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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.

| Outpatient Research Data Request | | | | | File Format | Total |
|---|---|---|---|---|---|---|
| 2010 - 2021: Email us at thcichelp@dshs.texas.gov for order form. | | | | | **(Select format)** | |
| **Years Available: 2022 - 2025** | | | | | Fixed Format | |
| Year | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Tab Delimited | |
| | | | | | SAS Dataset | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | Total number of **quarters** requesting: | |
| | | | | | Number of data variables requesting: | x |
| | | | | | Total data variables: | |
| | | | | | | x $30 |
| | | | | | Sub-total: | $ |
| | | | | | *Fee for quarterly data release (applies to 2025 data year only) | $ |
| | | | | | Fees for data linking and/or modified datasets (determined by program) | $ |
| | | | | | Total: | $ |

| If ordering the 2025 data year, specify how it should be released: | | |
|---|---|---|
| Check Box | | Cost |
| | *Quarterly release (based on datasets available at time of release) | $200 per additional release |
| | Annual release | $0 additional charge |

| 2025 Data Release Timeline | |
|---|---|
| 1q25-Jan 2026 | 3q25-Jun 2026 |
| 2q25-Mar 2026 | 4q25-Sep 2026 |

## 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)/

| | 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 | |

| | | |
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| 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 | |

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|---|---|---|
| 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 | |
| PROC_CODE_25 | 102 | |
| PHYSICIAN1_INDEX_NUMBER | 103 | |
| PHYSICIAN2_INDEX_NUMBER | 104 | |
| OCCUR_CODE_1 | 105 | |
| OCCUR_DATE_1 | 106 | |
| OCCUR_DAY_1 | 107 | |
| OCCUR_CODE_2 | 108 | |
| OCCUR_DATE_2 | 109 | |

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|---|---|---|
| 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 | |
| OCCUR_SPAN_FROM_1 | 142 | |
| 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 | |

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| OCCUR_SPAN_FROM_4 | 151 | |
| OCCUR_SPAN_THRU_4 | 152 | |
| CONDITION_CODE_1 | 153 | |
| CONDITION_CODE_2 | 154 | |
| CONDITION_CODE_3 | 155 | |
| CONDITION_CODE_4 | 156 | |
| CONDITION_CODE_5 | 157 | |
| CONDITION_CODE_6 | 158 | |
| CONDITION_CODE_7 | 159 | |
| CONDITION_CODE_8 | 160 | |
| VALUE_CODE_1 | 161 | |
| VALUE_AMOUNT_1 | 162 | |
| VALUE_CODE_2 | 163 | |
| VALUE_AMOUNT_2 | 164 | |
| VALUE_CODE_3 | 165 | |
| VALUE_AMOUNT_3 | 166 | |
| 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 | |
| VALUE_CODE_11 | 181 | |
| VALUE_AMOUNT_11 | 182 | |
| VALUE_CODE_12 | 183 | |
| VALUE_AMOUNT_12 | 184 | |
| OTHER_AMOUNT | 185 | |
| PHARM_AMOUNT | 186 | |
| MEDSURG_AMOUNT | 187 | |
| DME_AMOUNT | 188 | |
| USED_DME_AMOUNT | 189 | |
| PT_AMOUNT | 190 | |
| OT_AMOUNT | 191 | |

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|---|---|---|
| SPEECH_AMOUNT | 192 | |
| IT_AMOUNT | 193 | |
| BLOOD_AMOUNT | 194 | |
| BLOOD_ADM_AMOUNT | 195 | |
| OR_AMOUNT | 196 | |
| LITH_AMOUNT | 197 | |
| CARD_AMOUNT | 198 | |
| ANES_AMOUNT | 199 | |
| LAB_AMOUNT | 200 | |
| RAD_AMOUNT | 201 | |
| MRI_AMOUNT | 202 | |
| OP_AMOUNT | 203 | |
| ER_AMOUNT | 204 | |
| AMBULANCE_AMOUNT | 205 | |
| PRO_FEE_AMOUNT | 206 | |
| ORGAN_AMOUNT | 207 | |
| ESRD_AMOUNT | 208 | |
| CLINIC_AMOUNT | 209 | |
| TOTAL_CHARGES | 210 | |
| TOTAL_NON_COV_CHARGES | 211 | |
| TOTAL_CHARGES_ANCIL | 212 | |
| TOTAL_NON_COV_CHARGES_ANCIL | 213 | |
| PROCESS_DATE | 214 | |
| INST_PROF_INDICATOR (INPUT_FORMAT) | 215 | |
| INBOUND_INDICATOR | 216 | |
| EMERGENCY_DEPT_FLAG | 217 | |
| CCSR_PRINC_DIAG_CODE | 218 | |
| CCSR_OTH_DIAG_CODE_1 | 219 | |
| CCSR_OTH_DIAG_CODE_2 | 220 | |
| 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 | |
| CCS_PROC_CODE_1 | 243 | |
| CCS_PROC_CODE_2 | 244 | |
| CCS_PROC_CODE_3 | 245 | |
| CCS_PROC_CODE_4 | 246 | |
| CCS_PROC_CODE_5 | 247 | |
| CCS_PROC_CODE_6 | 248 | |
| CCS_PROC_CODE_7 | 249 | |
| CCS_PROC_CODE_8 | 250 | |
| CCS_PROC_CODE_9 | 251 | |
| CCS_PROC_CODE_10 | 252 | |
| CCS_PROC_CODE_11 | 253 | |
| CCS_PROC_CODE_12 | 254 | |
| CCS_PROC_CODE_13 | 255 | |
| CCS_PROC_CODE_14 | 256 | |
| CCS_PROC_CODE_15 | 257 | |
| CCS_PROC_CODE_16 | 258 | |
| CCS_PROC_CODE_17 | 259 | |
| CCS_PROC_CODE_18 | 260 | |
| CCS_PROC_CODE_19 | 261 | |
| CCS_PROC_CODE_20 | 262 | |
| CCS_PROC_CODE_21 | 263 | |
| CCS_PROC_CODE_22 | 264 | |
| CCS_PROC_CODE_23 | 265 | |
| CCS_PROC_CODE_24 | 266 | |
| CCS_PROC_CODE_25 | 267 | |
| | **Charges File** | |
| RECORD_ID | 1 | |
| REVENUE_CODE | 2 | |
| REVENUE_CODE_SEQUENCE_NUMBER | 3 | |
| HCPCS_QUALIFIER | 4 | |
| HCPCS_PROCEDURE_CODE | 5 | |

| | | |
|---|---|---|
| MODIFIER_1 | 6 | |
| MODIFIER_2 | 7 | |
| MODIFIER_3 | 8 | |
| MODIFIER_4 | 9 | |
| UNIT_MEASUREMENT_CODE | 10 | |
| UNITS_OF_SERVICE | 11 | |
| UNIT_RATE | 12 | |
| CHRGS_LINE_ITEM | 13 | |
| CHRGS_NON_COV | 14 | |
| PROCEDURE_DATE | 15 | |
| PROCEDURE_DATE_THRU | 16 | |
| SERVICE_FACILITY_CODE | 17 | |
| | **Facility File** | |
| 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_OTOLARYNGOLOGY_IND | 26 | |
| FAC_PAIN_MNGMT_IND | 27 | |
| FAC_PLASTIC_IND | 28 | |

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|---|---|---|
| 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 | |
| | **Grouper File** | |
| 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 | |
| | | |

TEXAS Health and Human Services | Texas Department of State Health Services

**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.***