

## Equipment Database

This document is to be used in conjunction with the Equipment database for the 2009 Registration and Inventory of Medical Equipment. All equipment types are in the same database.

The database contains 9 tables and the relationships are indicated in the Relationships for Equipment.pdf.

This data is in-process working data for the internal use of the Planning Section, and it may be changed or revised over time. The Planning Section provides no assurance or representations as to its accuracy, and any user of the data assumes the risk of errors or inaccuracy.

**Table: tblProviders**

Field name	Data Type	Definition
IngProviderID	AutoNumber	Unique identifier of equipment. Must be a NUMBER.
strLegalEntity	Text	Full legal name of corporation, partnership, individual, or other legal entity that acquired the equipment by purchase, donation, lease, transfer or comparable arrangement
strDBA	Text	Alternate that Doing Business As
strStreetAddress	Text	Address of the Corporation
strAddCity	Text	City of the Corporation
strAddIST	Text	State of the Corporation
strAddZip	Text	Zipcode of the Corporation
strTelephone	Text	Telephone number of the Corporation
strCEOName	Text	Name of the CEO
strCEOTitle	Text	Title of the CEO
strCEOAddStreet	Text	Address of the CEO
strCEOAddCity	Text	City of the CEO
strCEOAddSiteST	Text	State of the CEO
strCEOAddSiteZip	Text	Zipcode of the CEO
strCEOTelephone	Text	Telephone number of the CEO
strCEOFax	Text	Fax number of the CEO
strPrepName	Text	Information compiled or prepared by:
strPrepTelephone	Text	Telephone number of the preparer
strPrepEmail	Text	Email Address of the preparer
dtmReportingStartDate	Date/Time	Reporting start date. e.g. 6/19/1994

dtmReportingEndDate	Date/Time	Reporting end date. e.g. 6/19/1994
strNotes	Text	Notes on a provider.

**Table: tblEquipment**

Field Name	Data Type	Definition
IngEquipmentID	AutoNumber	Unique identifier of the equipment. Must be a NUMBER.
IngProviderID	Number	Identifies the provider of the equipment. See tblProviders. Must be a NUMBER.
IngEquipmentTypeID	Number	Identifies the type of equipment. See tblEquipmentTypes. Must be a NUMBER.
strManufacturer	Text	Manufacturer of the equipment.
strModelNumber	Text	Model number of the equipment.
strSerialNumber	Text	Serial number of the equipment.
strCONProjectID	Text	Certificate of Need Project ID
strCertificateHolder	Text	Certificate Holder, as listed on Certificate of Need
dtmPurchaseDate	Date/Time	Date of purchase
curPurchasePrice	Currency	Purchase price. Do not include \$ symbol.
ysnStereotacticRadiosurgery	Yes/No	Configured for stereotactic radiosurgery?
IngNumPatients	Number	Number of unduplicated patients
strOwner	Text	If leased or rented, name of owner of equipment.
IngOpenClosed	Number	Is the equipment open or closed? 1: Open 2: Closed
IngFixedMobile	Number	Is the equipment fixed or mobile? 1: Fixed 2: Mobile
IngDuplEntry	Number	Is this a duplicate entry? 0: It's ok. 1: Duplicate

**Table: tblSiteData**

Field Name	Data Type	Definition
IngSiteDataID	AutoNumber	Unique identifier of site data. Must be a NUMBER.
IngEquipmentID	Number	Identifies the equipment of the site data. See tblEquipment. Must be a NUMBER.
strSiteName	Text	Name of entity where service is provided.
strSiteAddress	Text	Address of entity.
strSiteCity	Text	City of the entity.
strSiteST	Text	State of the entity.
strZipCode	Text	Zipcode of the entity.
IngLocationID	Number	County where the site is located. See tblLocations. Must be a NUMBER.
IngNumProcs	Number	Total number of procedures.
ysnSunday	Yes/No	This equipment is at this site on Sundays.
sngSundayHours	Number	Number of hours on Sundays.
ysnMonday	Yes/No	This equipment is at the site on Mondays.

