

New York State Immunization Information System

Flat File Transfer Specification

Version 2.2

Last Updated: May 2011

Change History

Published / Revised Date	Version #	Author	Section / Nature of Change
11/01/2007	1.0	EDS	Draft for Initial NYSIIS Implementation
01/01/2008	1.1	EDS	Corrected example for Client File to match specification
02/18/2008	1.2	EDS	Corrected manufacturer name for PMC
03/12/2008	1.3	EDS	Corrected typo for CPT 90633 Updated codes for Immunization Information Source
08/19/2008	1.3	EDS	Deleted Files may be zipped...
01/21/2009	1.4	EDS	Updated vaccine list

Introduction

Immunization data is passed to the central registry using three flat files containing patient, immunization, and comment information (optional) respectively. The files will be linked via a 24-character Record Identifier supplied by the provider of the file. This identifier will uniquely identify each patient and will appear in each immunization and comment (optional) record to link the immunization and comment (optional) to the client. Character fields need to be left justified and blank-filled, number fields right justified and blank-filled, and date fields in format MMDDYYYY with leading zeroes. If a site is unable to supply any information for a specified field, the entire field needs be filled with blanks.

Below are the fields to include in each of the files. Files need to be generated using the ASCII character set. Records will be fixed length and need to be terminated with a carriage return/line feed.

When submitting data, please submit as much as possible of the listed elements below for completeness. At a minimum fields identified with a 'Y' in the required column must be submitted for NYSIIS to process the file. All fields that are in **BOLD** lettering are mandated by New York State Legislation for immunizations administered after January 1, 2008 and need to be submitted to NYSIIS, however if your system is not capable of exporting some of the required fields by New York State Legislation it is expected that any of the required information that can not be submitted by data exchange will be subsequently added through the user interface to complete the record.

For instructions on how to do a data exchange with NYSIIS please reference Chapter 13 of the User Manual.

Patient Data

Column	Data type	Required	Default	Notes
Record Identifier	Char(24)	Y		Supplied by sender, used to link a Patient to Immunization records.
Patient Status	Char(1)		A	Use the NYSIIS code set for Patient Status .
First Name	Char(25)	Y		If patient does not have a first name, "NO FIRST NAME" must be entered in this field.
Middle Name	Char(25)			
Last Name	Char(35)	Y		
Name Suffix	Char(10)			JR, III, etc.
Birth Date	Date(8)	Y		MMDDYYYY
Death Date	Date(8)			MMDDYYYY
Mothers First Name	Char(25)			
Mothers Maiden Last Name	Char(35)			
Sex (Gender)	Char(1)			Use the NYSIIS code set for Sex (Gender).
Race	Char(1)			Use the NYSIIS code set for Race .
Ethnicity	Char(2)			Use the NYSIIS code set for Ethnicity .
Contact Allowed	Char(2)		02	Controls whether notices are sent. Use the NYSIIS code set for Contact . If <null> default to 02.

Column	Data type	Required	Default	Notes
Consent to Share	Char(1)		<null>	Indicates whether the patient has given written consent to share data with the registry. Patients Under 19: Entry into NYSIIS mandated by law NYSIIS system accepts all data for these patients, regardless of the value of this indicator. Patients Over 19: Use Y, N or <null>. Records with 'N' are rejected. Records with null are only accepted if they match with an existing Yes record.
Patient ID	Char(20)			Identifier within the sending organization's system
Responsible Party First Name	Char(25)			
Responsible Party Middle Name	Char(25)			
Responsible Party Last Name	Char(35)			
Responsible Party Relationship	Char(2)			Use the NYSIIS code set for Relationship .
Street Address	Char(55)			
PO Box Route Line	Char(55)			
Other Address Line	Char(55)			
City	Char(52)			
State	Char(2)			
Zip	Char(9)			If +4 zip is used, the first 5 characters and second 4 characters are concatenated into a single value, without separators.
County	Char(5)			Use the NYSIIS code set for County .
Phone	Char(17)			Format as digits only starting with the area code, ex. 6081234567.
Sending Organization	Char(5)			This is ID of the provider organization that owns this client and corresponding immunization records. Contact the NYSIIS Help Desk for the appropriate organization ID. * This field is optional if an organization is sending all of its own records. This field is required if an organization other than the organization that owns the record(s) is transmitting this file.

Immunization Data

Column	Data type	Required	Default	Notes
Record Identifier	Char(24)	Y		Supplied by sender, used to link Immunizations to a Patients record.
Vaccine Group	Char(16)	*		Use the NYSIIS code set for Vaccine Codes.
CPT Code	Char(5)	*		<i>*Either Vaccine Group or CPT Code is required.</i>
Trade Name	Char(24)			Use the NYSIIS code set for Vaccine Codes.
Vaccination Date	Date(8)	Y		MMDDYYYY
Administration Route Code	Char(2)			Use the NYSIIS code set for Administration Route.
Body Site Code	Char(4)			Use the NYSIIS code set for Body Site.
Reaction Code	Char(8)			Use the NYSIIS code set for Reaction.
Manufacturer Code	Char(4)			Use the NYSIIS code set for Manufacturers.

