# DATA TRANSLATION TOOL (DTT)

# SPECIFICATION

## GUIDE



# STATE IMMUNIZATION

# INFORMATION SYSTEM

# (SIIS)

## Scientific Technologies Corporation

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**Document Number:     DTT-SG-4.10.0-2.28.11**

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# 1    INTRODUCTION DATA TRANSLATION TOOL (DTT)

Provider billing systems and patient management systems (PMS) typically store data that immunization registries require.

Organizations benefit by using the automated processes to move the data from the initial point of entry (the billing system or PMS) to the immunization registry since manually entering the same data more than once is not desired.
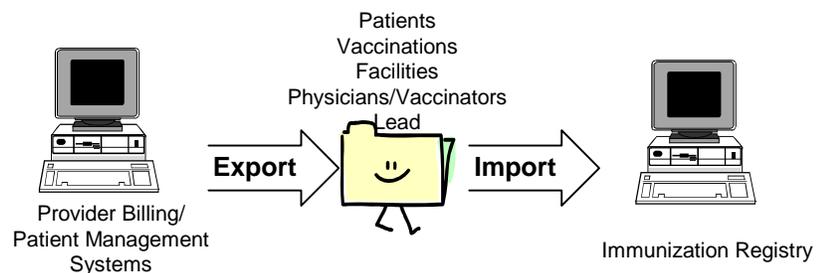


For the purpose of immunization registries, this data consists of the following record types (a.k.a., data elements):

- Patient (demographics)

- Vaccinations

- Physicians (and/or vaccinators)

- Facilities

- Lead

Patient demographics and Vaccinations data are the most commonly sent files and are usually sent in one file. Lead data must be sent in the same file as Patient (demographics).

These record types can be combined in either a single file (which is recommended), or multiple files (up to five files—one each for Patients, Lead, Vaccinations, Facilities, and Physicians). If multiple files are used, the files can be loaded in any order, but you will not be able to view the vaccinations until the associated patients are loaded.

**Exports** can be created through provider billing or patient management systems that can periodically be imported into the state's central immunization registry using the **Data Translation Tool (DTT).** This tool is used to simplify creation of export files because it has the flexibility to accept files with varied formats.

*Note:*   If you have an existing **Export** file for your application, you may not need to create a new file. Contact your state administrator for clarification. Additionally, if you have an existing profile that sends multiple files, refer to **Appendix K** for the DTT Data File Profile Form containing a list of required data elements.

When importing data to the registry, it is imperative that the appropriate data elements are provided and in an acceptable format. The order of the elements or fields is not critical; however, once a profile has been defined on the central registry, the file format must remain consistent.

## ABOUT THIS GUIDE

This guide was prepared to be used as the specification instructions for setting up a file with the correct data elements (fields) for the DTT. It is not a replacement for the IWeb Application User Guide; thus, if instructions are needed for the actual use of the DTT Export and/or Import tool, please refer to the IWeb Application User Guide.

# 2    FILE FORMAT ELEMENTS

This section of the document discusses the various file formats, file size, and field information.

For additional information, refer to **Appendix K** for the DTT Data File Profile form.

## FORMAT

The file format can either be:

- **Character Delimited (ASCII Text)** – Although, the pipe symbol ( | ) is recommended, other characters may be used including the **TAB** character.  The use of commas and periods are not recommended since these characters can be embedded within the data.

- **Fixed Length Delimited**– If using the record type of **FIXED LENGTH**, you WILL need to "pad or fill" the fields with trailing spaces (blanks) so the field is the correct length; otherwise, padding the fields is NOT recommended for the other file formats (Character or TAB).

- **Tab Delimited**

## FILE SIZE

The maximum size for import files will vary depending on the Internet connection speed and quality; however, it is preferred to send a data set of 1000 records or more.

# FIELDS

The data elements can be referred to as the file content.  The file content will contain fields of data.

The following guidelines pertain to **field content** for character-delimited, tab-delimited, and fixed length record types.

- Required and optional fields are listed in **Appendix K**:  DTT Data File Profile Form.  Required fields can be in any order, but should be consistent.

- Fields containing the word "Code" are referred to as "Code-based" fields.  "Code-based" fields can be *mapped* or translated to the SIIS codes.  Examples of "Code-based" fields are:  Vaccine Code, Manufacturer Code, County Code, Ethnicity Code, etc.  Code-based fields can be located in the **Appendices** section.

- Fields should not be "padded or filled" with the words "Unknown" or "Unreadable."

- If valid data is not available, leave the field blank or empty.

- Fields have a maximum length.  If the data length is larger than the maximum, it will get truncated (cut off at the field's length).

  - The data length can be smaller than the maximum—do not insert spaces after the data to attempt to make the field its maximum length unless your file format is **FIXED LENGTH**.

# 3 CREATING A DATA FILE

The process for creating a data file is listed below along with examples.

The fields, length, data type, and whether they are required or not, are listed in the tables located in the **Appendix K**: DTT Data File Profile Form. Additionally, there are other codes that may be used such as ICD-9 codes and are located in the Appendices section.

## THE PROCESS

The process of creating a data file is as follows:

**1.** Create the data file. Refer to the section below titled, "Instructions" for details.

**2.** Send the data file to STC's contact person in order to test the validity of the data before it goes into a production environment.

**3.** The file is received by STC and the following tasks are done:

- Tested for validity. It will be edited if necessary, and then returned to you with a report indicating whether the data passed or failed.

- If the data failed, the report will indicate what needs to be corrected before the data file will be ready to be imported into the IWeb application (production environment).

## COMMON DATA FILE ERRORS

Some common errors that occur are as follows:

- Records contain duplicate patient IDs.

- Each record is followed by two carriage returns.

- Address is represented by one field value rather than three fields.

  Street Address, City, Zip Code

  VERSUS

  Street Address|City|Zip Code

- First Names and Middle Initial are concatenated on some but not all records.

  John J|Smith

  VERSUS

  John|J|Smith

- Facility or Physicians are not identified by ID in a patient record, resulting in duplicate Physicians or Facilities.

- When composing field values, commas and special characters are used.

## ITEMS TO BE SENT TO STC

The items that should be sent to STC for testing are:

- Data File.

- (optional, but preferred) DTT Data File Profile Form (**Appendix K**).

## INSTRUCTIONS

The instructions are as follows:

1. Submit, preferably a data set of greater than 1000 records.

   - 50,000 records are committed to the database at one time which is about every 10 minutes

(this varies based on machine speed and how many columns are in the DTT profile).

2. Model the data set file to represent one record per line. Refer to the section titled, "DTT Data File Profile Form Example."

   • When sending a patient record, you must provide an example mapping with every record to include: Medical Record Number, Patient First Name, Patient Last Name, Patient DOB, Patient 1st Address / Street Line 1, Patient 1st Address / City, Patient 1st Address / State, and Patient 1st Address / Zip Code

3. Use only one carriage return at the end of each record.

4. Use a | delimiter between each field value.

5. Provide us with a mapping of your data file(s) by completing the "DTT Data File Profile" form located in the **Appendix K**. This form should include example records, mapped field names, and field position in the records.

6. Forward the data file and the "DTT Data File Profile" form to the DTT Support Specialist (listed in the "STC Contact Information" section below.

## STC CONTACT INFORMATION

The following DTT Support Specialist is your point of contact for any questions regarding this process:

Support Specialist:    Meredith McNeill

Phone Number:    602-241-1502, extension 1111

Email Address:    Meredith_McNeil@stchome.com

Fax Number:    602-241-1856

# DTT DATA FILE PROFILE FORM EXAMPLE

The examples shown below represent the "DTT Data File Profile" form that is used to submit your data file. Each "record type" will have two tables: 1) a table for you to fill in your "sample" records, and 2) another table for the detailed list of fields. The example shown below depicts a patient record. The tables on the "DTT Data File Profile" form also provide an example of a record being sent.

| Data File Profile Form Example Record type |
|---|
| Example Record Type Alpha (This is an example of how to complete the profile for a patient record.) |
| Please provide two examples records below: |
| |
| Medical Record Number\|Patient First Name\|Patient Last Name\|Patient DOB\|Address\|City\|State\|Zip\|<br><br>125454\|kermit\|frog\|10/26/1997\|1442 E Main\|phoenix\|az\|85306\|90700\|12/05/2006\|3452983\|Mary\|Jones\|K\|101 Thomas\|Phoenix\|AZ\|85018\| |

| Detailed Description of Patient Record | | | | |
|---|---|---|---|---|
| **Field** | **Length** | **Req?** | **Mapped Value** | **Field Position** |
| **Medical Record Number** | 16 | R | ID | 1 |
| **Patient  First Name** | 48 | R | Client First Name | 2 |
| **Patient  Last Name** | 48 | R | Client Last Name | 3 |
| **Patient DOB** | 10 | R | Client Date of Birth | 4 |
| **Patient 1st Address / Street Line 1** | 48 | O | Mailing Address 1 | 5 |
| **Patient 1st Address / Street Line 2** | 48 | O | Mailing Address 2 | |
| **Patient 1st Address / City** | 48 | O | Mailing City | 6 |
| **Patient 1st Address / State** | 2 | O | Mailing State | 7 |
| **Patient 1st Address / Zip Code** | 5 | O | Mailing Zip Code | 8 |

# DTT Data File Profile Form Information

The "DTT Data File Profile" form can be located in **Appendix K** and is the last appendix section so that you can easily remove it from this guide and fill it out.

The "DTT Data File Profile" form includes the following:

- Field Names
- Field Lengths
- Whether the field is Required or Optional field
- Mapped Value
- Field Position
- Data Type
- Any additional Comments

This form is to be filled out and preferably submitted to STC with your data file, and is used for testing your data file. You may also want to keep a copy of this information for your own records.

This form is provided to assist in the creation of your file and offers the "typical" fields to include per "record type."

## ADDITIONAL INFORMATION

The following information is provided to assist you in creating your file.

Fields containing the word "Code" are referred to as "Code-based" fields. "Code-based" fields can be *mapped* or translated to the SIIS codes. Examples of "Code-based" fields and their Appendix sections are:

- Vaccine Code (**Appendix A**)

- State County Codes (**Appendix B**)

- Ethnicity Codes (**Appendix C**)

- Race Codes (**Appendix D**)

- Inactive Codes (**Appendix E**)

- VFC Eligibility Codes (**Appendix F**)

- Anatomical Site Codes (**Appendix G**)

- Manufacturer Codes (**Appendix H**)

- Adverse Reaction Codes (**Appendix I**)

- ICD-9 Codes (**Appendix J**)

- DTT Data Profile Form (**Appendix K**)

# 4    APPENDICES

## APPENDIX A:  CPT AND CDC VACCINE CODES

If the CPT Code is not available, use either the SIIS Code or the CDC code.  These codes are mapped to each other and will be translated.  This table is alphabetized by CPT Description.

