



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

**Data Use Agreement**  
**Hospital/Ambulatory Outpatient Surgical/Radiological Data**  
**Outpatient Research Data File**

This data request form is intended for use by individuals and organizations, including universities and state agencies, to request data variables in the Outpatient Research Data File (RDF). In addition to the data elements in the RDF, the research file can include additional data elements from the Outpatient PUDF. THCIC, the DSHS Institutional Review Board (IRB), and the Executive Steering Committee (ESC) are responsible for the review of this application and for the approval or denial of this request.

**SELECTION OF RESEARCH FILE(S)**

Select the years to be included in the data file you are requesting. If you have questions or need additional information about the data, please contact THCIC at (512) 776-7261 or by e-mail at [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov).

Outpatient Research Data Request					File Format	Total	
2010 - 2021: Email us at thcichelp@dshs.texas.gov for order form.					<b>(Select format)</b>		
<b>Years Available: 2022 - 2023</b>							
Year	Qtr 1	Qtr 2	Qtr 3	Qtr 4			Fixed Format
							Tab Delimited
					SAS Dataset		
Total number of <b>quarters</b> requesting:							
Number of data variables requesting:						x	
Total data variables:							
						x \$30	
Sub-total:						\$	
*Fee for quarterly data release (applies to 2023 data year only)						\$	
Fees for data linking and/or modified datasets (determined by program)						\$	
Total:						\$	

If ordering the 2023 data year, specify how it should be released:		
Check Box		Cost
<input type="checkbox"/>	*Quarterly release (based on datasets available at time of release)	\$200 per additional release
<input type="checkbox"/>	Annual release	\$0 additional charge

2023 Data Release Timeline	
1q23-Jan 2023	3q23-Jun 2023
2q23-Mar 2023	4q23-Sep 2023

### INDEMNIFICATION CLAUSE

I indemnify and hold DSHS, its employees, and its contract vendors harmless from any and all losses, claims, damages, liabilities, costs and expenses (including, without limitation, reasonable attorney's fees and costs) arising out of any claim stemming from the use of the DSHS Outpatient Research Data File.

Signature #1

Date

Signature #2

Date

## Texas Hospital/Ambulatory Surgery Center Outpatient Research Data File

Select variables from each data year column to correspond with the selected data years above.

Outpatient RDF Data Dictionary posted at  
[http://www.dshs.state.tx.us/thcic/Texas-Outpatient-Research-Data-File-\(OP-RDF\)/](http://www.dshs.state.tx.us/thcic/Texas-Outpatient-Research-Data-File-(OP-RDF)/)

	2022 - Present	
Outpatient Field Name	Data Dictionary #	✓
	Base Data	
SERVICE_QUARTER	1	
RECORD_ID	2	
PAT_UNIQUE_INDEX	3	
THCIC_ID	4	
SPEC_UNIT_1	5	
SPEC_UNIT_2	6	
SPEC_UNIT_3	7	
SPEC_UNIT_4	8	
SPEC_UNIT_5	9	
ENCOUNTER_INDICATOR	10	
SEX_CODE	11	
BIRTH_DATE	12	
PAT_AGE_GROUP	13	
PAT_AGE_YEARS	14	
PAT_AGE_DAYS	15	
RACE	16	
ETHNICITY	17	
PAT_ADDR_CENSUS_BLOCK_GROUP	18	
PAT_ADDR_CENSUS_BLOCK	19	
PAT_CITY	20	
PAT_STATE	21	
PAT_ZIP	22	
PAT_COUNTRY	23	
PAT_COUNTY	24	
PUBLIC_HEALTH_REGION	25	
TYPE_OF_ADMISSION	26	
SOURCE_OF_ADMISSION	27	

