

Equipment Database

This document is to be used in conjunction with the Equipment database for the 2017 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 pdf document titled 'eqrel2017'.

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.

Table 1: tblCPTCodes

| Field Name | Data Type | Definition |
|--------------------|------------|---|
| IngCPTCodeID | AutoNumber | Unique identifier of CPT Codes |
| 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 |
| sngESTV | Number | ESTV |

Table 2: tblCPTProcedures

| Field Name | Data Type | Definition |
|-------------------|------------|---|
| IngCPTProcedureID | AutoNumber | Unique identifier of the CPT Procedures |
| IngCPTCodeID | Number | Identifies the CPT Code used; see tblCPTCodes |
| IngSiteDataID | Number | Identifies the site where the equipment is located; see tblSiteData |
| IngNumProcedures | Number | Number of procedures performed for a given CPT Code |
| IngNumInProcs | Number | Number of inpatient procedures performed for a given CPT code |
| IngNumOutProcs | Number | Number of outpatient procedures performed for a given CPT code |

Table 3: tblEquipment

| Field Name | Data Type | Definition |
|-----------------------------|------------|--|
| IngEquipmentID | AutoNumber | Primary key |
| IngProviderID | Number | Identifies the provider of the equipment; see tblProviders |
| IngEquipmentTypeID | Number | Identifies the type of equipment; see tblEquipmentTypes |
| 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 |
| 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 = No 1 = Yes |

Table 4: tblEquipmentTypes

| Field Name | Data Type | Definition |
|--------------------|------------|----------------------------------|
| IngEquipmentTypeID | AutoNumber | Primary key |
| strEquipmentType | Text | Identifies the type of equipment |

Table 5: tblLocations

| Field Name | Data Types | Definition |
|---------------|------------|---|
| IngLocationID | AutoNumber | Unique identifier of the counties and service areas |
| strLocation | Text | Identifies the location |

Table 6: tblPatientOrigins

| Field Name | Data Type | Definition |
|--------------------|------------|---|
| IngPatientOriginID | AutoNumber | Primary key |
| IngLocationID | Number | Identifies the county of the patients; see tblLocations |
| IngSiteDataID | Number | Identifies the site where the equipment is located; see tblSiteData |
| IngNumPatients | Number | Number of unduplicated patients |

Table 7: tblProviders

| Field name | Data Type | Definition |
|-----------------------|------------|---|
| IngProviderID | AutoNumber | Unique identifier of equipment |
| 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 | 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 |
| strCEOEmail | Text | Email address 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 |
| dtmReportingEndDate | Date/Time | Reporting end date |
| strNotes | Text | Notes on a provider |

Table 8: tblReimbursementSources

| Field Name | Data Type | Definition |
|------------------------|------------|--|
| IngPaymentSourceID | AutoNumber | Unique identifier of the reimbursement/payment source |
| IngProviderID | Number | Identifies the provider; see tblProviders |
| IngSiteDataID | Number | Identifies the site and the data; see tblSiteData |
| IngSelfPay | Number | Number of procedures where primary payer source was Self Pay |
| IngMedicare | Number | Number of procedures where primary payer source was Medicare |
| 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 |
| strOtherSource | Text | Specify other for primary payer source |
| IngOther | Number | Number of procedures where primary payer source was Other |

Table 9: tblSiteData

| Field Name | Data Type | Definition |
|-------------------|------------|---|
| IngSiteDataID | AutoNumber | Unique identifier of site data |
| IngEquipmentID | Number | Identifies the equipment of the site data; see tblEquipment |
| strSiteName | Text | Name of entity where service is provided |
| strSiteAddress | Text | Address of the 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 |
| IngNumProcs | Number | Total number of procedures |
| ysnSunday | Yes/No | Equipment is at this site on Sundays? |
| sngSundayHours | Number | Number of hours on Sundays |
| ysnMonday | Yes/No | Equipment is at the site on Mondays? |
| sngMondayHours | Number | Number of hours on Mondays |
| ysnTuesday | Yes/No | Equipment is at the site on Tuesdays? |
| sngTuesdayHours | Number | Number of hours on Tuesdays |
| ysnWednesday | Yes/No | Equipment is at the site on Wednesdays? |
| sngWednesdayHours | Number | Number of hours on Wednesdays |
| ysnThursday | Yes/No | Equipment is at the site on Thursdays? |
| sngThursdayHours | Number | Number of hours on Thursdays |

| Field Name | Data Type | Definition |
|------------------------|-----------|--|
| ysnFriday | Yes/No | Equipment is at the site on Fridays? |
| sngFridayHours | Number | Number of hours on Friday days |
| ysnSaturday | Yes/No | 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 |
| IngDaysPerWeek | Number | Number of 8-hour days per week the mobile unit is onsite |
| 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 |
| IngHSA | Number | Which health service area is the site located? I, II, III, IV, V, VI |
| sngNotOperational | Number | Is the equipment not currently operating? |
| Notes | Text | Misc information |
| IngProcFixedDCC14Under | Number | Number of fixed procedures on patients age 14 and younger |
| IngProcFixedDCC15 | Number | Number of fixed procedures on patients age 15 and older |
| IngProcFixedICC14Under | Number | Number of mobile procedures on patients age 14 and younger |
| IngProcFixedICC15 | Number | Number of mobile procedures on patients age 15 and older |
| IngProcMobile | Number | Number of mobile procedures |
| IngProcDedicatedEP | Number | Number of procedures on dedicated EP equipment |
| DuplicateSite | Number | 0 = No; 1 = Yes; this data is different than duplicate entry |