## **AMSU Database** (Ambulatory Surgical Facilities)

This document is to be used in conjunction with the AMSU database for the 2016 License Renewal Application for Ambulatory Surgical Facilities.

The database contains 14 tables and the relationships are indicated in the **pdf document titled 'amsur**el 2016'.

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

All tables and their associated fields are listed on the following pages.

## Table 1: tblAMSU

Field Name	Data Type	Definition	
IngAmsuID	AutoNumber	Establishes table relationships	
strLicenseNumber	Text	License number of the facility	
strFID	Text	Facility ID	
strLegalIdentity	Text	Full legal name of entity owning the enterprise or service	
strDBA	Text	Doing Business As	
strPrimaryName	Text	Primary name of the facility	
strOtherName1	Text	Additional name of the facility	
strOtherName2	Text	Additional name of the facility	
strAddMailStreet	Text	Facility's mailing street address	
strAddMailCity	Text	Facility's mailing city	
strAddMaiIST	Text	Facility's mailing state	
strAddMailZip	Text	Facility's mailing zip code	
strAddSiteStreet	Text	Facility's site street address	
strAddSiteCity	Text	Facility's site city	
strAddSiteST	Text	Facility's site state	
strAddSiteZip	Text	Facility's site zip code	
IngCounty	Number	Facility's site county	
strTelephone	Text	Facility's telephone number	
strFax	Text	Facility's fax number	
strDirectorName	Text	Facility's director	
strDirectorTitle	Text	Facility's director's title	
strCEOName	Text	Facility's CEO	
strCEOTitle	Text	Facility's CEO's title	
strContactName	Text	Name of the person to contact for any questions regarding this form	
strContactTelephone	Text	Contact person's telephone number	
strContactEmail	Text	Contact person's email address	
strOwnerName	Text	What is the name of the legal entity with ownership responsibility and liability?	
strNPI	Text	National Provider Identifier (NPI)	
strOwnerAdd	Text	Owner's street address	
strOwnerCity	Text	Owner's city	
strOwnerST	Text	Owner's state	
strOwnerZip	Text	Owner's zip code	
strOwnerTelephone	Text	Owner's telephone number	
strOwnerFax	Text	Owner's fax number	
strOwnerCEO	Text	Owner's CEO	
ysnHealthSystem	Yes/No	Is your facility part of a Health System?	
ysnForProfit	Yes/No	Legal entity is For Profit; Yes is For Profit; No is Not For Profit	

Field Name	Data Type	Definition	
ysnCorporation	Yes/No	Is the legal entity a corporation?	
ysnProprietorship	Yes/No	Is the legal entity a Proprietorship?	
ysnLLP	Yes/No	Is the legal entity a limited liability partnership?	
ysnLLC	Yes/No	Is the legal entity a limited liability corporation?	
ysnPartnership	Yes/No	Is the legal entity a partnership?	
ysnGovernmentUnit	Yes/No	Is the legal entity a government unit?	
ysnLease	Yes/No	Does the entity lease the building from which services are offered?	
strBuildingOwner	Text	Name and address of the building owner	
ysnManagementContract	Yes/No	Is the business operated under a management contract?	
strMgmtCompName	Text	Name of the management company	
strMgmtCompAdd	Text	Street address of the management company	
strMgmtCompCity	Text	City of the management company	
strMgmtCompST	Text	State of the management company	
strMgmtCompZip	Text	Zip code of the management company	
strMgmtCompTelephone	Text	Telephone number of the management company	
ysnAccreditedJCAHO	Yes/No	Is this facility JCAHO accredited?	
dtmJCAHOExpireDate	Date/Time	Expiration date of the JCAHO accreditation	
ysnAccreditedAAAHC	Yes/No	Is this facility AAAHC accredited?	
dtmAAAHCExpireDate	Date/Time	Expiration date of the AAAHC accreditation	
ysnAccreditedAAAASF	Yes/No	Is this facility AAAASF accredited?	
dtmAAAASFExpireDate	Date/Time	Expiration date of the AAAASF accreditation	
ysnAccreditedTJC	Yes/No	Is this facility TJC accredited?	
dtmTJCExpireDate	Date/Time	Expiration date of the TJC accreditation	
ysnAccreditedDNV	Yes/No	Is this facility DNV accredited?	
dtmDNVExpireDate	Date/Time	Expiration date of the DNV accreditation	
ysnMedicareProvider	Yes/No	Are you a Medicare deemed provider?	
ysnProvides	Yes/No	Does the facility provide a detailed statement of charges to all patients?	
ysnRequest	Yes/No	Does the facility advise patients that a detailed statement is available?	