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| N/A | Pertussis | Pertussis | 11 | 11 | |
| N/A | PPD Positive Result | PPD Positive Result | 200 | | |
| N/A | PPD Negative Result | PPD Negative Result | 201 | | |
| N/A | Smallpox | Smallpox | 207 | 75 | |
| N/A | DTaP, 5 pertussis antigens | DTaP, 5 pertussis antigens | 210 | 106 | |
| N/A | Influenza Inactivated, 48+ mos,presv free | Influ Inact 48+ mos pres free | 609 | | |
| N/A | Influenza Inactivated, 48+ mos,w/Thimerosol | Influ Inact 48+ mos w/Thimerosol | 610 | | |
| 86480 | QuantiFERON-TB Gold test (QFT-G) | QuantiFERON-TB Gold test (QFT-G) | 199 | | |
| 86580 | PPD (tuberculosis skin test) Intradermal | PPD Test | 30 | 98 | |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| 86580 | PPD (tuberculosis skin test) Intradermal | PPD Test | 30 | 97 | |
| 86580 | PPD (tuberculosis skin test) Intradermal | PPD Test | 30 | 96 | |
| 86585 | PPD (tuberculosis skin test) Tine Test | PPD Test | 30 | 97 | |
| 86585 | PPD (tuberculosis skin test) Tine Test | PPD Test | 30 | 96 | |
| 86585 | PPD (tuberculosis skin test) Tine Test | PPD Test | 30 | 98 | |
| 86648 | Diphtheria antitoxin | Diphtheria antitoxin | 58 | 12 | |
| 90281 | Immune globulin (IG), human for intramuscular use | IG | 14 | 14 | |
| 90281 | Immune globulin (IG), human for intramuscular use | IG | 14 | 86 | |
| 90283 | Immune globulin (IGIV), human, for intravenous use | Immune globulin, (IGIV) | 15 | 87 | |
| 90287 | Botulinum antitoxin, equine, any route | Botulinum Antitoxin | 48 | 27 | |
| 90288 | Botulism immune globulin, human, for intravenous use | Botulism IG, human, intravenous | 500 | | |
| 90291 | Cytomegalovirus immune globulin (CMV-IGIV), human for intravenous use | CMVIG | 49 | 29 | |
| 90296 | Diphtheria antitoxin, | Diphtheria | 58 | 12 | |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| | equine, any route | antitoxin | | | |
| 90371 | Hepatitis B immune globulin (HBIG), human, for intravenous use | HBIG | 29 | 30 | |
| 90375 | Rabies immune globulin (RIG), human, for intravenous use | RIG | 52 | 34 | |
| 90376 | Rabies immune globulin, heat treated (RIG-HT), human, for intramuscular and-or subcutaneous use | RIG | 52 | 34 | |
| 90378 | Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50mg, each | RSV-IgIM (RSV-MAb) | 208 | 93 | |
| 90379 | Respiratory syncytial virus immune globulin (RSV-IGIV), human, for intravenous use | RSV-IGIV | 209 | 71 | |
| 90384 | Immune globulin (IGIV), human, for intravenous use | RhIG, full-dose, intramuscular | 300 | | |
| 90385 | Rho(D) immune globulin (RhIG), human, mini-dose, for intramuscular use | RhIG, mini-dose, intramuscular | 301 | | |
| 90386 | Rho(D) immune globulin (RhIG), human, for intravenous use | RhIG, intravenous | 302 | | |
| 90389 | Tetanus immune globulin (TIG), human, for intramuscular use | TIG | 13 | 13 | |
| 90393 | Vaccinia immune globulin, human, for intramuscular | VIG Vaccinia IG | 211 | 79 | |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| | use | | | | |
| 90396 | Varicella-zoster immune globulin, human, for intramuscular use | VZIG | 36 | 36 | |
| 90399 | Unlisted immune globulin | Unknown vaccine or IG | 213 | 999 | |
| 90470 | H1N1 immunization administration (intramuscular, intranasal), including counseling when performed | Novel H1N1,All Formulations | 1003 | 128 | |
| 90476 | Adenovirus vaccine, type 4, live, for oral use | Adenovirus, type 4, live, oral | 400 | 54 | |
| 90477 | Adenovirus vaccine, type 7, live, for oral use | Adenovirus, type 7, live, oral | 401 | 55 | |
| 90581 | Anthrax vaccine, for subcutaneous use | Anthrax | 37 | 24 | |
| 90585 | Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use | BCG | 19 | 19 | |
| 90586 | Bacillus Calmette-Guerin vaccne (BCG) for bladder cancer, live, for intravesical use | BCG | 19 | 19 | |
| 90592 | Cholera | Cholera | 26 | 26 | 1/1/2001 |
| 90632 | Hep A, Adult dosage for intramuscular use | Hep A 2 dose - Adult | 105 | 52 | |
| 90633 | Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, | Hep A 2 dose - Ped/Adol | 34 | 83 | |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| | for intramuscular use | | | | |
| 90633 | Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use | Hep A 2 dose - Ped/Adol | 34 | 31 | |
| 90634 | Hepatitis A vaccine, pediatric/adolescent dosage, 3 dose schedule, for intramuscular use | Hep A 3 dose - Ped/Adol | 103 | 84 | |
| 90636 | Hepatitis A and hepatitis B (HepA-HepB), adult dosage, for intramuscular use | Hep A/Hep B - Adult | 104 | 104 | |
| 90645 | Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use | Hib--HbOC | 47 | 47 | |
| 90646 | Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use | Hib-PRP-D | 46 | 46 | |
| 90647 | Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate, (3 dose schedule), for intramuscular use | Hib--PRP-OMP | 23 | 49 | |
| 90648 | Hemophilus influenza b vaccine (Hib), PRP-T conjugate, (4 dose schedule), for intramuscular use | Hib--PRP-T | 24 | 48 | |
| 90649 | human papilloma virus vaccine, quadrivalent | HPV, quadrivalent | 925 | 62 | |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| 90649 | human papilloma virus vaccine, quadrivalent | HPV, quadrivalent | 925 | 137 | |
| 90650 | Human Papilloma Virus (HPV) vaccine, types 16,18, bivalent, 3 dose schedule for intramuscular use | HPV, bivalent | 2003 | 118 | |
| 90655 | Influenza virus vaccine, split virus, preservative free, children 6-35 mos., for intramuscular use | Influ split 6-35 mos pres free | 605 | | |
| 90656 | Influenza virus vaccine, split virus, preservative free, 36 mos and older. | Influ split 36+ mos pres free | 606 | | |
| 90657 | Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular use | Influenza split, 6-35 mos. | 602 | | |
| 90658 | Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular use | Influ split 36+ mos | 603 | | |
| 90659 | Influenza virus vaccine, whole virus, for intramuscular or jet injection use | Influenza Whole | 16 | 16 | 9/2/2003 |
| 90660 | Influenza virus vaccine, live, for intranasal use | Influenza Nasal Spray | 62 | 111 | |
| 90662 | Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use | Influenza, High Dose | 615 | 135 | |
| 90663 | Influenza Virus Vaccine, pandemic formulation, | Novel H1N1,All | 1003 | 128 | |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| | H1N1-09, all formulations | Formulations | | | |
| 90664 | Influenza virus vaccine, pandemic formulation live, for intranasal use | Novel H1N1,Nasal | 1000 | 125 | |
| 90665 | Lyme disease vaccine, adult dosage, for intramuscular use | Lyme Disease | 60 | 66 | |
| 90666 | Influenza virus vaccine, pandemic formulation, split-virus, preservative free, for intramuscular use | Novel H1N1,Presv Free, 48+ Mos | 1005 | 126 | |
| 90667 | Influenza virus vaccine, pandemic formulation, adjuvanted, preservative free for intramuscular use | Novel H1N1,Injectable , 48+ Mos | 1008 | 127 | |
| 90668 | Influenza virus vaccine, pandemic formulation, split-virus, for intramuscular use | Novel H1N1,Injectable , 48+ Mos | 1008 | 127 | |
| 90669 | Pneumococcal conjugate vaccine, polyvalent, for children under five years for intramuscular use | Pneumococcal( PCV) | 102 | 100 | |
| 90670 | Pneumococcal conjugate vaccine, 13 valent | Pneumococcal, PCV-13 | 614 | 133 | |
| 90675 | Rabies Intramuscular | Rabies | 40 | 18 | |
| 90676 | Rabies Intradermal | Rabies Intradermal | 63 | 40 | |
| 90680 | Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use | Rotavirus, pentavalent RV5 | 116 | 116 | |
| 90681 | Rotavirus, Monovalent | Rotavirus, monovalent | 119 | 119 | |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| | RV1 2 dose series | RV1 | | | |
| 90690 | Typhoid vaccine, live oral | Typhoid, oral | 25 | 25 | |
| 90691 | Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use | Typhoid, ViCPs | 41 | 101 | |
| 90692 | Typhoid vaccine, heat- and phenol- inactivated (H-P), for subcutaneous or intradermal use | Typhoid, parenteral | 601 | 41 | |
| 90692 | Typhoid vaccine, heat- and phenol- inactivated (H-P), for subcutaneous or intradermal use | Typhoid, parenteral | 601 | 53 | |
| 90693 | Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. military) | Typhoid, parenteral | 601 | 53 | |
| 90693 | Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. military) | Typhoid, parenteral | 601 | 41 | |
| 90696 | Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use | DTaP/IPV | 974 | 130 | |
| 90698 | Diphtheria,tetanus toxoids and acellular pertussis, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV), for IM | DTaP/Hib/IPV | 920 | 120 | |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| | use | | | | |
| 90700 | Diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), children younger than 7 years, intramuscular use | DTaP | 20 | 20 | |
| 90701 | diphtheria and tetanus toxoids and pertussis vaccine (DTP) | DTP | 1 | 1 | |
| 90702 | diphtheria and tetanus toxoids (DT) absorbed for use in individuals younger than seven years, for intramuscular use | DT (Pediatric) | 28 | 28 | |
| 90703 | Tetanus toxoid adsorbed, intramuscular use | Tetanus Toxoid, adsorbed | 35 | 35 | |
| 90704 | Mumps virus vaccine, live, subcutaneous use | Mumps | 7 | 7 | |
| 90705 | Measles virus vaccine, live, subcutaneous use | Measles | 5 | 5 | |
| 90706 | Rubella virus vaccine, live, subcutaneous use | Rubella | 6 | 6 | |
| 90707 | Measles, mumps and rubella virus vaccine (MMR), live, subcutaneous use | MMR | 3 | 3 | |
| 90708 | Measles and rubella virus vaccine, live, subcutaneous use | M/R | 4 | 4 | |
| 90709 | rubella and mumps virus vaccine, live | Rubella/Mumps | 38 | 38 | 1/1/2003 |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| 90710 | measles, mumps, rubella, varicella vaccine | MMR/Varicella | 54 | 94 | |
| 90711 | diphtheria, tetanus toxoids, and pertussis (DTP) and injectable poliomyelitis vaccine | DTP/IPV | 55 | | 1/1/2000 |
| 90712 | poliovirus vaccine, live, oral (any type(s)) | OPV | 2 | 2 | |
| 90713 | Poliovirus vaccine, inactivated, (IPV), for subcutaneous use or intramuscular use | IPV | 10 | 10 | |
| 90714 | typhoid vaccine | Typhoid, oral | 25 | 25 | 1/1/2000 |
| 90714 | Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals seven years or older, for intramuscular use | Td Adult, Preserv Free | 67 | 113 | |
| 90715 | Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use | Tdap | 921 | 115 | |
| 90716 | varicella (chicken pox) vaccine | Varicella | 21 | 21 | |
| 90717 | yellow fever vaccine | Yellow Fever | 32 | 37 | |
| 90718 | Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals seven years or older, for intramuscular use | Td (Adult) | 9 | 9 | |
| 90719 | diphtheria toxoid | Diphtheria | 12 | | |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| | | Toxoid | | | |
| 90720 | Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP) and Hemophilus influenza B vaccine (DTP-HIB) for intramuscular use | DTP/Hib | 22 | 22 | |
| 90721 | diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP) and Hemophilus influenza B (HIB) vaccine | DTaP/Hib | 53 | 50 | |
| 90723 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use | DTaP/Hep B/IPV | 203 | 110 | |
| 90724 | influenza virus vaccine | Influenza--unspecified | 108 | 88 | 1/1/2000 |
| 90725 | cholera vaccine | Cholera | 26 | 26 | |
| 90726 | rabies vaccine | Rabies | 40 | 18 | 1/1/2000 |
| 90727 | Plague vaccine, intramuscular use | Plague | 50 | 23 | |
| 90728 | BCG Vaccine | BCG | 19 | 19 | 1/1/2000 |
| 90730 | hepatitis A vaccine | Hep A 2 dose - Ped/Adol | 34 | 83 | 1/1/2000 |
| 90730 | hepatitis A vaccine | Hep A 2 dose - Ped/Adol | 34 | 31 | 1/1/2000 |
| 90731 | hepatitis B vaccine | Hep B - unspecified | 45 | 45 | 1/1/2000 |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| 90732 | Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use | Pneumococcal( PPSV) | 31 | 33 | |
| 90733 | meningococcal polysaccharide vaccine (any group(s)) MPSV4 | Meningococcal (MPSV4) | 33 | 32 | |
| 90734 | Meningococcal A,C,Y,W-135 diptheria conjugate (MCV4) | Mening. (MCV4P) | 918 | 114 | |
| 90735 | Japanese encephalitis virus vaccine, for subcutaneous use | Japanese Encephalitis | 39 | 39 | |
| 90736 | Zoster (shingles) vaccine, live, for subcutaneous injection | Zoster, live | 607 | 121 | |
| 90737 | Hemophilus influenza B | Hib--unspecified | 17 | 17 | |
| 90738 | Japanese encephalitis virus vaccine, inactivated for intramuscular use | Japanese Encephalitis-IM | 612 | 134 | |
| 90740 | Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use | Hepatitis B--dialysis | 42 | 44 | |
| 90741 | Immunization, passive; immune serum globulin, human (ISG) | IG | 14 | 14 | 1/1/2000 |
| 90741 | Immunization, passive; immune serum globulin, human (ISG) | IG | 14 | 86 | 1/1/2000 |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| 90742 | Immunization, passive; specific hyperimmune serum globulin (eg, hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, varicella-zoster) | IG | 14 | 86 | 1/1/2000 |
| 90742 | Immunization, passive; specific hyperimmune serum globulin (eg, hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, varicella-zoster) | IG | 14 | 14 | 1/1/2000 |
| 90743 | Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use | Hep B 2 dose - Adol/Adult | 202 | | |
| 90744 | Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use | Hepatitis B-- adol. or pediatric | 8 | 8 | |
| 90745 | Immunization, active, hepatitis B vaccine; 11-19 years | Hepatitis B-- adolescent, high risk | 56 | 42 | 1/1/2001 |
| 90746 | Hepatitis B vaccine, adult dosage, for intramuscular use | Hepatitis B-- adult | 43 | 43 | |
| 90747 | Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use | Hepatitis B-- dialysis | 42 | 44 | |
| 90748 | Hepatitis B vaccine and Hemophilus influenza b vaccine (Hepb-Hib), for | Hep B/Hib | 57 | 51 | |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| | intramuscular use | | | | |
| 90749 | Unlisted vaccine toxoid | Unknown vaccine or IG | 213 | 999 | |
| | | Hep B Ped/Adol - Preserv Free | 100 | | |
| | | Prev. Smallpox-Adulthood | 223 | | |
| | | Tick-Borne Encephalitis | 2020 | 77 | |
| | | Rheumatic Fever | 2016 | 72 | |
| | | Rift Valley Fever | 2017 | 73 | |
| | | Parainfluenza-3 | 2014 | 69 | |
| | | Hep C | 2005 | 58 | |
| | | Prev. Smallpox-Documented Date | 221 | | |
| | | VEE, NOS | 2023 | 92 | |
| | | DTaP--unspecified | 600 | 107 | |
| | | Pneumococcal - unspecified | 205 | 109 | |
| | | Smallpox vaccine, diluted | 212 | 105 | |
| | | Rabies NOS | 916 | 90 | |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| | | TST-OT Tine Test | 2019 | 95 | |
| | | Typhus, Historical | 613 | 131 | |
| | | Novel H1N1,Presv Free, 36+ Mos | 1004 | | |
| | | Mening. (MCV4O) | 993 | 136 | |
| | | Influ split 18+ yrs pres free | 924 | | |
| | | Prev. Smallpox-Recall Date | 220 | | |
| | | Influenza Split | 61 | 15 | |
| | | Hep B Ped/Adol - W/Thimerosal | 101 | | |
| | | HIV | 2002 | 61 | |
| | | Meningococcal C Conjugate | 919 | 103 | |
| | | Prev. Smallpox-Childhood | 219 | | |
| | | Hep A 2 dose - Ped/Adol 12+ mos. | 923 | 923 | |
| | | Dengue Fever | 2001 | 56 | |
| | | Herpes Simplex 2 | 2007 | 60 | |
| | | Diluent | 222 | | |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| | | Rotavirus, tetravalent | 59 | 74 | |
| | | Smallpox Equivocal Take | 218 | | |
| | | Td-IPV | 975 | | |
| | | Novel H1N1,Injectable, 18+ Yrs | 1009 | | |
| | | DTaP/IPV/Hib/HepB Historical | 611 | 132 | |
| | | Prev. Smallpox-Not Vaccinated/Unknown | 224 | | |
| | | Leishmaniasis | 2009 | 64 | |
| | | Hantavirus | 2004 | 57 | |
| | | Q Fever | 2015 | 70 | |
| | | Malaria | 2011 | 67 | |
| | | Typhoid, NOS | 604 | 91 | |
| | | Rotavirus, NOS | 608 | 122 | |
| | | Polio - unspecified | 204 | 89 | |
| | | VEE, live | 2024 | 80 | |
| | | Junin Virus | 2008 | 63 | |
| | | Hep A-- unspecified | 107 | 85 | |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| | | Novel H1N1,Presv Free, 18+ Yrs | 1006 | | |
| | | Novel H1N1,Injectable , 36+ Mos | 1007 | | |
| | | Smallpox No Take | 215 | | |
| | | Melanoma | 2012 | 68 | |
| | | No vaccine administered | 2013 | 998 | |
| | | Smallpox Major Take | 214 | | |
| | | Novel H1N1,Presv Free, 6-35 Mos | 1001 | | |
| | | Hep E | 2006 | 59 | |
| | | DTP - unspecified | 206 | | |
| | | VZIG (IND) | 926 | 117 | |
| | | Tularemia Vaccine | 2021 | 78 | |
| | | Leprosy | 2010 | 65 | |
| | | Tetanus toxoids, NOS | 217 | 112 | |
| | | Botulinum Toxoid | 917 | | |
| | | Hepatitis A-pediatric, NOS | 109 | | |