FIRST_PAYMENT_SRC	28	
FIRST_PAYER_ID	29	
FIRST_PAYER_NAME	30	
SECONDARY_PAYMENT_SRC	31	
SECONDARY_PAYER_ID	32	
SECONDARY_PAYER_NAME	33	
STMT_PERIOD_FROM	34	
STMT_PERIOD_THRU	35	
LENGTH_OF_SERVICE	36	
PAT_STATUS	37	
TYPE_OF_BILL	38	
PAT_REASON_FOR_VISIT	39	
PRINC_DIAG_CODE	40	
OTH_DIAG_CODE_1	41	
OTH_DIAG_CODE_2	42	
OTH_DIAG_CODE_3	43	
OTH_DIAG_CODE_4	44	
OTH_DIAG_CODE_5	45	
OTH_DIAG_CODE_6	46	
OTH_DIAG_CODE_7	47	
OTH_DIAG_CODE_8	48	
OTH_DIAG_CODE_9	49	
OTH_DIAG_CODE_10	50	
OTH_DIAG_CODE_11	51	
OTH_DIAG_CODE_12	52	
OTH_DIAG_CODE_13	53	
OTH_DIAG_CODE_14	54	
OTH_DIAG_CODE_15	55	
OTH_DIAG_CODE_16	56	
OTH_DIAG_CODE_17	57	
OTH_DIAG_CODE_18	58	
OTH_DIAG_CODE_19	59	
OTH_DIAG_CODE_20	60	
OTH_DIAG_CODE_21	61	
OTH_DIAG_CODE_22	62	
OTH_DIAG_CODE_23	63	
OTH_DIAG_CODE_24	64	
RELATED_CAUSE_CODE_1	65	
RELATED_CAUSE_CODE_2	66	
RELATED_CAUSE_CODE_3	67	
E_CODE_1	68	

E_CODE_2	69	
E_CODE_3	70	
E_CODE_4	71	
E_CODE_5	72	
E_CODE_6	73	
E_CODE_7	74	
E_CODE_8	75	
E_CODE_9	76	
E_CODE_10	77	
PROC_CODE_1	78	
PROC_CODE_2	79	
PROC_CODE_3	80	
PROC_CODE_4	81	
PROC_CODE_5	82	
PROC_CODE_6	83	
PROC_CODE_7	84	
PROC_CODE_8	85	
PROC_CODE_9	86	
PROC_CODE_10	87	
PROC_CODE_11	88	
PROC_CODE_12	89	
PROC_CODE_13	90	
PROC_CODE_14	91	
PROC_CODE_15	92	
PROC_CODE_16	93	
PROC_CODE_17	94	
PROC_CODE_18	95	
PROC_CODE_19	96	
PROC_CODE_20	97	
PROC_CODE_21	98	
PROC_CODE_22	99	
PROC_CODE_23	100	
PROC_CODE_24	101	
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PHYSICIAN2_INDEX_NUMBER	104	
OCCUR_CODE_1	105	
OCCUR_DATE_1	106	
OCCUR_DAY_1	107	
OCCUR_CODE_2	108	
OCCUR_DATE_2	109	

OCCUR_DAY_2	110	
OCCUR_CODE_3	111	
OCCUR_DATE_3	112	
OCCUR_DAY_3	113	
OCCUR_CODE_4	114	
OCCUR_DATE_4	115	
OCCUR_DAY_4	116	
OCCUR_CODE_5	117	
OCCUR_DATE_5	118	
OCCUR_DAY_5	119	
OCCUR_CODE_6	120	
OCCUR_DATE_6	121	
OCCUR_DAY_6	122	
OCCUR_CODE_7	123	
OCCUR_DATE_7	124	
OCCUR_DAY_7	125	
OCCUR_CODE_8	126	
OCCUR_DATE_8	127	
OCCUR_DAY_8	128	
OCCUR_CODE_9	129	
OCCUR_DATE_9	130	
OCCUR_DAY_9	131	
OCCUR_CODE_10	132	
OCCUR_DATE_10	133	
OCCUR_DAY_10	134	
OCCUR_CODE_11	135	
OCCUR_DATE_11	136	
OCCUR_DAY_11	137	
OCCUR_CODE_12	138	
OCCUR_DATE_12	139	
OCCUR_DAY_12	140	
OCCUR_SPAN_CODE_1	141	
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OCCUR_SPAN_THRU_1	143	
OCCUR_SPAN_CODE_2	144	
OCCUR_SPAN_FROM_2	145	
OCCUR_SPAN_THRU_2	146	
OCCUR_SPAN_CODE_3	147	
OCCUR_SPAN_FROM_3	148	
OCCUR_SPAN_THRU_3	149	
OCCUR_SPAN_CODE_4	150	

