



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Texas Hospital Inpatient 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 Inpatient Discharge Research Data File (RDF). In addition to the data elements in the RDF, the research file can include additional data elements from the Hospital Inpatient 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 quarters 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.

Inpatient Research Data Request					File Format	Total	
1999 - 3q2015: Email us at thcichelp@dshs.texas.gov for order form.					(Select format)		
Years Available: 4Q2015 - 2021					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:		
					Total data variables:		
						x \$30	
					Sub-total:	\$	
					*Fee for quarterly data release (applies to 2021 data year only)	\$	
					Fees for data linking and/or modified datasets (determined by program)	\$	
					Total:	\$	

If ordering the 2021 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

2021 Data Release Timeline	
1q21-Dec 2021	3q21-Jun 2022
2q21-Mar 2022	4q21-Sep 2022

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 Inpatient Discharge Research Data File.

Signature #1

Date

Signature #2

Date

Texas Hospital Inpatient Discharge Research Data File

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

Inpatient RDF Data Dictionary posted at

<http://www.dshs.state.tx.us/thcic/hospitals/inpatientresearchfile.shtm>

4Q 2015 - 2021		
Inpatient Data Variable	Data Dictionary #	✓
Base File		
RECORD_ID (No charge)	1	
PAT_UNIQUE_INDEX	2	
THCIC_ID	3	
SPEC_UNIT_1	4	
SPEC_UNIT_2	5	
SPEC_UNIT_3	6	
SPEC_UNIT_4	7	
SPEC_UNIT_5	8	
ENCOUNTER_INDICATOR	9	
SEX_CODE	10	
BIRTH_DATE	11	
PAT_AGE_GROUP	12	
PAT_AGE_YEARS	13	
PAT_AGE_DAYS	14	
RACE	15	
ETHNICITY	16	
PAT_ADDR_CENSUS_BLOCK_GROUP	17	
PAT_ADDR_CENSUS_BLOCK	18	
PAT_CITY	19	
PAT_STATE	20	
PAT_ZIP	21	
PAT_COUNTRY	22	
PAT_COUNTY	23	
PUBLIC_HEALTH_REGION	24	
TYPE_OF_ADMISSION	25	
SOURCE_OF_ADMISSION	26	
FIRST_PAYMENT_SRC	27	
FIRST_PAYER_ID	28	
FIRST_PAYER_NAME	29	
SECONDARY_PAYMENT_SRC	30	
SECONDARY_PAYER_ID	31	

SECONDARY_PAYER_NAME	32	
ADMIT_START_OF_CARE	33	
ADMIT_WEEKDAY	34	
ADMIT_HOUR	35	
STMT_PERIOD_FROM	36	
STMT_PERIOD_THRU	37	
LENGTH_OF_STAY	38	
PAT_STATUS	39	
DISCHARGE_HOUR	40	
TYPE_OF_BILL	41	
ADMITTING_DIAGNOSIS	42	
PRINC_DIAG_CODE	43	
POA_PRINC_DIAG_CODE	44	
OTH_DIAG_CODE_1	45	
POA_OTH_DIAG_CODE_1	46	
OTH_DIAG_CODE_2	47	
POA_OTH_DIAG_CODE_2	48	
OTH_DIAG_CODE_3	49	
POA_OTH_DIAG_CODE_3	50	
OTH_DIAG_CODE_4	51	
POA_OTH_DIAG_CODE_4	52	
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E_CODE_1	93	
POA_E_CODE_1	94	
E_CODE_2	95	
POA_E_CODE_2	96	
E_CODE_3	97	
POA_E_CODE_3	98	
E_CODE_4	99	
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E_CODE_5	101	
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E_CODE_6	103	
POA_E_CODE_6	104	
E_CODE_7	105	
POA_E_CODE_7	106	
E_CODE_8	107	
POA_E_CODE_8	108	
E_CODE_9	109	
POA_E_CODE_9	110	
E_CODE_10	111	
POA_E_CODE_10	112	
PRINC_SURG_PROC_CODE	113	
PRINC_SURG_PROC_DATE	114	
PRINC_SURG_PROC_DAY	115	
OTH_SURG_PROC_CODE_1	116	
OTH_SURG_PROC_DATE_1	117	
OTH_SURG_PROC_DAY_1	118	
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OTH_SURG_PROC_DATE_2	120	
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OTH_SURG_PROC_DATE_7	135	
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OTH_SURG_PROC_DAY_23	184	
OTH_SURG_PROC_CODE_24	185	
OTH_SURG_PROC_DATE_24	186	
OTH_SURG_PROC_DAY_24	187	
MS_MDC	188	
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OPERATING_PHYSICIAN_UNIF_ID	199	
OCCUR_CODE_1	200	
OCCUR_DATE_1	201	
OCCUR_DAY_1	202	
OCCUR_CODE_2	203	
OCCUR_DATE_2	204	
OCCUR_DAY_2	205	
OCCUR_CODE_3	206	
OCCUR_DATE_3	207	

