

AMSU Database (Ambulatory Surgical Facilities)

This document is to be used in conjunction with the AMSU database for the 2025 License Renewal Application for Ambulatory Surgical Facilities.

The database contains 16 tables, and the relationships are indicated in the pdf document titled 'amsu_rel'.

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 representation 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 | Establish 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 |
| 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 |
| strAddMailST | 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; stored as a number; see tblLocations |
| strTelephone | Text | Facility's telephone number |
| strFax | Text | Facility's fax number |
| strDirectorName | Text | Facility's director |
| strDirectorTitle | Text | Facility 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 |
| ysnProvides | Yes/No | The facility provides a detailed statement of charges |
| ysnRequest | Yes/No | Patients are advised that detailed statements are available upon request |

| | | |
|-----------------------|-----------|---|
| 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? |
| strHealthSystem | Text | Name of Health System |
| ysnForProfit | Yes/No | Legal entity is For Profit; Yes, is For Profit; No is Not for Profit |
| 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 |
| ysnAccreditedTJC | Yes/No | Is this facility TJC accredited? |
| dtmTJCExpireDate | Date/Time | Expiration date of the TJC accreditation |

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|---------------------|-----------|---|
| 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 |
| 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? |

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

| Field Name | Data Type | Definition |
|------------------------|------------|------------------------------------|
| IngCasesID | AutoNumber | Primary key |
| IngAmsuID | Number | Establish 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 |
| IngCasesOphthalmology | 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 |
| IngCasesPodiatry | Number | Number of podiatry cases |

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|-------------------|--------|---|
| IngCasesUrology | Number | Number of urology cases |
| IngCasesVascular | Number | Number of vascular cases |
| IngCasesOther1 | Number | Number of other surgical cases |
| strCasesOther1 | Text | Specify type of other surgical case |
| IngCasesOther2 | Number | Number of other surgical cases |
| strCasesOther2 | Text | Specify type of other surgical case |
| IngCasesTotal | Number | Total number of surgical cases |
| IngCasesProcRooms | Number | Number of surgical procedures performed in unlicensed procedure rooms |

Table 4: CPTImaging

| Field Name | Data Type | Definition |
|--------------|------------|---|
| IngCPTImagID | AutoNumber | Primary key |
| IngAmsuID | Number | Establish table relationships |
| IngImag70450 | Number | computed tomography, head or brain; without contrast material |
| IngImag70486 | Number | computed tomography, facial bone; without contrast material |
| IngImag70551 | Number | mri, brain; without contrast followed by contrast |
| IngImag70553 | Number | mri, brain; without contrast followed by contrast and further sequences |
| IngImag71020 | Number | radiologic exam, chest; two views, frontal and lateral |
| IngImag71250 | Number | computed tomography, thorax; without contrast material(s) |
| 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 |
| IngImag72141 | Number | mri, spine cervical; without contrast material |
| IngImag72148 | Number | mri, spine lumbar; without contrast material |
| IngImag73221 | Number | mri, upper joint extremity without contrast material |
| IngImag73630 | Number | radiologic exam, foot; complete, minimum of three views |

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|--------------|--------|---|
| IngImag73721 | Number | mri, lower joint extremity without contrast material |
| IngImag74000 | Number | radiologic exam, abdomen; single anteroposterior view |
| IngImag74176 | Number | computed tomography, abdomen and pelvis; without contrast material |
| IngImag74177 | Number | computed tomography, abdomen and pelvis; with contrast material(s) |
| IngImag74178 | Number | computed tomography, abdomen and pelvis; with contrast followed by without contrast |

Table 5: CPTSurgical

| Field Name | Data Type | Definition |
|-------------------|------------------|---|
| IngCPTSurgID | AutoNumber | Primary key |
| IngAmsuID | Number | Establish 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 |

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|--------------|--------|--|
| IngSurg66984 | Number | extracapsular cataract removal |
| IngSurg69436 | Number | tympanostomy (requiring insertion of ventilating tube), general anesthesia |

Table 6: tblHSys

| Field Name | Data Type | Definition |
|-----------------|-----------|---|
| IngHSysID | Number | Primary key |
| IngAmsulID | Number | Establish table relationships |
| ynoHSys | Number | Is this facility in a health system |
| IngHSysMasterID | Number | Identifier from the health system master list |

Table 7: tblHSysMaster

| Field Name | Data Type | Definition |
|-----------------|-----------|--------------------------------|
| IngHSysMasterID | Number | Primary key |
| strHSysName | Text | Name of the health care system |

Table 8: tblLocations

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

Table 9:tblMeals

| Field Name | Data Type | Definition |
|-------------------------------|------------------|---|
| IngMealID | AutoNumber | Primary key |
| IngAmsuID | Number | Establish 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 person administering anesthesia: Anesthesiologist |
| ysnAnesthesiaOtherMD | Yes/No | Qualifications of person administering anesthesia: Other MD |
| ysnAnesthesiaCRNA | Yes/No | Qualifications of person administering anesthesia: CRNA |
| ysnAnesthesiaRN | Yes/No | Qualifications of person administering anesthesia: RN |
| ysnAnesthesiaDDS | Yes/No | Qualifications of person 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 |