| CPT Code | CPT Description | SIIS Code | SIIS Description | CVX Code | Expiration Date |
|---|---|---|---|---|---|
| | | DTP/Hib/Hep B | 106 | 102 | |
| | | Staphylococcus Bacteria Lysate | 2018 | 76 | |
| | | VEE, Inactivated | 2022 | 81 | |
| | | Lead Blood Draw | 225 | | |
| | | Meningococcal, NOS | 922 | 108 | |
| | | Adenovirus, NOS | 2000 | 82 | |
| | | Influenza, H51N-1203 | 976 | 123 | |
| | | Tetanus toxoids, adsorbed | 216 | | |

# APPENDIX B: STATE COUNTY CODES

## ARIZONA

| COUNTY | COUNTY CODE |
|---|---|
| **ARIZONA** | |
| APACHE | 4001 |
| COCHISE | 4003 |
| COCONINO | 4005 |
| GILA | 4007 |
| GRAHAM | 4009 |
| GREENLEE | 4011 |
| LA PAZ | 4012 |
| MARICOPA | 4013 |
| MOHAVE | 4015 |
| NAVAJO | 4017 |
| PIMA | 4019 |
| PINAL | 4021 |
| SANTA CRUZ | 4023 |
| YAVAPAI | 4025 |
| YUMA | 4027 |

### IDAHO

| COUNTY | COUNTY CODE |
|---|---|
| IDAHO | |
| ADA | 16001 |
| ADAMS | 16003 |
| BANNOCK | 16005 |
| BEAR LAKE | 16007 |
| BENEWAH | 16009 |
| BINGHAM | 16011 |
| BLAINE | 16013 |
| BOISE | 16015 |
| BONNER | 16017 |
| BONNEVILLE | 16019 |
| BOUNDARY | 16021 |
| BUTTE | 16023 |
| CAMAS | 16025 |
| CANYON | 16027 |
| CARIBOU | 16029 |
| CASSIA | 16031 |
| CLARK | 16033 |
| CLEARWATER | 16035 |
| CUSTER | 16037 |
| ELMORE | 16039 |
| FRANKLIN | 16041 |
| FREMONT | 16043 |
| GEM | 16045 |
| GOODING | 16047 |
| IDAHO | 16049 |
| JEFFERSON | 16051 |
| JEROME | 16053 |
| KOOTENAI | 16055 |
| LATAH | 16057 |
| LEMHI | 16059 |
| LEWIS | 16061 |
| LINCOLN | 16063 |
| MADISON | 16065 |
| MINIDOKA | 16067 |
| NEZ PERCE | 16069 |
| ONEIDA | 16071 |
| OWYHEE | 16073 |
| PAYETTE | 16075 |
| POWER | 16077 |
| SHOSHONE | 16079 |

| COUNTY | COUNTY CODE |
|--------|-------------|
| **IDAHO** | |
| TETON | 16081 |
| TWIN FALLS | 16083 |
| VALLEY | 16085 |
| WASHINGTON | 16087 |

### INDIANA

| COUNTY | COUNTY CODE |
|--------|-------------|
| **INDIANA** | |
| ADAMS | 18001 |
| ALLEN | 18003 |
| BARTHOLOMEW | 18005 |
| BENTON | 18007 |
| BLACKFORD | 18009 |
| BOONE | 18011 |
| BROWN | 18013 |
| CARROLL | 18015 |
| CASS | 18017 |
| CLARK | 18019 |
| CLAY | 18021 |
| CLINTON | 18023 |
| CRAWFORD | 18025 |
| DAVIESS | 18027 |
| DE KALB | 18033 |
| DEARBORN | 18029 |
| DECATUR | 18031 |
| DELAWARE | 18035 |
| DUBOIS | 18037 |
| ELKHART | 18039 |
| FAYETTE | 18041 |
| FLOYD | 18043 |
| FOUNTAIN | 18045 |
| FRANKLIN | 18047 |
| FULTON | 18049 |
| GIBSON | 18051 |
| GRANT | 18053 |
| GREENE | 18055 |
| HAMILTON | 18057 |
| HANCOCK | 18059 |
| HARRISON | 18061 |
| HENDRICKS | 18063 |
| HENRY | 18065 |
| HOWARD | 18067 |
| HUNTINGTON | 18069 |
| JACKSON | 18071 |
| JASPER | 18073 |
| JAY | 18075 |

| COUNTY | COUNTY CODE |
|--------|-------------|
| **INDIANA** | |
| JEFFERSON | 18077 |
| JENNINGS | 18079 |
| JOHNSON | 18081 |
| KNOX | 18083 |
| KOSCIUSKO | 18085 |
| LA PORTE | 18091 |
| LAGRANGE | 18087 |
| LAKE | 18089 |
| LAWRENCE | 18093 |
| MADISON | 18095 |
| MARION | 18097 |
| MARSHALL | 18099 |
| MARTIN | 18101 |
| MIAMI | 18103 |
| MONROE | 18105 |
| MONTGOMERY | 18107 |
| MORGAN | 18109 |
| NEWTON | 18111 |
| NOBLE | 18113 |
| OHIO | 18115 |
| ORANGE | 18117 |
| OWEN | 18119 |
| PARKE | 18121 |
| PERRY | 18123 |
| PIKE | 18125 |
| PORTER | 18127 |
| POSEY | 18129 |
| PULASKI | 18131 |
| PUTNAM | 18133 |
| RANDOLPH | 18135 |
| RIPLEY | 18137 |
| RUSH | 18139 |
| SCOTT | 18143 |
| SHELBY | 18145 |
| SPENCER | 18147 |
| ST. JOSEPH | 18141 |
| STARKE | 18149 |
| STEUBEN | 18151 |
| SULLIVAN | 18153 |
| SWITZERLAND | 18155 |
| TIPPECANOE | 18157 |
| TIPTON | 18159 |
| UNION | 18161 |

| COUNTY | COUNTY CODE |
|---|---|
| **INDIANA** | |
| VANDERBURGH | 18163 |
| VERMILLION | 18165 |
| VIGO | 18167 |
| WABASH | 18169 |
| WARREN | 18171 |
| WARRICK | 18173 |
| WASHINGTON | 18175 |
| WAYNE | 18177 |
| WELLS | 18179 |
| WHITE | 18181 |
| WHITLEY | 18183 |