Column	Data type	Required	Default	Notes
Immunization Information Source	Char(2)		00	Indicates whether this immunization was administered by your organization or the immunization information is historical from client record. Use 00 for an immunization which was administered by the sending organization. For Historical Doses, please use values 01 through 08. ** NOTE: if left blank the immunizations will default to 'historic'. Use the NYSIIS code set for Immunization Information Source .
Lot Number	Char(30)			Converted records will be stored in NYSIIS as historical records, so the Lot Number will not correspond to inventory tracked in NYSIIS, but Lot Number can still be stored as historical information.
Provider Name	Char(50)			The historical provider name.
Administered By Name	Char(50)			The name of the person who administered the vaccination.
Site Name	Char(30)			The name of the clinic site where the vaccination occurred.
Sending Organization	Char(5)			This is ID of the provider organization that owns this patient and corresponding immunization records. Contact the NYSIIS Help Desk for the appropriate organization ID. * This field is optional if an organization is sending all of its own records. This field is required if an organization other than the organization that owns the record(s) is transmitting this file.
Financial Class (VFC Eligibility Status)	Char(4)			Populate with appropriate HL7 table 0064 values – Valid Values V00 (VFC Eligibility not determined/unknown), V01 (Not VFC eligible), V02 (VFC Eligible - Medicaid/Medicare Managed Care), V03 (VFC Eligible – Uninsured), V04 (VFC Eligible – American Indian /Alaskan Native), V05 (VFC Eligible – Underinsured), and CH00 (S-Chip Coverage Not VFC eligible).
Vaccine Purchased With (Funding Type)	Char(3)			Populate with appropriate value from HL7 table NIP008 – Valid values PVF (private fund) or PBF (public funds)

Comment Code (Optional File – Not Required)

Column	Data type	Required	Default	Notes
Record Identifier	Char(24)	Y		Supplied by sender, used to link Comments to a Patients record. This field is required if a comment code is being sent.
Comment Code	Char(2)	Y		Use the NYSIIS code set for Comments.
Applies to Date	Date(8)			The date to which the comment applies. MMDDYYYY

Notes on Refusals:

Refusals are sent in the optional Comment file. Please bear the following in mind when sending in refusals or receiving output flat files from NYSIIS.

- a) The NYSIIS system will write out multiple refusals for the same vaccine on different dates for those clients who have them.
- b) The NYSIIS system will accept incoming refusals of the same vaccine on different dates and file them both. However, if they both have the same applies-to date, then only one will be stored.

c) The sending organization in the patient file will become the refusal owner. In general, only the organization who owns the refusal is permitted to edit it. However, in the case of parent and child organizations, the parent may edit the child's refusals and vice versa.

Examples

Records need to be **blank** filled. In the following example, blanks are represented with the '*' character for illustrative purposes only.