sngMondayHours	Number	Number of hours on Mondays.
ysnTuesday	Yes/No	This equipment is at the site on Tuesdays.
sngTuesdayHours	Number	Number of hours on Tuesdays.
ysnWednesday	Yes/No	This equipment is at the site on Wednesdays.
sngWednesdayHours	Number	Number of hours on Wednesdays.
ysnThursday	Yes/No	This equipment is at the site on Thursdays.
sngThursdayHours	Number	Number of hours on Thursdays.
ysnFriday	Yes/No	This equipment is at the site on Fridays.
sngFridayHours	Number	Number of hours on Friday days.
ysnSaturday	Yes/No	This equipment is at the site on Saturdays.
sngSaturdayHours	Number	Number of hours on Saturdays.
IngTotalHoursOperation	Number	Total number of hours in operation.
IngDaysPerYear	Number	Total number of days per year at Site.
IngInpatientWith	Number	Number of inpatient procedures with contrast or sedation.
IngInpatientWithOut	Number	Number of inpatient procedures without contrast or sedation.
IngInpatientTotal	Number	Number of inpatient procedures
IngOutpatientWith	Number	Number of outpatient procedures with contrast or sedation.
IngOutpatientWithOut	Number	Number of outpatient procedures without contrast or sedation.
IngOutpatientTotal	Number	Number of outpatient procedures
IngHospital	Number	1: Site is a hospital 2: Site is not a hospital
IngFixedScanners	Number	Number of fixed scanners at the site
IngServiceArea	Number	Area generally served in the state. See tblLocations. Must be a NUMBER.
IngHSA	Number	What health service area is the site located? I, II, III, IV, V, VI
sngNotOperational	Number	Is the equipment not currently operating? 0 is if it. Percentage value if it.

**Table: tblReimbursementSources**

Field Name	Data Type	Definition
IngPaymentSourceID	AutoNumber	Unique identifier of the reimbursement/payment source. Must be a NUMBER.
IngProviderID	Number	Identifies the provider. See tblProviders. Must be a NUMBER.
IngSiteDataID	Number	Identifies the site and the data. See tblSiteData. Must be a NUMBER.
IngSelfPay	Number	Number of procedures where primary payer source was Self Pay.
IngMedicare	Number	Number of procedures where primary payer source was Medicare & Medicare Managed Care
IngMedicaid	Number	Number of procedures where primary payer source was Medicaid.
IngCommercialInsurance	Number	Number of procedures where primary payer source was Commercial Insurance.
IngManagedCare	Number	Number of procedures where primary payer source was Managed Care.

IngUnreimbursedCare	Number	Number of procedures where primary payer source was unreimbursed care (Indigent/charity).
strOtherSource	Text	Identify another source as primary payer source.
IngOther	Number	Number of procedures where primary payer source was Other.

**Table: tblPatientOrigins**

Field Name	Data Type	Definition
IngPatientOriginID	AutoNumber	Unique identifier for the patient origin. Must be a NUMBER.
IngLocationID	Number	Identifies the county of the patients. See tblLocations. Must be a NUMBER.
IngSiteDataID	Number	Identifies the site where the equipment is located. See tblSiteData. Must be a NUMBER.
IngNumPatients	Number	Number of patients from a particular county served by a piece of equipment at that particular site.

**Table: tblEquipmentTypes**

Field Name	Data Type	Definition
IngEquipmentTypeID	AutoNumber	Unique identifier of the different types of equipment. Must be a NUMBER.
strEquipmentType	Text	Identifies the type of equipment.

**Table: tblLocations**

Field Name	Data Types	Definition
IngLocationID	AutoNumber	Unique identifier of the counties and service areas. Must be a NUMBER.
strLocation	Text	Identifies the location.

**Table: tblCPTProcedures**

Field Name	Data Type	Definition
IngCPTProcedureID	AutoNumber	Unique identifier of the CPT Procedures. Must be a NUMBER.
IngCPTCodeID	Number	Identifies the CPT Code used. See tblCPTCodes. Must be a NUMBER.
IngSiteDataID	Number	Identifies the site where the equipment is located. See tblSiteData. Must be a NUMBER.
IngNumProcedures	Number	Number of procedures performed of a given CPT Code.

**Table: tblCPTCodes**

Field Name	Data Type	Definition
IngCPTCodeID	AutoNumber	Unique identifier of CPT Codes. Must be a NUMBER.
strCPTCode	Text	Identifies the CPT Code.
strCPTDesc	Text	Description of the CPT Code.
ysnUsed	Yes/No	Is this CPT Code used on the form?

IngEquipmentTypeID	Number	Identifies the type of equipment that uses that CPT code. See tblEquipmentTypes. Must be a NUMBER.
sngESTV	Number	ESTV