## LOUISIANA

| COUNTY | COUNTY CODE |
|---|---|
| **LOUISIANA** | |
| ACADIA | 22001 |
| ALLEN | 22003 |
| ASCENSION | 22005 |
| ASSUMPTION | 22007 |
| AVOYELLES | 22009 |
| BEAUREGARD | 22011 |
| BIENVILLE | 22013 |
| BOSSIER | 22015 |
| CADDO | 22017 |
| CALCASIEU | 22019 |
| CALDWELL | 22021 |
| CAMERON | 22023 |
| CATAHOULA | 22025 |
| CLAIBORNE | 22027 |
| CONCORDIA | 22029 |
| DE SOTO | 22031 |
| EAST BATON ROUGE | 22033 |
| EAST CARROLL | 22035 |
| EAST FELICIANA | 22037 |
| EVANGELINE | 22039 |
| FRANKLIN | 22041 |
| GRANT | 22043 |
| IBERIA | 22045 |
| IBERVILLE | 22047 |
| JACKSON | 22049 |
| JEFFERSON | 22051 |
| JEFFERSON DAVIS | 22053 |
| LA SALLE | 22059 |
| LAFAYETTE | 22055 |
| LAFOURCHE | 22057 |
| LINCOLN | 22061 |
| LIVINGSTON | 22063 |

| COUNTY | COUNTY CODE |
|---|---|
| **LOUISIANA** | |
| MADISON | 22065 |
| MOREHOUSE | 22067 |
| NATCHITOCHES | 22069 |
| ORLEANS | 22071 |
| OUACHITA | 22073 |
| PLAQUEMINES | 22075 |
| POINTE COUPEE | 22077 |
| RAPIDES | 22079 |
| RED RIVER | 22081 |
| RICHLAND | 22083 |
| SABINE | 22085 |
| ST. BERNARD | 22087 |
| ST. CHARLES | 22089 |
| ST. HELENA | 22091 |
| ST. JAMES | 22093 |
| ST. JOHN THE BAPTIST | 22095 |
| ST. LANDRY | 22097 |
| ST. MARTIN | 22099 |
| ST. MARY | 22101 |
| ST. TAMMANY | 22103 |
| TANGIPAHOA | 22105 |
| TENSAS | 22107 |
| TERREBONNE | 22109 |
| UNION | 22111 |
| VERMILION | 22113 |
| VERNON | 22115 |
| WASHINGTON | 22117 |
| WEBSTER | 22119 |
| WEST BATON ROUGE | 22121 |
| WEST CARROLL | 22123 |
| WEST FELICIANA | 22125 |
| WINN | 22127 |

## WASHINGTON

| COUNTY | COUNTY CODE |
|---|---|
| WASHINGTON | |
| ADAMS | 53001 |
| ASOTIN | 53003 |
| BENTON | 53005 |
| CHELAN | 53007 |
| CLALLAM | 53009 |
| CLARK | 53011 |
| COLUMBIA | 53013 |
| COWLITZ | 53015 |
| DOUGLAS | 53017 |
| FERRY | 53019 |
| FRANKLIN | 53021 |
| GARFIELD | 53023 |
| GRANT | 53025 |
| GRAYS HARBOR | 53027 |
| ISLAND | 53029 |
| JEFFERSON | 53031 |
| KING | 53033 |
| KITSAP | 53035 |
| KITTITAS | 53037 |
| KLICKITAT | 53039 |
| LEWIS | 53041 |
| LINCOLN | 53043 |
| MASON | 53045 |
| OKANOGAN | 53047 |
| PACIFIC | 53049 |
| PEND OREILLE | 53051 |
| PIERCE | 53053 |
| SAN JUAN | 53055 |
| SKAGIT | 53057 |
| SKAMANIA | 53059 |
| SNOHOMISH | 53061 |
| SPOKANE | 53063 |
| STEVENS | 53065 |
| THURSTON | 53067 |
| WAHKIAKUM | 53069 |
| WALLA WALLA | 53071 |
| WHATCOM | 53073 |
| WHITMAN | 53075 |
| YAKIMA | 53077 |

## WEST VIRGINIA

| COUNTY | COUNTY CODE |
|--------|-------------|
| **WEST VIRGINIA** | |
| BARBOUR | 54001 |
| BERKELEY | 54003 |
| BOONE | 54005 |
| BRAXTON | 54007 |
| BROOKE | 54009 |
| CABELL | 54011 |
| CALHOUN | 54013 |
| CLAY | 54015 |
| DODDRIDGE | 54017 |
| FAYETTE | 54019 |
| GILMER | 54021 |
| GRANT | 54023 |
| GREENBRIER | 54025 |
| HAMPSHIRE | 54027 |
| HANCOCK | 54029 |
| HARDY | 54031 |
| HARRISON | 54033 |
| JACKSON | 54035 |
| JEFFERSON | 54037 |
| KANAWHA | 54039 |
| LEWIS | 54041 |
| LINCOLN | 54043 |
| LOGAN | 54045 |
| MARION | 54049 |
| MARSHALL | 54051 |
| MASON | 54053 |
| MCDOWELL | 54047 |
| MERCER | 54055 |
| MINERAL | 54057 |
| MINGO | 54059 |
| MONONGALIA | 54061 |
| MONROE | 54063 |
| MORGAN | 54065 |
| NICHOLAS | 54067 |
| OHIO | 54069 |
| PENDLETON | 54071 |
| PLEASANTS | 54073 |
| POCAHONTAS | 54075 |
| PRESTON | 54077 |
| PUTNAM | 54079 |

| COUNTY | COUNTY CODE |
|--------|-------------|
| **WEST VIRGINIA** | |
| RALEIGH | 54081 |
| RANDOLPH | 54083 |
| RITCHIE | 54085 |
| ROANE | 54087 |
| SUMMERS | 54089 |
| TAYLOR | 54091 |
| TUCKER | 54093 |
| TYLER | 54095 |
| UPSHUR | 54097 |
| WAYNE | 54099 |
| WEBSTER | 54101 |
| WETZEL | 54103 |
| WIRT | 54105 |
| WOOD | 54107 |
| WYOMING | 54109 |

## WYOMING

| COUNTY | COUNTY CODE |
|--------|-------------|
| WYOMING | |
| ALBANY | 56001 |
| BIG HORN | 56003 |
| CAMPBELL | 56005 |
| CARBON | 56007 |
| CONVERSE | 56009 |
| CROOK | 56011 |
| FREMONT | 56013 |
| GOSHEN | 56015 |
| HOT SPRINGS | 56017 |
| JOHNSON | 56019 |
| LARAMIE | 56021 |
| LINCOLN | 56023 |
| NATRONA | 56025 |
| NIOBRARA | 56027 |
| PARK | 56029 |
| PLATTE | 56031 |
| SHERIDAN | 56033 |
| SUBLETTE | 56035 |
| SWEETWATER | 56037 |
| TETON | 56039 |
| UINTA | 56041 |
| WASHAKIE | 56043 |
| WESTON | 56045 |

# APPENDIX C: ETHNICITY CODES

| ETHNICITY CODE | DESCRIPTION |
|:---:|:---|
| 1 | Hispanic |
| 2 | Non-Hispanic |
| 3 | Unknown |

# APPENDIX D: RACE CODES

| RACE CODE | DESCRIPTION |
|:---:|:---|
| 1 | Caucasian (or White) |
| 2 | African American |
| 4 | Asian |
| 5 | Native American (or American Indian) |
| 6 | Other |
| 7 | Native Hawaiian or Other Pacific Islander |
| 8 | Multi-Racial |

## APPENDIX E:  INACTIVE CODES

| INACTIVE CODE | DESCRIPTION |
|---|---|
| A | Address Incorrect |
| D | Deceased |
| F | Postal Forward Order Expired |
| G | Moved or Gone Elsewhere |
| M | Moved out of State |
| N | No Postal Forward on File |
| O | Other |
| P | Changed to another provider |
| R (Indiana Only) | Archive |
| U | Delivery Unsuccessful |

## APPENDIX F:  VFC ELIGIBLE CODES

| VFC CODE | DESCRIPTION |
|---|---|
| (blank) | Ineligible |
| 1 | Medicaid |
| 2 | Uninsured |
| 3 | Native American or Native Alaskan |
| 4 | Underinsured |
| 6 (for Arizona use only) | Kids Care |
| 7 (for Indiana use only) | Hoosier Healthwise Package C |

# APPENDIX G: ANATOMICAL SITE & ROUTE CODES

## ANATOMICAL SITE CODES

| ANATOMICAL SITE CODE | DESCRIPTION |
|---|---|
| LEFT_ARM | Left Arm |
| LEFT_THIGH | Left Thigh |
| LEFT_GLUTEUS | Left Gluteus |
| MOUTH | Mouth |
| NOSE | Nose |
| RIGHT_ARM | Right Arm |
| RIGHT_THIGH | Right Thigh |
| RIGHT_GLUTEUS | Right Gluteus |

## ANATOMICAL ROUTE CODES

| ANATOMICAL ROUTE CODE | DESCRIPTION |
|---|---|
| INTRAMUSCULAR | Intramuscular |
| INTRADERMAL | Intradermal |
| SUBCUTANEOUS | Subcutaneous |
| ORAL | Oral |
| NASAL | Nasal |

# APPENDIX H:  MANUFACTURER CODES

| CODE | MANUFACTURER NAME | NOTES | STATUS |
|------|-------------------|-------|--------|
| AB | Abbott Laboratories | includes Ross Products Division, Solvay | Active |
| ACA | Acambis, Inc | Acquired by sanofi in sept 2008 | Inactive |
| AD | Adams Laboratories, Inc. | | Active |
| AKR | Akorn, Inc | | Active |
| ALP | Alpha Therapeutic Corporation | | Active |
| AR | Armour | Part of CSL | Inactive |
| AVB | Aventis Behring L.L.C. | Part of CSL | Inactive |
| AVI | Aviron | Acquired by Medimmune | Inactive |
| BA | Baxter Healthcare Corporation-inactive | | Inactive |
| BAH | Baxter Healthcare Corporation | Includes Hyland Immuno, Immuno International AG,and North American Vaccine, Inc./acquired some assets from alpha therapeutics | Active |
| BAY | Bayer Corporation | Bayer Biologicals now owned by Talecris | Inactive |
| BP | Berna Products | | Inactive |
| BPC | Berna Products Corporation | Includes Swiss Serum and Vaccine Institute Berne | Active |
| BTP | Biotest Pharmaceuticals Corporation | New owner of NABI HB as of December 2007, Does NOT replace NABI Biopharmaceuticals in this code list. | Active |

| CODE | MANUFACTURER NAME | NOTES | STATUS |
|------|-------------------|-------|--------|
| CEN | Centeon L.L.C. | | Inactive |
| CHI | Chiron Corporation | Part of Novartis | Inactive |
| CMP | Celltech Medeva Pharmaceuticals | Part of Novartis | Inactive |
| CNJ | Cangene Corporation | | Active |
| CON | Connaught | Acquired by Merieux | Inactive |
| CSL | CSL Behring, Inc | CSL Biotherapies renamed to CSL Behring | Active |
| DVC | DynPort Vaccine Company, LLC | | Active |
| EVN | Evans Medical Limited | Part of Novartis | Inactive |
| GEO | GeoVax Labs, Inc. | | Active |
| GRE | Greer Laboratories, Inc. | | Active |
| IAG | Immuno International AG | Part of Baxter | Inactive |
| IM | Merieux | Part of Sanofi | Inactive |
| INT | Intercell Biomedical | | Active |
| IUS | Immuno-U.S., Inc. | | Active |
| JPN | The Research Foundation for Microbial Diseases of Osaka University (BIKEN) | | Active |
| KGC | Korea Green Cross Corporation | | Active |

| CODE | MANUFACTURER NAME | NOTES | STATUS |
|------|-------------------|-------|--------|
| LED | Lederle | Became a part of WAL, now owned by Pfizer | Inactive |
| MA | Massachusetts Public Health Biologic Laboratories | | Inactive |
| MBL | Massachusetts Biologic Laboratories | Formerly Massachusetts Public Health Biologic Laboratories | Active |
| MED | MedImmune, Inc. | Acquisitions of U.S. Bioscience in 1999 and Aviron in 2002, as well as the integration with Cambridge Antibody Technology and the strategic alignment with our new parent company, AstraZeneca, in 2007. | Active |
| MIL | Miles | | Inactive |
| MIP | Emergent BioDefense Operations Lansing | Bioport renamed. Formerly Michigan Biologic Products Institute | Active |
| MSD | Merck & Co., Inc. | | Active |
| NAB | NABI | Formerly North American Biologicals, Inc. | Active |
| NAV | North American Vaccine, Inc. | Part of Baxter | Inactive |
| NOV | Novartis Pharmaceutical Corporation | Includes Chiron, PowderJect Pharmaceuticals, Celltech Medeva Vaccines and Evans Limited, Ciba-Geigy Limited and Sandoz Limited | Active |
| NVX | Novavax, Inc. | | Active |
| NYB | New York Blood Center | | Active |
| ORT | Ortho-clinical Diagnostics | A J&J company (formerly Ortho Diagnostic Systems, Inc.) | Active |