Patient Record

```
17727736*****ACORA*****NOU*****LYNESS*****
*****JR*****09102002*****LUANE*****SILONG*****MBH***
*123456*****JEWELL*****DANFOTH*****GREENLEE*****
*****98486*TEXAS*AVENUE*****BOX*491*****
*****APT*740*****GREENFIELD*****
*****NY12821***NY0054932227713*****3680*
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Immunization Record

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17727736*****Hib*****90648OmniHib*****08132003IDLG*****PMC*004230xy
3b*****
*****3680*V02*PBF
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Comment Code Record

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17727736*****3110092008
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Table Item	Code	Description
Administration Route	ID	Intradermal
	IM	Intramuscular
	IN	Intranasal
	IV	Intravenous
	PO	Oral
	SC	Subcutaneous
	TD	Transdermal
	MP	Multiple Puncture (Small Pox)
Body Site	LA	Left Arm
	LG	Left Gluteus Medius
	LT	Left Thigh
	LD	Left Deltoid
	LVL	Left Vastus Lateralis
	LLFA	Left Lower Forearm
	RA	Right Arm
	RG	Right Gluteus Medius
	RT	Right Thigh
	RD	Right Deltoid
	RVL	Right Vastus Lateralis
	RLFA	Right Lower Forearm
Patient Status	A	Active
	M	Moved or Gone Elsewhere
	N	Inactive
	P	Permanently Inactive – Deceased Clients
Comments	03	Allergy to baker's yeast (anaphylactic)
	04	Allergy to egg ingestion (anaphylactic)
	05	Allergy to gelatin (anaphylactic)
	06	Allergy to neomycin (anaphylactic) MMR & IPV
	07	Allergy to Streptomycin (anaphylactic)
	08	Allergy to Thimerosal (anaphylactic)
	10	Anaphylactic(life-threatening) reaction of previous doses of nonspecific vaccine group.
	22	Chronic illness
	21	Current acute illness, moderate to severe
	14	Current diarrhea, moderate to severe
	16	Current fever with moderate-to-severe illness
	18	Guillain-Barre Syndrome (GBS) within 6 weeks after DTP/DTaP
	26	Hepatitis B ANTIBODY to surface antigen, positive(immune)
	26	Hepatitis B titer – immune
	29	History of Pertussis
	31	History of Rubella
	23	Immune globulin(IG) administration, recent or simultaneous
	24	Immunity: Diphtheria
	25	Immunity: Haemophilus Influenzae type B
	26	Immunity: Hepatitis B
	27	Immunity: Measles
	28	Immunity: Mumps
	29	Immunity: Pertussis
30	Immunity: Poliovirus	
31	Immunity: Rubella	

Table Item	Code	Description
	32	Immunity: Tetanus
	33	Immunity: Varicella (chicken pox)
	34	Immunodeficiency (family history)OPV & VZV
	35	Immunodeficiency (household contact) OPV
	36	Immunodeficiency (in recipient) OPV & MMR & VZV
	27	Measles titer – immune
	28	Mumps titer – immune
	37	Neurologic disorders, underlying (seizure disorder)
	38	Otitis media (ear infection) moderate to severe
	P1	Refusal of DT
	P2	Refusal of DtaP
	P3	Refusal of HepB
	P4	Refusal of Hib
	P5	Parental refusal of MMR
	P6	Refusal of Pneumococcal
	P7	Refusal of Polio
	P8	Refusal of TD
	P9	Refusal of Varicella
	PB	Refusal of HepA
	PC	Refusal of Influenza
	PG	Refusal of Pertussis
	39	Pregnancy (in recipient)
	31	Rubella titer – immune
	40	Thrombocytopenia
	41	Thrombocytopenia purpura (history)
	33	Varicella titer – immune
	01	No contact allowed – Notices are not to be sent.
	02	Contact Allowed – Notices will be sent.
Contact		
	NY001	Albany
	NY003	Allegany
	NY005	Bronx
	NY007	Broome
	NY009	Cattaraugus
	NY011	Cayuga
	NY013	Chautauqua
	NY015	Chemung
	NY017	Chenango
	NY019	Clinton
	NY021	Columbia
	NY023	Cortland
	NY025	Delaware
	NY027	Dutchess