Table 2: tblCareTypes

Field Name	Data Type	Definition
IngCareTypeID	Number	Unique identifier of the types of care
strTypesOfCare	Text	Identifies the different types of care

Table 3: tblCases

Table 3. tbicases		
Field Name	Data Type	Definition
IngCasesID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngCasesCardiothoracic	Number	Number of cardiothoracic cases
IngCasesGeneralSurgery	Number	Number of general surgery cases
IngCasesNeurosurgery	Number	Number of neurosurgery cases
IngCasesObGYN	Number	Number of Obstetrics and GYN cases
IngCasesOpthalmology	Number	Number of ophthalmology cases
IngCasesOralSurgery	Number	Number of oral surgery cases
IngCasesOrthopedics	Number	Number of orthopedic cases
IngCasesOtolaryngology	Number	Number of otolaryngology cases
IngCasesPlasticSurgery	Number	Number of plastic surgery cases
IngCasesUrology	Number	Number of Urology cases
IngCasesVascular	Number	Number of vascular cases
IngCasesOther1	Number	Number of other surgical cases
strCasesOther1	Text	Specify type of surgical case
IngCasesOther2	Number	Number of other surgical cases
strCasesOther2	Text	Specify type of surgical case
IngCasesTotal	Number	Total number of surgical cases

**Table 4: CPTImaging** 

Field Name	Data Type	Definition
IngCPTImagID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngImag70450	Number	computed tomography, head or brain; without contrast material
IngImag70553	Number	mri, brain
IngImag71010	Number	radiologic exam, chest; single view, frontal
IngImag71020	Number	radiologic exam, chest; two views, frontal and lateral
IngImag71260	Number	computed tomography, thorax; with contrast material(s)
IngImag71275	Number	computed tomographic angiography, chest
IngImag72100	Number	radiologic exam, spine; lumbosacral; two or three views
IngImag72110	Number	radiologic exam, spine; lumbosacral; minimum of four views
IngImag72125	Number	computed tomography, cervical spine; without contrast material
IngImag73030	Number	radiologic exam, shoulder; complete, minimum of two views
IngImag73110	Number	radiologic exam, wrist; complete, minimum of three views
IngImag73130	Number	radiologic exam, hand; minimum of three views
IngImag73510	Number	radiologic exam, hip, unilateral; complete, minimum of two views
IngImag73564	Number	radiologic exam, knee; complete, four or more views
IngImag73610	Number	radiologic exam, ankle; complete, minimum of three views
IngImag73630	Number	radiologic exam, foot; complete, minimum of three views
IngImag74000	Number	radiologic exam, abdomen; single anteroposterior view
IngImag74022	Number	radiologic exam, abdomen; complete acute abdomen series
IngImag74176	Number	computed tomography, abdomen and pelvis; without contrast material
IngImag74177	Number	computed tomography, abdomen and pelvis; with contrast material(s)