| CODE | MANUFACTURER NAME | NOTES | STATUS |
|------|-------------------|-------|--------|
| OTC | Organon Teknika Coporation | | Active |
| OTH | Other manufacturer | | Active |
| PD | Parkedale Pharmaceuticals | No website and no news articles (formerly Parke-Davis) | Inactive |
| PFR | Pfizer, Inc | Includes Wyeth-Lederle Vaccines and Pediatrics, Wyeth Laboratories, Lederle Laboratories, and Praxis Biologics, | Active |
| PMC | sanofi pasteur | Formerly Aventis Pasteur, Pasteur Merieux Connaught; includes Connaught Laboratories and Pasteur Merieux. Acquired ACAMBIS. | Active |
| PRX | Praxis Biologics | Became a part of WAL, now owned by Pfizer | Inactive |
| PWJ | PowderJect Pharmaceuticals | See Novartis | Inactive |
| SCL | Sclavo, Inc. | | Active |
| SI | Swiss Serum and Vaccine Inst. | Part of Berna | Inactive |
| SKB | GlaxoSmithKline | Includes SmithKline Beecham and Glaxo Wellcome | Active |
| SOL | Solvay Pharmaceuticals | Part of Abbott | Inactive |
| TAL | Talecris Biotherapeutics | Includes Bayer Biologicals | Active |
| UNK | Unknown manufacturer | | Active |
| USA | United States Army Medical Research and Material Command | | Active |

| CODE | MANUFACTURER NAME | NOTES | STATUS |
|------|-------------------|-------|--------|
| VXG | VaxGen | Acquired by Emergent Biodefense Operations Lansing, Inc | Inactive |
| WA | Wyeth-Ayerst | Became WAL, now owned by Pfizer | Inactive |
| WAL | Wyeth | Acquired by Pfizer 10/15/2009 | Inactive |
| ZLB | ZLB Behring | Acquired by CSL | Inactive |

# APPENDIX I:   ADVERSE REACTION CODES

| VACCINE NAME | ADVERSE REACTION CODE | DESCRIPTION |
|--------------|-----------------------|-------------|
| Anthrax | 22 | Injection site reaction |
| Anthrax | 23 | Systemic reactions, i.e., immediate hypersensitivity, fever of muscle aches. |
| DT Pediatric | 2 | Anaphylaxis or anaphylactic shock |
| DT Pediatric | 3 | Brachial neuritis |
| DT Pediatric | 4 | Any sequel (including death) of events |
| DTP | 2 | Anaphylaxis or anaphylactic shock |
| DTP | 3 | Brachial neuritis |
| DTP | 4 | Any sequela (including death) of events |
| DTP | 5 | Encephalopathy (or encephalitis) |
| DTP/Hib | 2 | Anaphylaxis or anaphylactic shock |

| VACCINE NAME | ADVERSE REACTION CODE | DESCRIPTION |
|---|---|---|
| DTP/Hib | 3 | Brachial Neuritis |
| DTP/Hib | 4 | Any sequela (including death) of events |
| DTP/Hib | 5 | Encephalopathy (or encephalitis) |
| DTP/IPV | 2 | Anaphylaxis or anaphylactic shock |
| DTP/IPV | 3 | Brachial neuritis |
| DTP/IPV | 4 | Any sequela (including death) of events |
| DTP/IPV | 5 | Encephalopathy (or encephalitis) |
| DtaP | 2 | Anaphylaxis or anaphylactic shock |
| DtaP | 3 | Brachial neuritis |
| DtaP | 4 | Any sequela (including death) of events |
| DtaP | 5 | Encephalopathy (or encephalitis) |
| DTaP, 5 pertussis antigens | 2 | Anaphylaxis or anaphylactic shock |
| DTaP, 5 pertussis antigens | 3 | Brachial neuritis |
| DTaP, 5 pertussis antigens | 4 | Any sequela (including death) of events |
| DTaP, 5 pertussis antigens | 5 | Encephalopathy (or encephalitis) |
| DTaP/Hep B/IPV | 2 | Anaphylaxis or anaphylactic shock |
| DTaP/Hep B/IPV | 3 | Brachial neuritis |
| DTaP/Hep B/IPV | 4 | Any sequela (including death) of events |

| VACCINE NAME | ADVERSE REACTION CODE | DESCRIPTION |
|---|---|---|
| DTaP/Hep B/IPV | 5 | Encephalopathy (or encephalitis) |
| DTaP/Hib | 2 | Anaphylaxis or anaphylactic shock |
| DTaP/Hib | 3 | Brachial neuritis |
| DTaP/Hib | 4 | Any sequela (including death) of events |
| DTaP/Hib | 5 | Encephalopathy (or encephalitis) |
| Hep B – unspecified | 2 | Anaphylaxis or anaphylactic shock |
| Hep B – unspecified | 4 | Any sequela (including death) of events |
| Hep B 2 dose – Adol/Adult | 2 | Anaphylaxis or anaphylactic shock |
| Hep B 2 dose – Adol/Adult | 4 | Any sequela (including death) of events |
| Hep B Ped/Adol – Preserv Free | 2 | Anaphylaxis or anaphylactic shock |
| Hep B Ped/Adol – Preserv Free | 4 | Any sequela (including death) of events |
| Hep B Ped/Adol – W/Thimerosal | 2 | Anaphylaxis or anaphylactic shock |
| Hep B Ped/Adol – W/Thimerosal | 4 | Any sequela (including death) of events |
| Hep B/Hib | 2 | Anaphylaxis or anaphylactic shock |
| Hep B/Hib | 4 | Any sequela (including death) of events |
| Hepatitis B—adult | 2 | Anaphylaxis or anaphylactic shock |
| Hepatitis B—adult | 4 | Any sequela (including death) of events |
| Hib—PRP-OMP | 4 | Any sequela (including death) of events |
| Hib—PRP-OMP | 15 | Early on-set HIB disease |

| VACCINE NAME | ADVERSE REACTION CODE | DESCRIPTION |
|---|---|---|
| Hib—PRP-T | 4 | Any sequela (including death) of events |
| Hib—PRP-T | 15 | Early on-set HIB disease |
| Hib-PRP-D | 4 | Any sequela (including death) of events |
| Hib-PRP-D | 15 | Early on-set HIB disease |
| IPV | 2 | Anaphylaxis or anaphylactic shock |
| IPV | 4 | Any sequela (including death) of events |
| M/R | 2 | Anaphylaxis or anaphylactic shock |
| M/R | 4 | Any sequela (including death) of events |
| M/R | 5 | Encephalopathy (or encephalitis) |
| M/R | 6 | Chronic arthritis |
| M/R | 7 | Thrombocytopenic  purpura |
| M/R | 8 | Vaccine-strain measles viral infection in an immunodeficient recipient |
| MMR | 2 | Anaphylaxis or anaphylactic shock |
| MMR | 4 | Any sequela (including death) of events |
| MMR | 5 | Encephalopathy (or encephalitis) |
| MMR | 6 | Chronic arthritis |
| MMR | 7 | Thrombocytopenic purpura |
| MMR | 8 | Vaccine-strain measles viral infection in an immunodeficient recipient |
| MMR/Varicella | 2 | Anaphylaxis or anaphylactic shock |
| MMR/Varicella | 4 | Any sequela (including death) of events |

| VACCINE NAME | ADVERSE REACTION CODE | DESCRIPTION |
|---|---|---|
| MMR/Varicella | 5 | Encephalopathy (or encephalitis) |
| MMR/Varicella | 6 | Chronic arthritis |
| MMR/Varicella | 7 | Thrombocytopenic purpura |
| MMR/Varicella | 8 | Vaccine-strain measles viral infection in an immunodeficient recipient |
| Measles | 2 | Anaphylaxis or anaphylactic shock |
| Measles | 4 | Any sequela (including death) of events |
| Measles | 5 | Encephalopathy (or encephalitis) |
| Measles | 7 | Thrombocytopenic purpura |
| Measles | 8 | Vaccine-strain measles viral infection in an immunodeficient recipient |
| Mumps | 2 | Anaphylaxis or anaphylactic shock |
| Mumps | 4 | Any sequela (including death) of events |
| Mumps | 5 | Encephalopathy (or encephalitis) |
| OPV | 4 | Any sequela (including death) of events |
| OPV | 9 | Paralytic polio in a non-immunodeficient recipient |
| OPV | 10 | Paralytic polio in an immunodeficient recipient |
| OPV | 11 | Paralytic polio in a vaccine-associated community case |
| OPV | 12 | Vaccine-strain polio viral infection in a non-immunodeficient recipient |
| OPV | 13 | Vaccine-strain polio viral infection in an immunodeficient recipient |

| VACCINE NAME | ADVERSE REACTION CODE | DESCRIPTION |
|---|---|---|
| OPV | 14 | Vaccine-strain polio viral infection in a vaccine-associated community case |
| Pertussis | 2 | Anaphylaxis or anaphylactic shock |
| Pertussis | 4 | Any sequela (including death) of events |
| Pertussis | 5 | Encephalopathy (or encephalitis) |
| Rubella | 2 | Anaphylaxis or anaphylactic shock |
| Rubella | 4 | Any sequela (including death) of events |
| Rubella | 5 | Encephalopathy (or encephalitis) |
| Rubella | 6 | Chronic arthritis |
| Rubella/Mumps | 2 | Anaphylaxis or anaphylactic shock |
| Rubella/Mumps | 4 | Any sequela (including death) of events |
| Rubella/Mumps | 5 | Encephalopathy (or encephalitis) |
| Rubella/Mumps | 6 | Chronic arthritis |
| Smallpox | 16 | Inadvertent autoinoculaton |
| Smallpox | 17 | Eczema vaccinatum |
| Smallpox | 18 | Generalized vaccinia |
| Smallpox | 19 | Progressive vaccinia |
| Smallpox | 20 | Erythematous or urticarial rashes |
| Smallpox | 21 | Post vaccinial encephalitis |
| Smallpox | 24 | Fetal vaccinia |
| Smallpox | 25 | Death |
| Td (Adult) | 2 | Anaphylaxis or anaphylactic shock |
| Td (Adult) | 3 | Brachial neuritis |

| VACCINE NAME | ADVERSE REACTION CODE | DESCRIPTION |
|---|---|---|
| Td (Adult) | 4 | Any sequela (including death) of events |
| Tetanus Toxoid | 2 | Anaphylaxis or anaphylactic shock |
| Tetanus Toxoid | 3 | Brachial neuritis |
| Tetanus Toxoid | 4 | Any sequela (including death) of events |
| Tetanus Toxoids, NOS | 2 | Anaphylaxis or anaphylactic shock |
| Tetanus Toxoids, NOS | 3 | Brachial neuritis |
| Tetanus Toxoids, NOS | 4 | Any sequela (including death) of events |

## APPENDIX J:  ICD-9 CODES

The mappings of ICD-9 Codes to SIIS Vaccine Codes are listed in the table.

| ICD9 CODE | SIIS VACC CODE | ICD9 DESCRIPTION |
|---|---|---|
| V06.1 | 206 | Immunization, DTP |
| V06.3 | 55 | Immunization, DTP/polio |
| V05.3 | 45 | Immunization, Hepatitis |
| V03.81 | 17 | Immunization, HIB |
| V04.81 | 108 | Immunization, Influenza |
| V06.4 | 3 | Immunization, MMR |

| ICD9 CODE | SIIS VACC CODE | ICD9 DESCRIPTION |
|---|---|---|
| V03.82 | 205 | Immunization, Pneumovax |
| V04.0 | 204 | Immunization, Polio |
| V04.82 | 208 | Immunization, RSV |
| V04.1 | 207 | Immunization, Smallpox |
| V06.5 | 9 | Immunization, Td |
| V03.1 | 604 | Immunization, Typhoid |
| V05.4 | 21 | Immunization, Varicella |

# APPENDIX K: DTT DATA FILE PROFILE FORM

## PATIENT RECORDS

A sample record is shown in the table below.  Provide your examples below.