OCCUR_DAY_3	208	
OCCUR_CODE_4	209	
OCCUR_DATE_4	210	
OCCUR_DAY_4	211	
OCCUR_CODE_5	212	
OCCUR_DATE_5	213	
OCCUR_DAY_5	214	
OCCUR_CODE_6	215	
OCCUR_DATE_6	216	
OCCUR_DAY_6	217	
OCCUR_CODE_7	218	
OCCUR_DATE_7	219	
OCCUR_DAY_7	220	
OCCUR_CODE_8	221	
OCCUR_DATE_8	222	
OCCUR_DAY_8	223	
OCCUR_CODE_9	224	
OCCUR_DATE_9	225	
OCCUR_DAY_9	226	
OCCUR_CODE_10	227	
OCCUR_DATE_10	228	
OCCUR_DAY_10	229	
OCCUR_CODE_11	230	
OCCUR_DATE_11	231	
OCCUR_DAY_11	232	
OCCUR_CODE_12	233	
OCCUR_DATE_12	234	
OCCUR_DAY_12	235	
OCCUR_SPAN_CODE_1	236	
OCCUR_SPAN_FROM_1	237	
OCCUR_SPAN_THRU_1	238	
OCCUR_SPAN_CODE_2	239	
OCCUR_SPAN_FROM_2	240	
OCCUR_SPAN_THRU_2	241	
OCCUR_SPAN_CODE_3	242	
OCCUR_SPAN_FROM_3	243	
OCCUR_SPAN_THRU_3	244	
OCCUR_SPAN_CODE_4	245	
OCCUR_SPAN_FROM_4	246	
OCCUR_SPAN_THRU_4	247	
CONDITION_CODE_1	248	
CONDITION_CODE_2	249	
CONDITION_CODE_3	250	
CONDITION_CODE_4	251	

CONDITION_CODE_5	252	
CONDITION_CODE_6	253	
CONDITION_CODE_7	254	
CONDITION_CODE_8	255	
VALUE_CODE_1	256	
VALUE_AMOUNT_1	257	
VALUE_CODE_2	258	
VALUE_AMOUNT_2	259	
VALUE_CODE_3	260	
VALUE_AMOUNT_3	261	
VALUE_CODE_4	262	
VALUE_AMOUNT_4	263	
VALUE_CODE_5	264	
VALUE_AMOUNT_5	265	
VALUE_CODE_6	266	
VALUE_AMOUNT_6	267	
VALUE_CODE_7	268	
VALUE_AMOUNT_7	269	
VALUE_CODE_8	270	
VALUE_AMOUNT_8	271	
VALUE_CODE_9	272	
VALUE_AMOUNT_9	273	
VALUE_CODE_10	274	
VALUE_AMOUNT_10	275	
VALUE_CODE_11	276	
VALUE_AMOUNT_11	277	
VALUE_CODE_12	278	
VALUE_AMOUNT_12	279	
PRIVATE_AMOUNT	280	
SEMI_PRIVATE_AMOUNT	281	
WARD_AMOUNT	282	
ICU_AMOUNT	283	
CCU_AMOUNT	284	
OTHER_AMOUNT	285	
PHARM_AMOUNT	286	
MEDSURG_AMOUNT	287	
DME_AMOUNT	288	
USED_DME_AMOUNT	289	
PT_AMOUNT	290	
OT_AMOUNT	291	
SPEECH_AMOUNT	292	
IT_AMOUNT	293	
BLOOD_AMOUNT	294	
BLOOD_ADM_AMOUNT	295	

OR_AMOUNT	296	
LITH_AMOUNT	297	
CARD_AMOUNT	298	
ANES_AMOUNT	299	
LAB_AMOUNT	300	
RAD_AMOUNT	301	
MRI_AMOUNT	302	
OP_AMOUNT	303	
ER_AMOUNT	304	
AMBULANCE_AMOUNT	305	
PRO_FEE_AMOUNT	306	
ORGAN_AMOUNT	307	
ESRD_AMOUNT	308	
CLINIC_AMOUNT	309	
TOTAL_CHARGES	310	
TOTAL_NON_COV_CHARGES	311	
TOTAL_CHARGES_ACCOMM	312	
TOTAL_NON_COV_CHARGES_ACCOMM	313	
TOTAL_CHARGES_ANCIL	314	
TOTAL_NON_COV_CHARGES_ANCIL	315	
INBOUND_INDICATOR	316	
EMERGENCY_DEPT_FLAG	317	
DISCHARGE	318	
	Charges File	
RECORD_ID (No charge)	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	
CHRG_LINE_ITEM	13	
CHRG_NON_COV	14	
	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	
POA_PROVIDER_INDICATOR	15	
PROVIDER_COUNTY	16	



**Data Use Agreement
Hospital Inpatient Discharge Data
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. All researchers must submit the Certificate of Human Subject Protection Training (REQUIRED) with this form or with renewals. 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 hospital discharge data not included in the Public Use Data File. Under no circumstances will users of the data contact an individual patient or physician for the purpose of verifying information supplied in the Texas Hospital Discharge 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 purchaser and end-user of the data are referred to as the "licensee". The licensee gives the following assurances with respect to the use of Texas Hospital Discharge 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 hospital stay records of patients in this data set with personally identifiable records from any other source, including from the THCIC PUDF;
- 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 and submit a letter of attestation to DSHS staff.

- 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 Hospital Inpatient Discharge 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.