**Table 5: CPTSurgical** 

Field Name	Data Type	Definition
IngCPTSurgID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngSurg29827	Number	arthroscopy, shoulder, surgical; with rotator cuff repair
IngSurg29880	Number	arthroscopy, knee, surgical; with meniscectomy (medial and lateral)
IngSurg29881	Number	arthroscopy, knee, surgical; with meniscectomy (medial or lateral)
IngSurg42820	Number	tonsillectomy and adenoidectomy; younger than age 12
IngSurg42830	Number	adenoidectomy, primary; younger than age 12
IngSurg43235	Number	upper gi endoscopy; diagnostic
IngSurg43239	Number	upper gi endoscopy; biopsy
IngSurg43248	Number	upper gi endoscopy; insertion of guide wire
IngSurg43249	Number	upper gi endoscopy; balloon dilation
IngSurg45378	Number	colonoscopy, flexible, proximal to splenic flexure; diagnostic
IngSurg45380	Number	colonoscopy, flexible, proximal to splenic flexure; biopsy
IngSurg45384	Number	colonoscopy, flexible, proximal to splenic flexure; by hot biopsy forceps
IngSurg45385	Number	colonoscopy, flexible, proximal to splenic flexure; by snare technique
IngSurg62311	Number	injection(s), of diagnostic or therapeutic substance(s)
IngSurg64483	Number	injection(s), anesthetic agent and/or steroid, transforaminal epidural
IngSurg64721	Number	neuroplasty and/or transposition; median nerve at carpal tunnel
IngSurg66821	Number	discission of secondary membranous cataract
IngSurg66982	Number	extracapsular cataract removal; complex
IngSurg66984	Number	extracapsular cataract removal
IngSurg69436	Number	tympanostomy (requiring insertion of ventilating tube), general anesthesia

**Table 6: tblLocations** 

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Field Name	Data Type	Definition		
IngLocationID	Number	Unique identifier of the locations		
strLocation	Text	The locations		

Table 7: tblMeals

Field Name	Data Type	Definition
IngMeaIID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
ysnMeals	Yes/No	Are meals provided for patients?
memMealArrangements	Memo	Describe arrangements for meals
dtmLastSanitationInspection	Date/Time	Date of the last sanitation inspection
dtmLastFireInspection	Date/Time	Date of the last fire inspection
dtmLastHealthInspection	Date/Time	Date inspected by the Health Department
IngHoursOpenSun	Number	Number of hours open on Sunday
IngHoursOpenMon	Number	Number of hours open on Monday
IngHoursOpenTues	Number	Number of hours open on Tuesday
IngHoursOpenWed	Number	Number of hours open on Wednesday
IngHoursOpenThur	Number	Number of hours open on Thursday
IngHoursOpenFri	Number	Number of hours open on Friday
IngHoursOpenSat	Number	Number of hours open on Saturday
ysnAnesthesiaAnesthesiologist	Yes/No	Qualifications of persons administering anesthesia: Anesthesiologist
ysnAnesthesiaOtherMD	Yes/No	Qualifications of persons administering anesthesia: Other M.D.
ysnAnesthesiaCRNA	Yes/No	Qualifications of persons administering anesthesia: CRNA
ysnAnesthesiaRN	Yes/No	Qualifications of persons administering anesthesia: RN
ysnAnesthesiaDDS	Yes/No	Qualifications of persons administering anesthesia: DDS
strAnesthesiaGroupName	Text	Name of the anesthesia group
memAnesthesiaStorage	Memo	Provide information regarding the use and storage of flammable anesthesia
strLabPathName	Text	Name of laboratory and pathology services utilized
strXferAgreementHospital	Text	Name of hospital with which transfer agreement has been made
memEmergencyTransportInfo	Memo	Describe emergency transportation of patients from the facility
ysnOvernightRecovery	Yes/No	Do you provide recovery care services overnight?
ysnSurgAbortions	Yes/No	Are surgical abortions performed in this facility?
IngNumSurgAbortions	Number	Number of surgical abortions performed during the reporting period
ysnMedAbortions	Yes/No	Are medical abortions performed in this facility?
IngNumMedAbortions	Number	Number of medical abortions performed during the reporting period