| Example Patient Records |
|---|
| **Please provide two example records below:** |
| Medical Record Number|Patient First Name|Patient Last Name|Patient DOB|Address|City|State|Zip| <br> 125454|kermit|frog|10/26/1997|1442 E Main|phoenix|az|85306|90700|12/05/2006|3452983|Mary|Jones|K|101 Thomas|Phoenix|AZ|85018 <br> ------------Your EXAMPLE  goes below-------------- |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| **Medical Record Number** | 30 | R | | | Number | Your unique identifying number for a specific patient.  Once you associate a unique identifier with a particular patient, you should always send the same number for that |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| | | | | | | patient. |
| **Patient First Name** | 48 | R | | | String | |
| **Patient Last Name** | 48 | R | | | String | |
| **Patient DOB** | 10 | R | | | Date | **Format**: Dates can be defined in the profile, so they can be sent in any standard format, i.e., MM/DD/YYYY<br><br>**Note**: If additional information such as a timestamp is sent with the date, the DTT will strip it off and only store the date in the registry. |
| *At least one of these three FAMILY fields is required. (Note: Use all of these fields if they are available.) | | | | | | |
| **Guardian First Name** | 48 | R* | | | String | |
| **Mother Maiden Name** | 48 | R* | | | String | |
| **Guardian Social Security Number** | 11 | R* | | | String | |
| **At least one of these three ADDRESS field combinations MUST be used.<br> a) Patient 1st Address / Street Line 1 with Patient 1st Address / City and Patient 1st Address / State<br> b) Patient 1st Address / Street Line 1 with Patient 1st Address / Zip Code and Patient 1st Address / State<br> c) Patient Phone Number with Patient Phone Area Code and Patient 1st Address / State | | | | | | |
| **Patient 1st Address / Street Line 1** | 45 | R** | | | String | If the patient's mailing address is a P.O. Box, spell out P.O. Box, PO Box, POB, P.O.B. or Box followed by a space and the number, and if possible, put the physical address in the Patient Physical Address field. |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| | | | | | | If the patient has a street address, put the entire street address here including suite number, etc. and leave the **Patient Physical Address field** blank. |
| | | | | | | **Note**: Use all of these fields if they are available. |
| | | | | | | **Note**: If Patient 1<sup>st</sup> Address Street Line1 is the same as Patient 1st Address Street Line 2, Street Line 2 is discarded when deduplication is run. If both addresses are sent, then "address type" is mandatory; otherwise, the address type defaults to "home." When both Address 1 and Address 2 are "home," Address 2 is seen as an update. |
| **Patient 1<sup>st</sup> Address / City** | 30 | R** | | | String | |
| **Patient 1<sup>st</sup> Address / Is Valid** | 1 | R | | | Varchar | Indicates that this is a valid mailing address for the patient. |
| **Patient 1<sup>st</sup> Address / State** | 2 | R** | | | String | |
| **Patient 1<sup>st</sup> Address / Zip Code** | 10 | R** | | | Number | |
| **Patient 1<sup>st</sup> Address / Type** | 30 | R** | | | Varchar | Type of address such as "primary" or "secondary." |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| | | | | | | **Note:** If you do not send an address type, the address type is assumed to be HOME. If two addresses are sent in with the same address type (by the same irmsSysId/irmsPatId), the second address is an update; but a non-primary address will never overwrite the primary address. So, in this scenario, the second address goes to address history but not to the regular patient record.<br><br>**Note**: If two addresses are sent, the DTT logic will insert two rows into the Patient Pre-Reserve staging table using the "Insert Patient" procedure. The rows will have identical information except the addresses will be different. The "Insert Patient" logic will create two address rows which will display in the multiple address section when viewing the patient.<br><br>Additionally, the DTT logic will check to see if the Primary flag is set to Y and if it is set to N or null, then it will default to Y.<br><br>If both addresses are sent, then "address type" is mandatory; otherwise, the address type defaults to "home." When both Address 1 and Address 2 are "home," Address 2 is seen as an update. |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| | | | | | | **Note**: Address Type is not available for DTT Exports. |
| **Patient Phone Number Area Code** | 3 | R** | | | **Number** | |
| **Patient Phone Number** | 8 | R** | | | **Number** | |
| If a FACILITY or PHYSICIAN is provided, it is recommended a Facility or Physician file is created for all known Physicians and/or Facilities. It is also recommended the Patient Record only contain the referenced Physician and/or Facility ID^ | | | | | | |
| **Facility ID** | 25 | O^ | | | **String** | Your unique identifying number for a specific facility. Once you associate a unique identifier with a particular facility, you should always send the same number for that facility. On a patient record, this is the facility that identifies the patient's medical home. |
| **Physician ID** | 25 | O^ | | | **String** | Your unique identifying number for a specific physician or vaccinator. Once you associate a unique identifier with a particular physician or vaccinator, you should always send the same number for that physician or vaccinator. On a patient record, this is the physician that identifies the patient's primary care physician. |
| **Birth Order** | 2 | O | | | **Number** | Specifies the birth order when there are multiple births; i.e., 1 of 3, 2 of 3, etc. **Note**: This field must be sent with Multiple Birth Count; thus, birth order of Multiple Birth Count. Both fields must be sent together, not |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| | | | | | | singularly. |
| Birthing Facility | 100 | O | | | Varchar | |
| Block Recall | 1 | O | | | String | Specifies whether the patient should be blocked from being recalled via Reminder Recall. Y indicates the patient should be blocked from being recalled; otherwise, leave blank. |
| Comments | 254 | O | | | String | |
| Death Date | 10 | O | | | Date | |
| Email Bounce Reason | 30 | O | | | Varchar | Used when importing invalid e-mail address reasons via the Constant Contact file (reasons typically include: Blocked, Mailbox Full, Non-Existent Address, Other, Undeliverable, and Unsubscribe). It is typically used with the Serial Number field which is the unique email identifier from the OneCode ACS Service (Health Promotions). When a bad address is received, all instances of that e-mail in the database are invalidated for primaries along with the Family/Friends and Provider/Other tables. |
| Guardian Full Name | 153 | O | | | String | |
| Guardian Last Name | 48 | O | | | String | |
| Guardian Middle Name | 48 | O | | | String | |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| Guardian Work Phone Number | 10 | O | | | Number | Format: (999) 999-9999 |
| Inactive Code | 1 | O | | | Number | Code that determines if the child is still an "active" patient in the plan or practice. Leaving this field blank indicates the patient is active. Acceptable codes are located in **Appendix E**. |
| Legacy Patient ID | 30 | O | | | String | |
| Managed Care Plan Date | 10 | O | | | Date | Date patient enrolled in managed health care plan. Note: Dates can be defined in the profile, so they can be sent in any standard format. If additional information such as a timestamp is sent with the date, the DTT will strip if off and only store the date in the registry. |
| Managed Care Plan ID | 25 | O | | | String | Identifying number associated with the patient's health care plan. |
| Managed Care Plan Name | 30 | O | | | String | |
| Military | 1 | O | | | String | |
| Multiple Birth Count | 2 | O | | | Number | Specifies the total birth count when there are multiple births; i.e., 1 of 3, 2 of 3, etc. **Note**: This field must be sent with Birth |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| | | | | | | Order; thus, birth order of Multiple Birth Count.  Both fields must be sent together, not singularly. |
| **Patient Address County Code** | 38 | **O** | | | **String** | |
| **Patient 1st Address / Street Line 2** | 45 | **O** | | | **String** | If the patient's mailing address is a P.O. Box, spell out P.O. Box, PO Box, POB, P.O.B. or Box followed by a space and the number, and if possible, put the physical address in the Patient Physical Address field. If the patient has a street address, put the entire street address here including suite number, etc. and leave the **Patient Physical Address field** blank. **Note**:  Use all of these fields if they are available. **Note**:  If Patient 1st Address Street Line1 is the same as Patient 1st Address Street Line 2, Street Line 2 is discarded when deduplication is run. |
| **Patient 2nd Address / Street Line 1** | 45 | **O** | | | **String** | If two addresses are sent, the first address is considered the primary address and that is the address that appears on the Patient Master/Reserve Records. |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| Patient 2nd Address / Street Line 2 | 45 | O | | | String | If two addresses are sent, the first address is considered the primary address and that is the address that appears on the Patient Master/Reserve Records.<br><br>If both addresses are sent, then "address type" is mandatory; otherwise, the address type defaults to "home." When both Address 1 and Address 2 are "home," Address 2 is seen as an update. |
| Patient 2nd Address / City | 30 | O | | | String | |
| Patient 2nd Address / State | 2 | O | | | String | |
| Patient 2nd Address / Zip Code | 10 | O | | | Number | |
| Patient 2nd Address / Is Valid | 1 | O | | | Varchar | Indicates that this is a valid 2nd mailing address for the patient. |
| Patient 2nd Address / Type | 30 | O | | | Varchar | Indicates the type of address is "secondary."<br><br>**Note:** If you do not send an address type, the address type is assumed to be HOME. If two addresses are sent in with the same address type (by the same irmsSysId/irmsPatId), the second address is an update; but a non-primary address will never overwrite the primary address. So, in this scenario, the |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| | | | | | | second address goes to address history but not to the regular patient record. If both addresses are sent, then "address type" is mandatory; otherwise, the address type defaults to "home."  When both Address 1 and Address 2 are "home," Address 2 is seen as an update. **Note**:  Address Type is not available for DTT Exports. |
| **Patient Admission Date** | 10 | O | | | **Date** | |
| **Patient Birth Country** | 2 | O | | | **String** | |
| **Patient Birth File Number** | 16 | O | | | **String** | |
| **Patient Birth State** | 2 | O | | | **String** | |
| **Patient Block Health Promotion** | 30 | O | | | **String** | |
| **Patient Cell Phone** | 38 | O | | | **Number** | |
| **Patient County FIPS Code** | 10 | O | | | **Number** | Acceptable codes are located in **Appendix B**. **Note**:  Code-based fields (fields contained the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| Patient Email Address | 40 | O | | | String | Patient or guardian email address |
| Patient Ethnicity Code | 12 | O | | | String | Ethnicity codes are located in **Appendix C**. **Note**: Code-based fields (fields contained the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |
| Patient Full Name | 153 | O | | | String | |
| Patient Gender Code | 1 | O | | | String | M for Male, F for Female, U for Unknown, O for Other. **Note**: Code-based fields (fields contained the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |
| Patient Grade | 32 | O | | | Varchar | This field can be mapped or you can use the code that already exists in the system. |
| Patient Health District/Region | 12 | O | | | String | Must be Numeric. |
| Patient Language Code | 1 | O | | | String | E=English, S=Spanish. **Note**: Code-based fields (fields contained the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| Patient 1st Address / Street Line 2 | 40 | O | | | String | |
| Patient Medicaid Number | 16 | O | | | String | |
| Patient Medicaid Provider Number | 30 | O | | | String | This is an alphanumeric field. |
| Patient Middle Name | 48 | O | | | String | |
| Patient Occupation Code | 10 | O | | | String | |
| Patient Phone Extension | 10 | O | | | Number | |
| Patient Physical Address | 45 | O | | | String | Used when a PO Box is used. Indicates where the patient actually lives. |
| Patient Race Code | 1 | O | | | String | Acceptable codes are located in **Appendix D**. **Note**: Code-based fields (fields contained the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |
| Patient Record Created By | 30 | O | | | String | |
| Patient Record Creation Date | 10 | O | | | Date | |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| **Patient Record Last Update** | 10 | O | | | **String** | |
| **Patient Record Last Updated By** | 30 | O | | | **String** | |
| **Patient SSN** | 11 | O | | | **Number** | Format: 999-99-9999 |
| **Patient Suffix** | 5 | O | | | **String** | Sr., Jr., etc. |
| **Patient VFC Eligible Code** | 2 | O | | | **Number** | Acceptable codes are located in **Appendix F**.<br><br>**Note**: Code-based fields (fields contained the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |
| **Patient Work Phone** | 38 | O | | | **Number** | |
| **Programs List** | 60 | O | | | **String** | A semi-colon delimited list of programs the patient belongs. The program name must exactly match the name used by the receiving system. To specify a member ID for a program, place a comma after the program name, followed by the member ID for that program. |
| **School District Code** | 12 | O | | | **Number** | Positive integer. This is the School Identifier that is assigned by IWeb and is not truly a district. The School IDs table is available upon request. |
| **School Entry Date** | 10 | O | | | **Date** | |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| **School External District ID** | 20 | O | | | **Varchar** | (State-specific for LA).  Used for a one-time import of Louisiana school data to link schools to JPAMS school codes.  School codes will be stored in the Other System ID field.  School code will allow immunization data sent by schools using JPAMS system to be linked to School Reports in the School Nurse Module. It should be noted that each year, LA will obtain an updated list from the Department of Education containing all active schools in the state. This import will need to occur each year before the start of the school year. |
| **School External School ID** | 20 | O | | | **Varchar** | Refer to the comments for the field, "School External District ID." |
| **School ID** | 38 | O | | | **Number** | |
| **Serial Number** | 9 | O | | | **Number** | This is a 9-digit number and is part of the OneCode ACS service (Health Promotions). It is used when importing invalid e-mail address reasons via the Constant Contact file with the Email Bounce Reason field (reasons typically include: Blocked, Mailbox Full, Non-Existent Address, Other, Undeliverable, and Unsubscribe). When a bad address is received, invalidate all instances of that e-mail in the database for primaries along with the Family/Friends and Provider/Other tables. |