OCCUR_SPAN_FROM_4	151	
OCCUR_SPAN_THRU_4	152	
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VALUE_CODE_3	165	
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VALUE_CODE_4	167	
VALUE_AMOUNT_4	168	
VALUE_CODE_5	169	
VALUE_AMOUNT_5	170	
VALUE_CODE_6	171	
VALUE_AMOUNT_6	172	
VALUE_CODE_7	173	
VALUE_AMOUNT_7	174	
VALUE_CODE_8	175	
VALUE_AMOUNT_8	176	
VALUE_CODE_9	177	
VALUE_AMOUNT_9	178	
VALUE_CODE_10	179	
VALUE_AMOUNT_10	180	
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OTHER_AMOUNT	185	
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MEDSURG_AMOUNT	187	
DME_AMOUNT	188	
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MRI_AMOUNT	202	
OP_AMOUNT	203	
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CCSR_OTH_DIAG_CODE_3	221	
CCSR_OTH_DIAG_CODE_4	222	
CCSR_OTH_DIAG_CODE_5	223	
CCSR_OTH_DIAG_CODE_6	224	
CCSR_OTH_DIAG_CODE_7	225	
CCSR_OTH_DIAG_CODE_8	226	
CCSR_OTH_DIAG_CODE_9	227	
CCSR_OTH_DIAG_CODE_10	228	
CCSR_OTH_DIAG_CODE_11	229	
CCSR_OTH_DIAG_CODE_12	230	
CCSR_OTH_DIAG_CODE_13	231	
CCSR_OTH_DIAG_CODE_14	232	



CCSR_OTH_DIAG_CODE_15	233	
CCSR_OTH_DIAG_CODE_16	234	
CCSR_OTH_DIAG_CODE_17	235	
CCSR_OTH_DIAG_CODE_18	236	
CCSR_OTH_DIAG_CODE_19	237	
CCSR_OTH_DIAG_CODE_20	238	
CCSR_OTH_DIAG_CODE_21	239	
CCSR_OTH_DIAG_CODE_22	240	
CCSR_OTH_DIAG_CODE_23	241	
CCSR_OTH_DIAG_CODE_24	242	
CCSR_PROC_CODE_1	243	
CCSR_PROC_CODE_2	244	
CCSR_PROC_CODE_3	245	
CCSR_PROC_CODE_4	246	
CCSR_PROC_CODE_5	247	
CCSR_PROC_CODE_6	248	
CCSR_PROC_CODE_7	249	
CCSR_PROC_CODE_8	250	
CCSR_PROC_CODE_9	251	
CCSR_PROC_CODE_10	252	
CCSR_PROC_CODE_11	253	
CCSR_PROC_CODE_12	254	
CCSR_PROC_CODE_13	255	
CCSR_PROC_CODE_14	256	
CCSR_PROC_CODE_15	257	
CCSR_PROC_CODE_16	258	
CCSR_PROC_CODE_17	259	
CCSR_PROC_CODE_18	260	
CCSR_PROC_CODE_19	261	
CCSR_PROC_CODE_20	262	
CCSR_PROC_CODE_21	263	
CCSR_PROC_CODE_22	264	
CCSR_PROC_CODE_23	265	
CCSR_PROC_CODE_24	266	
CCSR_PROC_CODE_25	267	
	<b>Charges File</b>	
RECORD_ID	1	
REVENUE_CODE	2	
HCPCS_QUALIFIER	3	
HCPCS_PROCEDURE_CODE	4	
MODIFIER_1	5	

MODIFIER_2	6	
MODIFIER_3	7	
MODIFIER_4	8	
UNIT_MEASUREMENT_CODE	9	
UNITS_OF_SERVICE	10	
UNIT_RATE	11	
CHRGs_LINE_ITEM	12	
CHRGs_NON_COV	13	
PROCEDURE_DATE	14	
PROCEDURE_DATE_THRU	15	
SERVICE_FACILITY_CODE	16	
	<b>Facility File</b>	
THCIC_ID	1	
PROVIDER_NAME	2	
PROVIDER_ADDR	3	
PROVIDER_CITY	4	
PROVIDER_STATE	5	
PROVIDER_ZIP	6	
FAC_TEACHING_IND	7	
FAC_PSYCH_IND	8	
FAC_REHAB_IND	9	
FAC_ACUTE_CARE_IND	10	
FAC_SNF_IND	11	
FAC_LONG_TERM_AC_IND	12	
FAC_OTHER_LTC_IND	13	
FAC_PEDS_IND	14	
FAC_CARDIOVASCULAR_IND	15	
FAC_CHIROPRACTIC_IND	16	
FAC_ENDOSCOPY_IND	17	
FAC_FOOT_IND	18	
FAC_GASTROENTEROLOGY_IND	19	
FAC_GENERAL_IND	20	
FAC_NEUROLOGICAL_IND	21	
FAC_OB_GYN_IND	22	
FAC_OPTHAMOLOGY_IND	23	
FAC_ORAL_IND	24	
FAC_ORTHOPEDIC_IND	25	
FAC_OTOLARYGOLOGY_IND	26	
FAC_PAIN_MNGMT_IND	27	
FAC_PLASTIC_IND	28	
FAC_THORACIC_IND	29	