	NY029	Erie
	NY031	Essex
	NY033	Franklin
	NY035	Fulton
	NY037	Genesee
	NY039	Greene
	NY041	Hamilton
	NY043	Herkimer
	NY045	Jefferson
	NY047	Kings
	NY049	Lewis
County		

Table Item	Code	Description
	NY051	Livingston
	NY053	Madison
	NY055	Monroe
	NY057	Montgomery
	NY059	Nassau
	NY061	New York
	NY063	Niagara
	NY065	Oneida
	NY067	Onondaga
	NY069	Ontario
	NY071	Orange
	NY073	Orleans
	NY075	Oswego
	NY077	Otsego
	NY079	Putnam
	NY081	Queens
	NY083	Rensselaer
	NY085	Richmond
	NY087	Rockland
	NY091	Saratoga
County	NY093	Schenectady
	NY095	Schoharie
	NY097	Schuyler
	NY099	Seneca
	NY089	St. Lawrence
	NY101	Steuben
	NY103	Suffolk
	NY105	Sullivan
	NY107	Tioga
	NY109	Tompkins
	NY111	Ulster
	NY113	Warren
	NY115	Washington
	NY117	Wayne
	NY119	Westchester
		NY121
	NY123	Yates
	NH	Non-Hispanic
Ethnicity	H	Hispanic
	00	New Immunization Administered (by Sending Organization)
Immunization Information Source	01	Source Unspecified
	02	Other Provider
	03	Parent Written Record
	04	Parent Recall
	05	Other Registry
	06	Birth Certificate
	07	School Record
	08	Public Agency
	AB	Abbott Laboratories (<i>Ross Products Division</i>)
Manufacturers	AD	Adams Laboratories
	ALP	Alpha Therapeutic Corporation
	AR	Armour (Inactive use ZLB)

Table Item	Code	Description
	AVB	Aventis Behring L.L.C. (<i>Centeon and Armour Pharmaceutica, Inactive use ZLB</i>)
	AVI	Aviron
	BA	Baxter Healthcare Corporation (Inactive use BAH)
	BAH	Baxter Healthcare Corporation (<i>Hyland, Immuno Intl. AG, and N. Amer. Vac</i>)
	BAY	Bayer (Including Miles And Cutter)
	BP	Berna Products (Inactive use BPC)
	BPC	Berna (<i>Including Swiss Serum And Vib</i>)
	CEN	Centeon (Inactive use AVB)
	CHI	Chiron Corporation (bought by Novartis on 4/20/2006 – after this date use NOV))
	CMP	Celltech Medeva Pharmaceuticals (Inactive use NOV)
	CNJ	Cangene Corporation
	CON	Connaught (Inactive use PMC)
	CSL	CSL Biotherapies
	DVC	DynPort Vaccine Company, LLC
	EVN	Evans Medical Limited (Inactive use NOV)
	GEO	GeoVax Labs, Inc
	GRE	Greer Laboratories Inc.
	IAG	Immuno International Ag (Inactive use BAH)
	IM	Merieux (Inactive use PMC)
	IUS	Immuno-U.S., Inc.
	JPN	Osaka University (Biken)
	KGC	Korea Green Cross Corporation
	LED	Lederle (Inactive use WAL)
	MA	Massachusetts Public Health Biologic Lab (Inactive use MBL)
	MBL	Massachusetts Biologics Laboratories
	MED	Medimmune, Inc.
	MIL	Miles (Inactive use BAY)
	MIP	Bioport Corporation (formerly Michigan Biologic Prod Inst.)
	MSD	Merck & Co., Inc.
	NAB	NABI (formerly North American Biologicals)
	NAV	North American Vaccine, Inc. (Inactive use BAH)
	NOV	Novartis Pharmaceutical Corp. (<i>Ciba-Geigy and Sandoz</i>)
	NVX	Novavax, Inc
	NYB	New York Blood Center
	OTC	Organon Teknika Corporation
	ORT	Ortho-Clinical Diagnostics (formerly Ortho Diagnostic Systems, Inc.)
	PFR	Pfizer (formerly Wyeth Pharmaceuticals)
	PMC	Sanofi Pasteur Inc. (<i>Connaught and Pasteur Merieux</i>)
	PD	Parkedale Pharmaceuticals (formerly Parke-Davis)
	PRX	Praxis Biologics (Inactive use WAL)
	PWJ	Powerject Pharmaceuticals (<i>Celltech Medeva and Evans Medical</i>)
	SCL	Sclavo, Inc.
	SI	Swiss Serum and Vaccine Inst. (Inactive use BPC)
	SKB	GlaxoSmithKline (<i>SmithKline Beecham and Glaxo Wellcome</i>)
	SOL	Solvay Pharmaceuticals
	TAL	Talecris Biotherapeutics (includes Bayer Biologicals)
	USA	Us Army Med Research
	VXG	VaxGen
	WA	Wyeth-Ayerst (Inactive use WAL)
	WAL	Wyeth-Ayerst (<i>Lederle and Praxis</i>)