## VACCINATION RECORDS

A sample record is shown in the table below.  Provide your examples below.

| Example Vaccination Records |
|---|
| **Please provide two example records below:** |
| Medical Record Number\|Patient First Name\|Patient Last Name\|Patient DOB\|Address\|City\|State\|Zip\|Cpt\|Immunization date\| <br> 125454\|kermit\|frog\|10/26/1997\|1442 E Main\|phoenix\|az\|85306\|90700\|12/05/2006\| <br> -------------Your EXAMPLE  goes below-------------- |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| **Medical Record Number** | **30** | **R** | | | **Number** | Your unique identifying number for a specific patient.  Once you associate a unique identifier with a particular patient, you should always send the same number for that patient. |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|-------|--------|----------------------|--------------|----------------|-----------|----------|
| **Immunization Date** | **10** | **R** | | | **Date** | Date a shot was given. **Format**: Dates can be defined in the profile, so they can be sent in any standard format, i.e., MM/DD/YYYY **Note**: If additional information such as a timestamp is sent with the date, the DTT will strip it off and only store the date in the registry. |
| At least one of the three vaccine code types* | | | | | | |
| **CPT Vaccine Code** | **38** | **R\*** | | | **Number** | You may map your values using the CDC Vaccine Code, SIIS vaccine Code, or CPT Vaccine Code. If the CPT Vaccine Code is not available, refer to **Appendix A** for a list of **SIIS** or **CDC** Vaccine codes that can be used in its place. **Note**: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |
| **CDC Vaccine Code** | **38** | **R\*** | | | **Number** | |
| **SIIS Vaccine Code** | **38** | **R\*** | | | **Number** | |
| If a Facility or Physician is provided, it is recommended a Facility or Physician file is created for all known Physicians and/or Facilities. It is also recommended the Patient Record only contain the referenced Physician and/or Facility ID^ | | | | | | |
| **Contraindication Facility ID** | **25** | **O^** | | | **String** | Facility ID where the contraindication was documented. |
| **Facility ID** | **25** | **O^** | | | **String** | |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| **Vaccination Facility ID** | 25 | O^ | | | **String** | This facility indicates the facility where the patient was vaccinated. |
| **Vaccination Physician ID** | 25 | O^ | | | **String** | This physician indicates the vaccinator. |
| **Adverse Reaction Code** | 12 | O^ | | | **Number** | Positive integer.  Indicates if patient had reaction to shot. Adverse Reaction Codes are located in **Appendix I**. **Note**:   "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |
| **Anatomical Route Code** | 3 | O | | | **String** | Acceptable codes are located in **Appendix G**. **Note**:   "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |
| **Anatomical Site Code** | 3 | O | | | **String** | Acceptable codes are located in **Appendix G**. **Note**:   "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |
| **Campaign** | 30 | O | | | **Number** | When using Campaign, Tier may be used also. Refer to the field named TIER for additional |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| | | | | | | information. |
| **Contraindication Code** | 38 | O | | | **Number** | Code of the contraindication. |
| **Contraindication Deletion Date** | 10 | O | | | **Date** | Date of the contraindication deletion. |
| **Contraindication Vaccine Code** | 38 | O | | | **Number** | SIIS Vaccine Code or CPT Vaccine Code. |
| **Deletion Date** | 10 | O | | | **Date** | Date the vaccination record was deleted.  Must be left blank except for deletions.<br><br>This DATE should **NOT** be sent when sending a **new** vaccination, or when sending an update that does not change one of the three key fields (explained below).  To instruct the central registry to delete a vaccination, send the vaccination with this field occupied by a valid date.  Vaccinations are tracked using three key fields:  **medical record number**, **vaccination type**, and **vaccination date**.  If any of these fields in a vaccination record are edited, the vaccination with the original key fields should be sent as a deletion and the changed vaccination should be sent as a new vaccination.<br><br>**Note**:  Dates can be defined in the profile, so they can be sent in any standard format.<br><br>**Note**:  If additional information such as a |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| | | | | | | timestamp is sent with the date, the DTT will strip it off and only store the date in the registry. |
| Historical Vaccination | 1 | O | | | String | Y for historical vaccination. |
| Lot Number | 20 | O | | | String | Lot number of the vaccine administered.  Lot number will not be accepted without an accompanying manufacturer code.  **Note**:  This field is used when decrementing inventory when inventory already exists in the registry; i.e., is not being uploaded/imported. |
| Manufacturer (Name) | 30 | O | | | String | Vaccine manufacturer Name.  Alphanumeric name. |
| Manufacturer Code | 30 | O | | | Number | Manufacturer code for the lot number of the administered vaccine.  Manufacturer codes will not be accepted without an accompanying lot number.  Acceptable codes are located in **Appendix H**.  **Note**:   "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |
| Permanent Contraindication | 38 | O | | | String | |
| Provider Noted on Record | 50 | O | | | Varchar | This field is the lookup value indicating the information source for a historical vaccination. |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| TB Induration (mm) | 2 | O | | | Number | This field is only valid for PPD results. For any other vaccine, this field should be blank. |
| Tier | 30 | O | | | Number | When using Tier, Campaign may be used also. Refer to the field named CAMPAIGN for additional information. |
| Vaccination Comments | 254 | O | | | String | Comments regarding the vaccination. |
| Vaccination Health District (Region) | 12 | O | | | String | Positive Integer. |
| Vaccination Record Created By | 30 | O | | | String | |
| Vaccination Record Creation Date | 10 | O | | | Date | |
| Vaccination Record Last Update | 10 | O | | | String | |
| Vaccination Record Last Update By | 30 | O | | | String | |
| Vaccination VFC Eligible | 2 | O | | | Number | VFC Eligibility for the vaccination. |
| Vaccinator | 30 | O | | | String | Name of vaccinating person or physician. Do not send if sending Vaccination Physician ID. |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| **Vaccine is Publicly Supplied** | 1 | O | | | **String** | Indicator flag for Vaccine revealing whether it was publicly supplied or not.  The Publicly Supplied flag can be imported with a Vaccination sent through batch. |
| **VIS Form Given Date** | 10 | O | | | **Date** | **Note**:  Dates can be defined in the profile, so they can be sent in any standard format.  **Note**:  If additional information such as a timestamp is sent with the date, the DTT will strip it off and only store the date in the registry. |
| **VIS Publication Date 1** | 10 | O | | | **Date** | **Note**:  Dates can be defined in the profile, so they can be sent in any standard format.  **Note**:  If additional information such as a timestamp is sent with the date, the DTT will strip it off and only store the date in the registry. |
| **VIS Publication Date 2** | 10 | O | | | **Date** | |
| **VIS Publication Date 3** | 10 | O | | | **Date** | |
| **VIS Publication Date 4** | 10 | O | | | **Date** | |

## LOT IMPORT (LOAD INVENTORY) INTO FACILITIES

When importing the Lot fields, no other Patient or Vaccination fields should be given in the DTT Profile or else an error will occur.  When importing Lot import files, you will have to select an IRMS, but it is not used as part of the import.  The fields listed as "required" fields are only for the Lot Imports; they do not correspond to any of the Patient/Vaccination/Contraindication records.

*Note:*    The ability to load Lot Number Inventory is limited to loading inventory into Facilities; this does NOT include the ability to load IRMS-level inventory.

A sample record is shown in the table below.  Provide your examples below.

| Example Lot Import Records |
|---|
| Please provide two example records below: |
| Lot Import Lot Number\|Lot Import CPT Code\|Lot Import Manufacturer Code\|Lot Import Publicly Supplied\|Lot Import Action Code\|Lot Import Dose Count\|Lot Import VFC Pin<br>U1234\|90707\|MSD\|Y\|12/31/2011\|2\|100\|750<br>U4321\|90713\|PMC\|Y\|02/28/2012\|2\|200\|750<br>-------------Your EXAMPLE  goes below-------------- |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| Lot Import Dose Count | 10 | R | | | Float | Number of doses imported in the lot. |
| Lot Import Expiration Date | 10 | R | | | Date | Expiration date of the lot. |
| Lot Import External Facility Id | 25 | R | | | String | Used to map the Fishbowl Facilities to the IRMS/Facilities in IWeb. |
| Lot Import Lot Number | 20 | R | | | String | Lot Number of the Lot inventory to be uploaded in the database. **Note**: This field is used when loading inventory into the application database. This was initially added during the H1N1 Event for the purpose of importing SNS inventory from an external source. |
| Lot Import Manufacturer Code | 30 | R | | | Number | Manufacturer code for the Lot Number |
| Lot Import Publicly Supplied | 1 | O | | | String | Indicator flag for Vaccine revealing whether it was publicly supplied or not. Y or N. |
| Lot Import Update Type | 1 | O | | | String | Flag used to determine whether the lot has to be updated or created. By default, if nothing is specified, then if the lot is already present and the same lot is supplied again, then it will be updated; otherwise, a new lot will be created. |
| Lot Import VFC PIN | 30 | O | | | String | Vaccine for Children Personal Identification Number. |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| **Lot Import Action Code** | **20** | **R** | | | **Number** | Unique code for the action |
| At least one of the Vaccine/CPT/CVX Codes is Required* | | | | | | |
| **Lot Import Vaccine Code** | **38** | **O** | | | **Number** | Map the vaccine values using either of these codes. |
| **Lot Import CVX Code** | **38** | **O** | | | **Number** | You may map your values using the CDC Vaccine Code, SIIS vaccine Code (CVX), or CPT Vaccine Code.  If the CPT Vaccine Code is not available, refer to **Appendix A** for a list of **SIIS** or **CDC** Vaccine codes that can be used in its place. |
| **Lot Import CPT Code** | **38** | **O** | | | **Number** | |
| **CDC Vaccine Code** | **38** | **R*** | | | **Number** | |
| **SIIS Vaccine Code** | **38** | **R*** | | | **Number** | **Note**:   "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |

## PHYSICIAN RECORDS

A sample record is shown in the table below.  Provide your examples below.

| Example Physician Records |
| --- |
| **Please provide two example records below:** |
| Physician ID\|Physician First Name\|Physician Last Name\|Physician Suffix\|Physician Type Code\|Physician Phone Number<br>300\|Tonya\|Test\|MD\|P\|4805551212<br>301\|Tommy\|Test\|RN\|V\|6025551212<br>------------Your EXAMPLE  goes below------------- |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| **Physician ID** | **25** | **R** | | | **String** | Your unique identifying number for a specific physician or vaccinator.  Once you associate a unique identifier with a particular physician or vaccinator, you should always send the same number |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| | | | | | | for that physician or vaccinator.  On a patient record, this is the physician that identifies the patient's primary care physician. |
| **Physician Last Name** | **48** | **R** | | | **String** | Last Name of the Physician or Vaccinator. |
| **BOMEX Number** | **12** | **O** | | | **Number** | (Used by Arizona) An acronym for Board of Medical Examiners medical license number. |
| **DO Number** | **15** | **O** | | | **String** | Doctor of Osteopathy state assigned license number. |
| **Physician Email Address** | **40** | **O** | | | **String** | Email address for the physician. |
| **Physician Fax Number Area Code** | **3** | **O** | | | **Number** | Area code for the Physician's Fax. Format: 999 |
| **Physician Fax Number** | **8** | **O** | | | **Number** | Fax number for the Physician's Fax. Format:  999-9999 |
| **Physician First Name** | **48** | **O** | | | **String** | First name of the Physician/Vaccinator. |
| **Physician Full Name** | **153** | **O** | | | | |
| **Physician Health District (Region)** | **12** | **O** | | | **Number** | Whole number representing District or Region of the Physician. |
| **Physician is Inactive (Status)** | **1** | **O** | | | **String** | Status of the Physician. |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| **Physician Middle Name** | 48 | O | | | **String** | Physician/Vaccinator's middle name. |
| **Physician Phone Number Area Code** | 3 | O | | | **Number** | Format:  999 |
| **Physician Phone Extension** | 10 | O | | | **Number** | Extension of the Physician's phone number. |
| **Physician Phone Number** | 8 | O | | | **Number** | Format:  999-9999 |
| **Physician SSN** | 11 | O | | | **Number** | Format:  999-99-9999 |
| **Physician Suffix** | 5 | O | | | **String** | Suffix at the end of the Physician or Vaccinator's name.  For example:  DO, MD, RN, etc. |
| **Physician Type** | 1 | O | | | **String** | |