10: tblNonGI

| Field Name | Data Type | Definition |
|-------------------------|------------|---|
| IngNonGIID | AutoNumber | Primary key |
| IngAmsuID | Number | Establish table relationships |
| IngEndoCases | Number | Number of non-GI endoscopy performed in GI endoscopy room |
| IngEndoCasesNot | Number | Number of non-GI endoscopy not performed in GI endoscopy room |
| IngOtherNonSurgCases | Number | Number of other non-surgical cases |
| IngNonSurgCasesPainMgmt | Number | Number of pain management cases |
| IngNonSurgCasesCysto | Number | Number of cystoscopy cases |
| IngNonSurgCasesYAG | Number | Number of YAG laser cases |
| strOtherCases | Text | Specify other |
| IngOtherCases | Number | Number of other cases |

Table 11: tblPatientOrigins

| Field Name | Data Type | Definition |
|---------------------|------------|---|
| IngPatientOriginID | AutoNumber | Primary key |
| IngAmsuID | Number | Establish table relationships |
| IngLocationID | Number | Identifies the location; see tblLocations |
| IngCareTypeID | Number | Identify the type of care; see tblCareTypes |
| IngNumberOfPatients | Number | Number of patients treated by type of care from a particular location |

Table 12: tblReimbSrc

| Field Name | Data Type | Definition |
|-------------------------|------------|------------------------------------|
| IngReimbSrcID | AutoNumber | Primary key |
| IngAmsuID | Number | Establish table relationships |
| IngReimbSrcSelfPay | Number | Number of Self Pay cases |
| IngReimbSrcCharity | Number | Number of Charity Care cases |
| IngReimbSrcMedicare | Number | Number of Medicare cases |
| IngReimbSrcMedicaid | Number | Number of Medicaid cases |
| IngReimbSrcCommIns | Number | Number of Insurance cases |
| strReimbSrcOtherSpecify | Text | Other type of primary payer source |
| IngReimbSrcOther | Number | Number of Other cases |
| IngReimbSrcTotal | Number | Total number of cases |

Table 13: tblRooms

| Field Names | Data Type | Definition |
|-----------------------------------|------------|--|
| IngRoomsID | AutoNumber | Primary key |
| IngAmsuID | Number | Establish table relationships |
| IngOperatingRooms | Number | Total surgical operating rooms |
| IngNumRoomsCertOfNeed | Number | Number of operating rooms for which there is a Certificate of Need |
| ysnLicensedEndoOnly | Yes/No | Is the facility licensed for endoscopy rooms only, with no surgical ORs? |
| IngNumGIEndoRooms | Number | Number of GI endo rooms |
| IngNumAdditionalGIRoomsCertOfNeed | Number | Number of GI Rooms for which there is a Certificate of Need |
| IngGIProcs | Number | Number of GI endoscopy procedures performed in GI endo rooms |
| IngGICases | Number | Number of GI endoscopy cases performed in GI endo rooms |
| IngTotalCases | Number | Total number of GI endoscopy cases performed in GI endo rooms |
| IngGIProcsNot | Number | Number of GI endoscopy procedures not performed in GI endo rooms |
| IngGICasesNot | Number | Number of GI endoscopy cases not performed in GI endo rooms |
| IngTotalCasesNot | Number | Total number of GI endoscopy cases not performed in GI endo rooms |

| | | |
|---------------------|--------|---------------------------------|
| IngGrandTotal | Number | Grand total of GI cases |
| IngNonGIProcRooms | Number | Total number of procedure rooms |
| IngRecoveryRoomBeds | Number | Number of recovery room beds |

Table 14: tblStaff

| Field Name | Data Type | Definition |
|----------------------------|------------|--------------------------------------|
| IngStaffID | AutoNumber | Primary key |
| IngAmsuID | Number | Establish table relationships |
| IngStaffAnesthesiologist | Number | Number of Anesthesiologists |
| IngStaffGeneralDentist | Number | Number of General Dentists |
| IngStaffGastroenterologist | Number | Number of Gastroenterologists |
| IngStaffGeneralSurgeon | Number | Number of General Surgeons |
| IngStaffGynecologist | Number | Number of Gynecologists |
| IngStaffNeurologist | Number | Number of Neurologists |
| IngStaffObstetrician | Number | Number of Obstetricians |
| IngStaffOphthalmologist | 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 |
| IngStaffVascularSurgeon | Number | Number of Vascular Surgeons |
| IngStaffOther | Number | Number of Other Surgical Specialists |
| IngStaffTotal | Number | Total number of Surgical Specialists |
| strChiefOfStaffName | Text | Name of the Chief of Staff |
| strDirOfNursingName | Text | Name of the Director of Nursing |

Table 15: tblSurgery

| Field Name | Data Type | Definition |
|----------------------------|------------|---|
| IngSurgeryID | AutoNumber | Primary key |
| IngAmsuID | Number | Establish 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 16: tblWebFin

| Field Name | Data Type | Definition |
|----------------|------------|---|
| IngWebFinID | AutoNumber | Primary key |
| IngAmsuID | Number | Establish 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 |