	ZLB	ZLB Behring (includes Aventis Behring and Armour Pharmaceutical Company)
	OTH	Other manufacturer
	UNK	Unknown

Table Item	Code	Description
	I	American Indian or Alaska Native
Race	A	Asian or Pacific Islander
	B	Black or African-American
	W	White
	O	Other
	U	Unknown
Race		
	18	Self
Relationship	61	Aunt
	62	Brother
	33	Father
	87	Foster Father
	88	Foster Mother
	97	Grandfather
	98	Grandmother
	26	Guardian
	32	Mother
	B7	Sister
	64	Spouse
	48	Stepfather
	49	Stepmother
	D3	Uncle
	10	Anaphylactic reaction
Reaction Codes	CRYING	Persistent crying lasting >= 3 hours within 48 hours of immunization
	ERVISIT	Emergency room/doctor visit required
	FEVER105	Temperature >= 105 (40.5 C) within 48 hours of immunization
	HYPOTON	Hypotonic-hyporesponsive collapse within 48 hours of immunization
	PERTCONT	Pertussis allergic reaction
	SEIZURE	Seizure occurring within 3 days
	TETCONT	Tetanus allergic reaction
	F	Female
Sex (Gender)	M	Male
	U	Unknown
	PVF	Private Funds
Vaccine Purchased With (Funding Type)	PBF	Public Funds
	V00	VFC Eligibility not determined/unknown
Financial Class (VFC Eligibility Status)	V01	Not VFC Eligible
	V02	VFC Eligible – Medicaid/Medicare Managed Care
	V03	VFC Eligible – Uninsured
	V04	VFC Eligible – American Indian /Alaskan Native
	V05	VFC Eligible – Underinsured
	CH00	S-Chip Coverage Not VFC eligible.

Type	Table	Name	Value	Description
NYSIIS	WVGC	Vaccine Group Code (WVGC)		
	WVGC		Adeno	Adeno
	WVGC		Anthrax	Anthrax
	WVGC		BCG	BCG
	WVGC		Cholera	Cholera
	WVGC		Diphtheria	Diphtheria Antitoxin
	WVGC		DTP/aP	Diphtheria, Tetanus, Acellular Pertussis
	WVGC		Encephalitis	Encephalitis
	WVGC		Flu H1N1-09	Novel Influenza-09
	WVGC		HepA	Hepatitis A
	WVGC		HepB	Hepatitis B
	WVGC		Hib	Hib
	WVGC		HPV	Human Papilloma Virus
	WVGC		Ig	Ig
	WVGC		IG-RSV IgIM	IG-RSV IgIM
	WVGC		Influenza	Influenza
	WVGC		Lyme	Lyme
	WVGC		Measles	Measles Virus Vaccine
	WVGC		MMR	Measles, Mumps, Rubella
	WVGC		Mening	Meningitis
	WVGC		Mumps	Mumps Virus Vaccine
	WVGC		Pertussis	Pertussis
	WVGC		Plague	Plague
	WVGC		Pneumococcal	Pneumonia Conjugate
	WVGC		Pneumo-Poly	Pneumonia Polysaccharide
	WVGC		Polio	Poliomyelitis
	WVGC		Rabies	Rabies
	WVGC		Rotavirus	Rotavirus
	WVGC		Rubella	Rubella Virus Vaccine
	WVGC		Tetanus	Tetanus
	WVGC		Td	Tetanus Diphtheria
	WVGC		Typhoid	Typhoid
	WVGC		Smallpox	Vaccinia
	WVGC		Varicella	Varicella
	WVGC		Yellow Fever	Yellow Fever
	WVGC		Zoster	Zoster
NYSIIS	WVTN	Vaccine Trade Name (WVTN)		
	WVTN		Acel-Imune	DTaP
	WVTN		ActHib	Hib-PRP-T
	WVTN		Adacel	TdaP > 7 years
	WVTN		Adeno T4	Adeno T4
	WVTN		Adeno T7	Adeno T7
	WVTN		AFLURIA	Influenza, seasonal, injectable
	WVTN		AFLURIA Pres-Free	Influenza, seasonal, injectable, p-free
	WVTN		Anthrax	Anthrax
	WVTN		Attenuvax	Measles
	WVTN		BabyBIG	Botulism
	WVTN		BayTet	Tlg
	WVTN		BCG-Cancer	BCG-BC
	WVTN		BCG-TB	BCG-TB
	WVTN		Biavax II	Rubella-Mumps

Type	Table	Name	Value	Description
	WVTN		BIG	Botulism
	WVTN		Boostrix	Tdap > 7 years
	WVTN		Botulinum-antitoxin	Botulinum-antitoxin
	WVTN		Botulism	Botulism
	WVTN		Certiva	DTaP
	WVTN		Cervarix	HPV, Bivalent
	WVTN		Cholera-I	Cholera-Inject
	WVTN		Cholera-O	Cholera-Oral
	WVTN		CMV-IgIV	CMV-IgIV
	WVTN		Comvax	HepB-Hib
	WVTN		DAPTACEL	DTaP,5 pertussis antigens
	WVTN		DECAVAC	Td Adult Pres-Free
	WVTN		Diphtheria	Diphtheria
	WVTN		Diphtheria-antitoxin	Diphtheria-antitoxin
	WVTN		Dryvax	Smallpox
	WVTN		DT	DT-Peds