FAC_UROLOGY_IND	30	
FAC_OTHER_IND	31	
POA_PROVIDER_INDICATOR	32	
PROVIDER_COUNTY	33	
FAC_EMERGENCY_DEPARTMENT_IND	34	
FAC_ONCOLOGY_IND	35	
	<b>Grouper File</b>	
RECORD_ID	1	
REVENUE_CODE_SEQUENCE_NUMBER	2	
FROZEN_EAPG_GRP_VER	3	
FROZEN_FINAL_EAPG_CAT_CODE	4	
FROZEN_FINAL_EAPG_TYPE_CODE	5	
FROZEN_FINAL_EAPG	6	
FROZEN_ADJUSTED_EAPG_WEIGHT	7	
FROZEN_APC_GRP_VER	8	
FROZEN_APC_PROCEDURE_CODE	9	
FROZEN_APC_PX_STATUS_IND_CODE	10	
FROZEN_APC_WEIGHT	11	
FROZEN_APC_PAYMENT_CODE	12	
EAPG_GRP_VER	13	
FINAL_EAPG_CAT_CODE	14	
FINAL_EAPG_TYPE_CODE	15	
FINAL_EAPG	16	
ADJUSTED_EAPG_WEIGHT	17	
APC_GRP_VER	18	
APC_PROCEDURE_CODE	19	
APC_PX_STATUS_IND_CODE	20	
APC_WEIGHT	21	
APC_PAYMENT_CODE	22	



## **Data Use Agreement Outpatient Research File**

Sections 108.013(c) (1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the Department of State Health Services (DSHS) from releasing and a person or entity from gaining access to any data that could reveal the identity of a patient or the identity of a physician unless specially authorized by the Act. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the THSC and this data use agreement. By virtue of this agreement, the undersigned agrees that the data will not be used to identify an individual patient or physician. Section 108.006(h) of the THSC allows the DSHS to release outpatient research data not included in the Outpatient Public Use Data File. Under no circumstances will users of the data contact an individual patient, physician, or hospital for the purpose of verifying information supplied in the Texas Outpatient Research Data sets. Any questions about the data must be referred to DSHS only. Product support is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

In this data use agreement, the requestor and end-user of the data are referred to as the "licensee". The licensee gives the following assurances with respect to the use of Outpatient Research Data sets:

- The licensee will neither release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not release or permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization (specified below), except with the written approval of DSHS;
- The licensee will not attempt to link or permit others to attempt to link the records of patients in this data set with personally identifiable records from any other source;
- The licensee will not attempt to use or permit others to use the data to learn the identity of any physician;

- The licensee will use the Research Data File only for the purpose for which the data were requested. At the conclusion of the research the licensee agrees to destroy all copies of the Research Data File.
- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by this Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee will use the following citation in any publication of information from this file:

*Texas Outpatient Data Research File*, [year of data]. Austin, Texas: Department of State Health Services, Austin, Texas. [date of publication];

- The licensee will indemnify, defend, and hold DSHS, its employees, and its contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and,
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are collected by DSHS to assure compliance with its statutory confidentiality requirement. The signature on behalf of the licensee indicates the licensee's agreement to comply with the above-stated requirements with the knowledge that under Sections 108.014 and 108.0141 of the Texas Health and Safety Code to knowingly or negligently release data in violation of this agreement may result in a civil penalty of up to \$10,000 for each act of violation and an offense is a state jail felony. The Office of the Attorney General and local district attorneys may enforce civil and/or criminal penalties.

**Principal Investigator**

Print or Type Name of PI: \_\_\_\_\_

Signature of PI: \_\_\_\_\_

Title of PI: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**Secondary Investigator (Optional)**

Print or Type Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

***Note to Requestor: Once approved by the DSHS IRB and payment has been received, the data will be mailed to the Principal Investigator on this agreement.***