Table 8: tblNonGI

Field Name	Data Type	Definition
IngNonGIID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngNonSurgCasesPainMgmt	Number	Number of pain management cases
IngNonSurgCasesLitho	Number	Not currently used
IngNonSurgCasesCysto	Number	Number of Cystoscopy cases
IngNonSurgCasesNonGIEndo	Number	Number of Non-GI endoscopies
IngNonSurgCasesGIEndo	Number	Number of GI endoscopies
IngNonSurgCasesSpec	Number	Not currently used
IngNonSurgCasesYAG	Number	Number of YAG laser cases.
strNonSurgCasesOther1Spec	Text	Other specified non-surgical specialty area
IngNonSurgCasesOther1	Number	Number of other case
strNonSurgCasesOther2Spec	Text	Other specified non-surgical specialty area
IngNonSurgCasesOther2	Number	Number of other cases
strNonSurgCasesOther3Spec	Text	Other specified non-surgical specialty area
IngNonSurgCasesOther3	Number	Number of other cases
IngNonSurgCasesTotal	Number	Total number of Non-surgical Cases

**Table 9: tblPatientOrigins** 

Field Name	Data Type	Definition
IngPatientOriginID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngLocationID	Number	Identifies the location; related to LocationID in tblLocations
IngCareTypeID	Number	Identifies the type of care; related to CareTypeID tblCareTypes table
IngNumberOfPatients	Number	Number of patients treated by type of care from a particular location

Table 10: tblReimbSrc

Field Name	Data Type	Definition
IngReimbSrcID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngReimbSrcCharity	Number	Number of Self Pay/Indigent/Charity cases
IngReimbSrcCommIns	Number	Number of Commerical Insurance cases
IngReimbSrcMedicaid	Number	Number of Medicaid cases
IngReimbSrcMedicare	Number	Number of Medicare & Medicare Managed Care cases
IngReimbSrcManagedCare	Number	Number of Managed Care cases
strReimbSrcOtherSpecify	Text	Other type of primary payer source
IngReimbSrcOther	Number	Number of other cases
IngReimbSrcTotal	Number	Total number of cases
amtUnreimbursedMedicaid	Currency	Not currently used
sngPercentUnreimbursedMedicaid	Number	Not currently used
amtUnreimbursedCharity	Currency	Not currently used
sngPercentUnreimbursedCharity	Number	Not currently used
sngPercentRevUnreimbursedCharity	Number	Not currently used
amtBadDebt	Currency	Not currently used
sngPercentBadDebt	Number	Not currently used

