GO TO BOX_01

OM01A

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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}{END-DT}

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

[Enter Number of Times]..... {OM01B}
REF..... -7 {OM01B}
DK..... -8 {OM01B}

| (FOR SPECIFICATIONS ONLY; CAPI HANDLES |
| AUTOMATICALLY): 'YEAR' IN QUESTION TEXT IS FIRST |
CALENDAR YEAR OF PANEL.

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

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

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

| (FOR SPECIFICATIONS ONLY; CAPI HANDLES |
| AUTOMATICALLY): 'YEAR' IN QUESTION TEXT IS SECOND |
CALENDAR YEAR OF PANEL.

| 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 INSULIN OR OTHER DIABETIC |
EQUIPMENT OR SUPPLIES, GO TO OM02

OTHERWISE, CONTINUE WITH OM01

OM01
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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}{END-DT}

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 OR SELECT NEXT PAGE 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} {STR-DT}{END-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 OR SELECT NEXT PAGE 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 BOX_02

BOX_02
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GO TO THE EVENT DRIVER (ED) SECTION