	WVTN		DTP	DTP
	WVTN		Engerix-B Adult	HepB-Adult
	WVTN		Engerix-B dialysis	HepB-Dialysis 4 dose
	WVTN		Engerix-B Peds	HepB-Peds
	WVTN		Flebogamma	IgIV
	WVTN		Flu-Unspecified	FLU, unspecified formulation
	WVTN		Flu-Imune	Influenza, seasonal, injectable
	WVTN		Flu-Mist	FLU-Nasal
	WVTN		Flu-Shield	Influenza, seasonal, injectable
	WVTN		Fluarix Pres-Free	Influenza, seasonal, injectable, p-free
	WVTN		FluLaval	Influenza, seasonal, injectable
	WVTN		Fluogen	Influenza, seasonal, injectable
	WVTN		Fluvirin	Influenza, seasonal, injectable
	WVTN		Fluvirin Pres-Free	Influenza, seasonal, injectable, p-free
	WVTN		Fluzone	Influenza, seasonal, injectable
	WVTN		Fluzone Pres-Free	Influenza, seasonal, injectable, p-free
	WVTN		Gardasil	HPV, Quadrivalent
	WVTN		Havrix-Adult	HepA-Adult
	WVTN		Havrix-Peds 2 Dose	HepA-Ped 2 Dose
	WVTN		Havrix-Peds 3 Dose	HepA-Peds
	WVTN		HBIG	HBIG
	WVTN		Hiberix	Hib-PRP-D
	WVTN		Hib-TITER	Hib-HbOC
	WVTN		H1N1 Nasal	Novel Influenza-H1N1-09, nasal
	WVTN		H1N1 P-free, CSL	Novel Influenza-H1N1-09, preserve-free
	WVTN		H1N1 P-free, Novartis	Novel Influenza-H1N1-09, preserve-free
	WVTN		H1N1 P-free, Sanofi	Novel Influenza-H1N1-09, preserve-free
	WVTN		H1N1 CSL	Novel Influenza-H1N1-09
	WVTN		H1N1 Novartis	Novel Influenza-H1N1-09
	WVTN		H1N1 Sanofi Pasteur	Novel Influenza-H1N1-09
	WVTN		Ig	Ig
	WVTN		IgIV	IgIV
	WVTN		Imovax Rabies ID	Rabies-ID
	WVTN		Imovax Rabies IM	Rabies-IM
	WVTN		Infanrix	DTaP
	WVTN		IPOL	Polio-Inject

Type	Table	Name	Value	Description
	WVTN		JE-Vax	Japanese Enceph
	WVTN		Kinrix	DTaP-IPV
	WVTN		LYMERix	Lyme
	WVTN		M-R-VAX	Measles-Rubella
	WVTN		Measles	Measles
	WVTN		Measles-Rubella (MERU)	Measles-Rubella
	WVTN		Menactra	Meningococcal-MCV4P
	WVTN		MENOMUNE	Meningococcal-MPSV4
	WVTN		Menveo	Meningococcal-MCV4O
	WVTN		Meruvax II	Rubella
	WVTN		MMR II	MMR
	WVTN		Mumps	Mumps
	WVTN		Mumps-Rubella (MURU)	Rubella-Mumps
	WVTN		Mumpsvax	Mumps
	WVTN		OmniHib	Hib-PRP-T
	WVTN		ORIMUNE	Polio-Oral
	WVTN		Pediarix	DTAP/Polio/Hep B
	WVTN		Pentacel	DTaP-Hib-IPV
	WVTN		PedvaxHIB	Hib-OMP
	WVTN		Plague	Plague
	WVTN		Pneumovax 23	Pneumococcal 23
	WVTN		PNU-IMUNE 23	Pneumococcal 23
	WVTN		Prevnar 7	Pneumo-Conjugate 7
	WVTN		Prevnar13	Pneumo-Conjugate Vaccine 13
	WVTN		ProHIBit	Hib-PRP-D
	WVTN		ProQuad	MMRV
	WVTN		RabAvert	Rabies-IM
	WVTN		Recombivax Peds	HepB-Peds
	WVTN		Recombivax-Adult	HepB-Adult
	WVTN		Recombivax-Dialysis	HepB-Dialysis 4 dose
	WVTN		Rho(D)Full	Rho(D)Full
	WVTN		Rho(D)IV	Rho(D)IV
	WVTN		Rho(D)Mini	Rho(D)Mini
	WVTN		RIg	RIg
	WVTN		RIg-HT	RIg-HT
	WVTN		Rotarix	Rotavirus, Monovalent
	WVTN		RotaShield	Rotavirus, Tetravalent
	WVTN		RotaTeq	Rotavirus, Pentavalent
	WVTN		RSV-IgIM	RSV-IgIM
	WVTN		Synagis	RSV-IgIV
	WVTN		Rubella	Rubella
	WVTN		Td	Td
	WVTN		Tetramune	DTP-Hib
	WVTN		Tlg	Tlg
	WVTN		TriHIBit	DTaP-Hib
	WVTN		Tripedia	DTaP
	WVTN		TT	Tetanus
	WVTN		Twinrix	HepA-HepB Adult
	WVTN		Typhim Vi	Typhoid-ViCPs
	WVTN		Typhoid	Typhoid-HP
	WVTN		Typhoid-AKD	Typhoid-AKD
	WVTN		Vaccinia, diluted	Vaccinia (smallpox), diluted

Type	Table	Name	Value	Description
	WVTN		Vaccinia VIG	Vaccinia immune globulin VIG
	WVTN		VAQTA-Adult	HepA-Adult
	WVTN		VAQTA-Peds 2 Dose	HepA-Ped 2 Dose
	WVTN		VAQTA-Peds 3 Dose	HepA-Peds 3 Dose
	WVTN		Varivax	Varicella
	WVTN		Vivotif Berna/Ty21a	Typhoid-Oral
	WVTN		VZlg	VZlg (IND)
	WVTN		YF-VAX	Yellow Fever
	WVTN		Zostavax	Zoster (shingles), live

VACCINE CODES