Table 11: tblRooms

Field Names	Data Type	Definition
IngRoomsID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngOperatingRooms	Number	Total Surgical Operating Rooms
ysnAddRoomsCertOfNeed	Yes/No	Does this facility have approval for additional surgical operating rooms
La a Nava Da a va a Canal Of Nava I	N.L	that are being developed pursuant to a Certificate of Need?
IngNumRoomsCertOfNeed	Number	Number of rooms from the Certificate of Need
strORCONProjectID	Text	OR CON Project ID Numbers(s)
IngRecoveryRoomBeds	Number	Number of recovery room beds
IngNonGIProcRooms	Number	Total number of procedure rooms
IngNumGIEndoRooms	Number	Number of GI Endo Rooms
ysnAppAddGIRoomsCertOfNeed	Yes/No	Does this facility have approval for additional GI Endoscopy rooms that are being developed pursuant to a Certificate of Need?
IngNumAdditionalGIRoomsCertOfNeed	Number	Number of additional GI Endo Rooms
strGICONProjectID	Text	GI CON Project ID Number(s)
IngNumGIEndoCases	Number	Not currently used
IngNumGIEndoInCases	Number	Number of GI Endo Inpatient Cases
IngNumGiEndoOutCases	Number	Number GI Endo Outpatient Cases
IngNumNonGIEndoCases	Number	Not currently used
IngNumNonGIEndoInCases	Number	Number of Non-GI Endo Inpatient Cases
IngNumNonGIEndoOutCases	Number	Number of Non-GI Endo Outpatient Cases
IngTotalEndoCases	Number	Not currently used
IngTotalEndoInCases	Number	Total number of Inpatient Cases
IngTotalEndoOutCases	Number	Total number of Outpatient Cases
IngNumGIEndoProcs	Number	Not currently used
IngNumGIEndoInProcs	Number	Number of GI Endo Inpatient procedures
IngNumGIEndoOutProcs	Number	Number of GI Endo Outpatient procedures
IngNumNonGIEndoProcs	Number	Not currently used
IngNumNonGIEndoInProcs	Number	Number of Non-GI Endo Inpatient procedures
IngNumNonGIEndoOutProcs	Number	Number of Non-GI Endo Outpatient procedures
IngTotalEndoProcs	Number	Not currently used
IngTotalEndoInProcs	Number	Total number of Endo Inpatient procedures
IngTotalEndoOutProcs	Number	Total number of Endo Outpatient procedures
ysnAppAddGIRoomsSenateBill	Yes/No	Does this facility have approval for additional GI Endoscopy rooms that
		are being developed pursuant to the exemption in SB714?
IngNumAdditionalGIRoomssenateBill	Number	Number of additional GI Endo rooms
ysnLicensedEndoOnly	Yes/No	Is facility licensed for only endoscopy rooms with no surgical ORs?

Table 12: tblStaff

Field Name	Data Type	Definition
IngStaffID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngStaffAnesthesiologist	Number	Number of Anesthesiologists
IngStaffGastroenterologist	Number	Number of Gastroenterologists
IngStaffGeneralDentist	Number	Number of General Dentists
IngStaffGeneralSurgeon	Number	Number of General Surgeons
IngStaffGynecologist	Number	Number of Gynecologists
IngStaffNeurologist	Number	Number of Neurologists
IngStaffObstetrician	Number	Number of Obstetricians
IngStaffOpthalmologist	Number	Number of Ophthalmologists
IngStaffOralSurgeon	Number	Number of Oral Surgeons
IngStaffOrthopedicSurgeon	Number	Number of Orthopedic Surgeons
IngStaffOtolaryngologist	Number	Number of Otolaryngologists
IngStaffPlasticSurgeon	Number	Number of Plastic Surgeons
IngStaffPodiatrist	Number	Number of Podiatrists
IngStaffThoracicSurgeon	Number	Number of Thoracic Surgeons
IngStaffUrologist	Number	Number of Urologists
IngStaffUrologistCystoscopy	Number	Number of Urologists/Cystoscopy
IngStaffVascularSurgeon	Number	Number of Vascular Surgeons
IngStaffOther	Number	Number of Other Surgical Specialist
IngStaffTotal	Number	Total number of Surgical Specialists
strChiefOfStaffName	Text	Name of the Chief of Staff
strDirOfNursingName	Text	Name of the Director of Nursing

Table 13: tblSurgery

Field Name	Data Type	Definition
IngSurgeryID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
sngAvgHoursPerDayScheduled	Number	Average hours per day routinely scheduled for use
sngAvgDaysPerYearScheduled	Number	Average number of days per year routinely scheduled for use
sngAvgCaseTime	Number	Average Case Time in minutes for ambulatory cases

Table 14: tblWebFin

Field Name	Data Type	Definition
IngWebFinID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
strWebMain	Text	Main website address for the facility
strWebCharity	Text	Website address for charity care and financial policies
strGiftsGrants	Text	Contributions, gifts, grants, and any other similar amounts
strFinAssist	Text	Annual financial assistance at cost
strBadDebt1	Text	Bad debt expense
strBadDebt2	Text	Bad debt expense attributable to patients eligible