## FACILITY RECORDS

A sample record is shown in the table below.  Provide your examples below.

| Example Facility Records |
| --- |
| **Please provide two example records below:** |
| Facility ID\|Facility Name\|Facility Mailing Address 1\|Facility Address City\|Facility Address State Code\|Facility Address Zip Code\|Facility Phone Number\|Facility Email Address<br><br>400\|SOUTH PEDIATRICS\|123 MAIN STREET\|PHOENIX\|AZ\|85012\|4805551212\|spediatrics@test.com<br><br>401\|NORTH PEDIATRICS\|321 MAIN STREET\|PHOENIX\|AZ\|85024\|6025551212\|npediatrics@test.com<br><br>-------------Your EXAMPLE  goes below-------------- |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| **Facility ID** | **25** | **R** | | | **String** | Your unique identifying number for a specific facility. Once you associate a unique identifier with a particular facility, you should always |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| | | | | | | send the same number for that facility. On a patient record, this is the facility that identifies the patient's medical home. |
| Facility Name | 50 | R | | | String | Name of the facility. |
| Facility Abbreviated Name | 30 | O | | | String | Short "abbreviated name for the facility if entered. The short name is 30 characters long while the Facility Name 50 characters long |
| Facility Address City | 30 | O | | | String | Name of the city where the facility is located. |
| Facility Address State Code | 2 | O | | | String | Two letter abbreviation in capital letters. |
| Facility Address ZIP Code | 10 | O | | | Number | Format: 99999 or 99999-9999 |
| Facility Certifying Provider | 50 | O | | | VarChar2 | |
| Facility Certifying Provider Phone Number | 8 | O | | | Number | 999-9999 |
| Facility Certifying Provider Email | 325 | O | | | VarChar2 | |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| **Facility Certifying Provider Fax Number** | 8 | O | | | **Number** | 999-9999 |
| **Facility Contact First Name** | 48 | O | | | **String** | |
| **Facility Contact Full Name** | 153 | O | | | **String** | |
| **Facility Contact Last Name** | 48 | O | | | **String** | |
| **Facility County/FIPS Code** | 12 | O | | | **String** | Acceptable codes are located in **Appendix B.** |
| **Facility Display Name** | 30 | O | | | **String** | |
| **Facility Email Address** | 40 | O | | | **String** | |
| **Facility Fax Number Area Code** | 3 | O | | | **Number** | Format: 999 |
| **Facility Fax Number** | 8 | O | | | **Number** | Format: 999-9999 |
| **Facility Health District** | 12 | O | | | **String** | A whole number representing the health district number of the Facility. |
| **Facility Mailing** | 45 | O | | | **String** | If the facility's mailing |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| **Address 1** | | | | | | address is a P.O. Box, spell out P.O. Box, PO Box, POB, P.O.B. or Box followed by a space and the number, and if possible, put the physical address in the Facility Physical Address field.  If the facility has a street address, put the entire street address here including suite number, etc. and leave the Facility Physical Address field blank. |
| **Facility Mailing Address 2** | 45 | **O** | | | **String** | Line two of the mailing address for the facility. |
| **Facility Name** | 50 | **O** | | | **String** | |
| **Facility Original VFC Cert Date** | 10 | **O** | | | **Date** | |
| **Facility Phone (Number) Area Code** | 3 | **O** | | | **Number** | Format: 999 |
| **Facility Phone Number** | 8 | **O** | | | **Number** | Format:  999-9999 |
| **Facility Phone (Number) Extension** | 10 | **O** | | | **Number** | Extension number associated with the Facility's phone number |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| Facility Physical Address | 45 | O | | | String | Used when P.O. Box is used and indicates where the facility is actually located. |
| Facility Shipping Address City | 50 | O | | | VarChar2 | |
| Facility Shipping Address State | 5 | O | | | VarChar2 | |
| Facility Shipping Address Street1 | 50 | O | | | VarChar2 | |
| Facility Shipping Address Street2 | 50 | O | | | VarChar2 | |
| Facility Shipping Address Zip | 9 | O | | | VarChar2 | |
| Facility Shipping Contact Name | 240 | O | | | VarChar2 | |
| Facility Shipping Email | 325 | O | | | VarChar2 | |
| Facility Shipping Fax Number | 10 | O | | | Number | |
| Facility Shipping Instructions | 4000 | O | | | VarChar2 | |
| Facility Shipping Phone Number | 10 | O | | | Number | |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| Facility VFC PIN | 10 | O | | | VarChar2 | |

## LEAD RECORDS

A sample record is shown in the table below.  Provide your examples below.

| Example Lead Records |
| --- |
| **Please provide two example records below:** |
| A sample is forthcoming.<br>-------------Your EXAMPLE  goes below-------------- |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| **Medical Record Number** | **30** | **R** | | | **Number** | Your unique identifying number for a specific patient.  Once you associate a unique identifier with a particular patient, you should always send the same number for that patient. |
| **Patient First Name** | **48** | **R** | | | **String** | |
| **Patient Last Name** | **48** | **R** | | | **String** | |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|-------|--------|------------------------|--------------|----------------|-----------|----------|
| **Patient DOB** | 10 | R | | | **Date** | Patient's date of birth.  Format:  mm/dd/yyyy **Note**: If additional information such as a timestamp is sent with the date, the DTT will strip it off and only store the date in the registry. |
| **Lead Sample Draw Date** | 10 | R | | | **Date** | **Note**: Dates can be defined in the profile, so they can be sent in any standard format |
| At least one of these three ADDRESS field combinations MUST be used** <br> a)  Patient 1st Address / Street Line 1 with Patient 1st Address / City and Patient 1st Address / State <br> b)  Patient 1st Address / Street Line 1 with Patient 1st Address / Zip Code and Patient 1st Address / State <br> c)  Patient Phone Number with Patient Phone Area Code and Patient 1st Address / State | | | | | | |
| **Patient 1st Address / Street Line 1** | 45 | R** | | | **String** | If the patient's mailing address is a P.O. Box, spell out P.O. Box, PO Box, POB, P.O.B. or Box followed by a space and the number, and if possible, put the physical address in the Patient Physical Address field. |
| **Patient 1st Address / City** | 30 | R** | | | **String** | |
| **Patient 1st Address / State** | 2 | R** | | | **String** | If the patient has a street address, put the entire street address here including suite number, etc. and leave the Patient Physical Address field blank. |
| **Patient 1st Address / Zip Code** | 10 | R** | | | **Number** | |
| **Patient Phone Number Area Code** | 3 | R** | | | **Number** | **Note**:  Use all of these fields if they are available. |
| **Patient Phone Number** | 8 | R** | | | **Number** | |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| **Block Recall** | 1 | O | | | **String** | Specifies whether the patient should be blocked from being recalled.  Y indicates the patient should be blocked from being recalled; otherwise, leave blank. |
| **Comments** | 254 | O | | | **String** | Alphanumeric |
| **Guardian Last Name** | 48 | O | | | **String** | |
| **Guardian Middle Name** | 48 | O | | | **String** | |
| **Guardian Work Phone Number** | 10 | O | | | **Number** | Format:  (999) 999-9999 |
| **Historical Vaccination** | 1 | O | | | **String** | Y for historical vaccination. |
| **Inactive Code** | 1 | O | | | **String** | Code that determines if the child is still an "active" patient in the plan or practice.  Leaving this field blank indicates the patient is active.\n\nAcceptable codes are located in Appendix E. |
| **Lead Lab Facility ID** | 25 | O | | | **String** | Name of the Lab. |
| **Lead PBB Result** | 10 | O | | | **Number** | Numeric result of the PBB test. |
| **Lead Result Reported Date** | 10 | O | | | **Date** | Date the result was reported. |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| Lead Sample Analyzed Date | 10 | O | | | Date | Date the sample was analyzed. |
| Lead Sample Type Code | 1 | O | | | String | Code type of the lead sample. |
| Lead Screening Site Code | 1 | O | | | String | Code of the lead screening site. |
| Lead Test Reason Code | 1 | O | | | String | Character code of the lead test reason. |
| Managed Health Care Plan Date | 10 | O | | | Date | Date patient enrolled in managed health care plan. **Note**: Dates can be defined in the profile, so they can be sent in any standard format. **Note**: If additional information such as a timestamp is sent with the date, the DTT will strip it off and only store the date in the registry. |
| Managed Health Care Plan ID | 25 | O | | | String | Identifying number associated with the patient's health care plan. |
| Managed Health Care Plan Name | 30 | O | | | String | Name of the patient's health care plan. |
| Patient 1st Address / Street Line 2 | 45 | O | | | String | |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|-------|--------|----------------------|--------------|----------------|-----------|----------|
| **Patient Birth Country** | 2 | O | | | **String** | Birth Country of the patient. |
| **Patient Birth File Number** | 16 | O | | | **String** | A unique number identifying the birth file for the patient. |
| **Patient Birth State** | 2 | O | | | **String** | Two letter abbreviation in capital letters. |
| **Patient County FIPS Code** | 10 | O | | | **Number** | Acceptable codes are located in **Appendix B**. **Note**:   "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |
| **Patient Email Address** | 40 | O | | | **String** | Patient or guardian email address Format:  username@email.com |
| **Patient Ethnicity Code** | 12 | O | | | **Number** | Ethnicity codes are located in **Appendix C**. **Note**:   "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |
| **Patient Gender Code** | 1 | O | | | **String** | M for Male, F for Female, U for Unknown, O for Other **Note**:   "Code-based" fields (fields containing the word "code") can be mapped (which |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| | | | | | | means translating the import file code to coincide with the SIIS registry acceptance codes). |
| **Patient Health District/Region** | 12 | O | | | **String** | Must be numeric. |
| **Patient Language Code** | 1 | O | | | **String** | E=English, S=Spanish<br>**Note**: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |
| **Patient Medicaid Number** | 16 | O | | | **String** | Patient's Medicaid number. |
| **Patient Middle Name** | 48 | O | | | **String** | Middle name of the patient. |
| **Patient Phone Extension** | 10 | O | | | **Number** | Patient's extension associated with his phone number. |
| **Patient Physical Address** | 45 | O | | | **String** | Used when PO Box is used. Indicates where the patient actually lives. |

| Field | Length | R=Required O=Optional | Mapped Value | Field Position | Data Type | Comments |
|---|---|---|---|---|---|---|
| **Patient Race Code** | 1 | O | | | **String** | Acceptable codes are located in **Appendix D**.<br><br>**Note**: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |
| **Patient SSN** | 11 | O | | | **Number** | Format: 999-99-9999 |
| **Patient Suffix** | 5 | O | | | **String** | Sr., Jr., etc. |
| **Patient VFC Eligible Code** | 2 | O | | | **Number** | Acceptable codes are located in **Appendix F**.<br><br>**Note**: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes). |
| **Programs List** | 60 | O | | | **String** | A semi-colon delimited list of programs the patient belongs. The program name must exactly match the name used by the receiving system. To specify a member ID for a program, place a comma after the program name, followed by the member ID for that program. |
| **School District Code** | 12 | O | | | **Number** | Positive integer. The School IDs table is available upon request. |