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG	
90476	54	Adeno	Adeno T4	Adeno T4	Adenovirus Type 4, live oral	WAL	
90477	55		Adeno T7	Adeno T7	Adenovirus Type 7, live oral	WAL	
	82		Adeno		Adeno, Unspecified Formulation Recorded as CVX 54		
90581	24	Anthrax	Anthrax	Anthrax	Anthrax	MIP	
90585	19	BCG	BCG-TB	BCG-TB	Bacillus Calmette-Guerin TB	OTC	
90586			BCG-BC	BCG-Cancer	Bacillus Calmette-Guerin bladder cancer	OTC	
90728			BCG		BCG, Unspecified Formulation		
90725	26	Cholera	Cholera-Inject	Cholera-I	Cholera Injectable	CHI	
90592			Cholera-Oral	Cholera-O	Cholera Oral	CHI	
90719		Diphtheria	Diphtheria	Diphtheria	Diphtheria	PD	
90700	20	DTP/aP	DTaP	Acel-Imune	Diphtheria, Tetanus, acellular Pertussis	WAL	
				Certiva		BAH	
				Infanrix		SKB	
				Tripedia		PMC	
90701			01	DTP	DTP	Diphtheria, Tetanus, whole cell Pertussis	PMC
90702			28	DT	DT	Diphtheria Tetanus pediatric	PMC
90720			22	DTP-Hib	Tetramune	DTP – Hib combination	WAL
90721			50	DTaP-Hib	TriHIBit	DTaP-Hib combination	PMC
90723			110	DTaP-HepB-Polio	Pediarix	DTAP-HepB-Polio combination	SKB
90698			120	DTaP-Hib-IPV	Pentacel	DTaP-Hib-IPV combination	PMC
			106	DTaP, 5 pertussis antigens	DAPTACEL	Diphtheria, Tetanus, acellular Pertussis, 5 antigens	PMC
			107	DTaP		DTaP not otherwise specified Recorded as CVX 20	
			102	DTP-Hib-Hep B		DTP-Hib Hep B vaccine	
90696			130	DTaP-IPV	Kinrix	DTaP-IPV	SKB
90663			125	Flu H1N1-09	Novel Influenza-H1N1-09, nasal	H1N1 Nasal	2009 Influenza-H1N1, nasal
	126	Novel Influenza-H1N1-09, preserve-free	H1N1 p-free, CSL H1N1 p-free, Novartis H1N1 p-free, Sanofi		2009 Influenza-H1N1, preservative free, injectable	CSL NOV PMC	
	127	Novel Influenza-H1N1-09	H1N1 CSL H1N1 Novartis H1N1 Sanofi Pasteur		2009 Influenza-H1N1, injectable	CSL NOV PMC	
	128	Novel Influenza-H1N1-09 all formulations			2009 Influenza-H1N1, Unspecified Formulation		
90632	52	HepA	HepA Adult	Havrix-Adult	Hepatitis A Adult	SKB	
	VAQTA-Adult			MSD			
90633	83		HepA Ped-2 dose	Havrix-Peds 2 Dose	Hepatitis A Pediatric/Adolescent 2 dose	SKB	
	VAQTA-Peds 2 Dose			MSD			
90634	84		HepA Ped-3 dose	VAQTA-Peds 3	Hepatitis A Pediatric/Adolescent 3 dose	MSD	
				Havrix-Peds 3 Dose		SKB	
90636	104		HepA-HepB Adult	Twinrix	Hepatitis A & Hepatitis B Adult	SKB	
90730	85		Hep A		Hep A , Unspecified Formulation		
	31		Hep A-Peds, NOS		Recorded as CVX 85		
90636	104		HepB	HepA-HepB Adult	Twinrix	Hepatitis A & Hepatitis B adult	SKB
90723	110	DTAP-HepB-Polio		Pediarix	DTAP-HepB-Polio combination	SKB	
90731	45	Hep B			Hep B, Unspecified Formulation		
90740	44	Hep B-Dialysis 3 dose			Hepatitis B Dialysis 3 dose		
90743	43	HepB Adult		Recombivax-Adult	Hepatitis B Adult Dose 1ml	MSD	
90744	08	HepB Pediatric		Recombivax Peds	Hepatitis B Pediatric/Adolescent .5ml	MSD	
				Engerix-B Peds		SKB	
90745	42	Hep B, Adolescent/High Risk infant			Hep B, Adolescent/High Risk infant		
90746	43	HepB Adult		Recombivax-Adult	Hepatitis B adult dose 1ml	MSD	
				Engerix-B Adult		SKB	
90747	44	HepB-Dialysis 4 dose		Recombivax-Dialysis	Hepatitis B Dialysis 4 dose	MSD	
				Engerix-B dialysis		SKB	
90748	51	HepB-Hib	Comvax	HepB-Hib Combination	MSD		

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG	
90645	47	Hib	Hib-HbOC	Hib-TITER	Hæmophilus influenzae b HbOC 4 dose	WAL	
90646	46		Hib-PRP-D	ProHIBit	Hæmophilus influenzae b PRP-D booster	PMC	
90647	49		Hib-OMP	PedvaxHIB	Hæmophilus influenzae b OMP 3 dose	MSD	
90648	48		Hib-PRP-T	OmniHib ActHib Hiberix	Hæmophilus influenzae b PRP-T 4 dose	PMC	
						PMC	
						SKB	
90720	22		DTP-Hib	Tetramune	DTP – Hib combination	WAL	
90721	50		DTaP-Hib	TriHIBit	DTaP-Hib combination	PMC	
90737	17		Hib		Hib not otherwise specified		
90748	51		HepB-Hib	Comvax	HepB-Hib combination	MSD	
90698	120		DTaP-Hib-IPV	Pentacel	DTaP-Hib-IPV combination	PMC	
90649	62		HPV	HPV, Quadrivalent	Gardasil	Human Papilloma Virus	MSD
90650	118			HPV, bivalent	Cervarix	Human Papilloma Virus	SKB
	137	HPV, uncertain formulation					
90281	86	Ig	Ig	Ig	Ig human		
90283	87		IgIV	IgIV	Ig IV human		
				Flebogamma			
90287	27		Botulinum-antitoxin	Botulinum-antitoxin	Botulinum antitoxin equine		
90288			Botulism	BabyBIG	Botulism Immune Globulin		
				Botulism			
				BIG			
90291	29		CMV-IgIV	CMV-IgIV	Cytomegalovirus Ig IV human		
90399			Ig	Ig	Unlisted immune globulin		
90296	12		Diphtheria-antitoxin	Diphtheria-antitoxin	Diphtheria antitoxin, equine		
90371	30		HBIg	HBIg	Hepatitis B Ig human		
90375	34		Rlg	Rlg	Rabies Ig human		
90376	34		Rlg-HT	Rlg-HT	Rabies Ig heat treated human		
90379	71		RSV-IgIV	RSV-IgIV	Respiratory syncytial virus Ig IV		
90384			Rho(D)Full	Rho(D)Full	Rho(D) Ig Rhlg human full-dose		
90385			Rho(D)Mini	Rho(D)Mini	Rho(D) Ig Rhlg human mini-dose		
90386			Rho(D)IV	Rho(D)IV	Rho(D) Ig Rhlg human IV		
90389	13		TiG	BayTet	Tetanus Ig human		
				Tlg			
90393	79		Vaccinia immune globulin	Vaccinia VIG	Vaccinia Ig human		
90396	36		VZlg	VZlg	Varicella-Zoster Ig human		
	117		VariZIG	VZIG (IND)		CNJ	
90378	93		IG-RSV IM	RSV-IgIM	Synagis	Respiratory Syncytial Virus Ig	
90655	140	Influenza	Influenza, seasonal, injectable, p-free	AFLURIA Pres-Free	Influenza preservative free, 6-35 months	CSL	
				Fluarix Pres-Free		SKB	
				Fluvirin Pres-Free		CHI	
				Fluzone Pres-Free		PMC	
90656				AFLURIA Pres-Free	Influenza preservative free, 3+ years old	CSL	
				Fluarix Pres-Free		SKB	
				Fluvirin Pres-Free		CHI	
				Fluzone Pres-Free	PMC		
90657	141	Influenza, seasonal, injectable		AFLURIA	Influenza split virus 6-35 months	CSL	
				Flu-Imune		WAL	
				Flu-Shield		WAL	
				FluLaval		SKB	
				Fluogen		PD	
				Fluvirin		CHI	
				Fluzone		PMC	
90658				AFLURIA	Influenza split virus, 3+ years old	CSL	
				Flu-Imune		WAL	
				Flu-Shield		WAL	
				FluLaval		SKB	
				Fluogen		PD	
				Fluvirin		CHI	
				Fluzone		PMC	
90659	16	Influenza-Whole Virus		Influenza whole virus			
90660	111	Flu-Nasal	Flu-Mist	Influenza live, for intranasal use	WAL		
90724	88	Influenza, unspecified	Flu-Unspecified	Influenza, Unspecified Formulation			
90665	66	Lyme	Lyme	LYMErix	Lyme disease	SKB	

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG
90735	39	Encephalitis	Japanese Enceph	JE-Vax	Japanese Encephalitis	JPN
90705	05	Measles	Measles	Measles	Measles live 1964-1974 (Eli Lilly)	MSD
				Attenuvax	Measles live	MSD
90708	04	Measles-Rubella	Measles-Rubella	M-R-VAX	Measles and Rubella live	MSD
				Measles-Rubella (MERU)		MSD
90704	07	Mumps	Mumps	Mumps	Mumps 1950-1978	MSD
				Mumpsvox	Mumps live	MSD
90709		Rubella-Mumps			Rubella and Mumps, Unspecified Formulation	
	38	Rubella-Mumps	Rubella-Mumps	Biavax II	Rubella and Mumps live	MSD
				Mumps-Rubella (MURU)		MSD
90707	03	MMR	MMR	MMR II	Measles, Mumps and Rubella live	MSD
90710	94		MMRV	Proquad	Measles, Mumps, Rubella, Varicella live	MSD
90733	32	Mening	Meningococcal-MPSV4	MENOMUNE	Meningococcal polysaccharide (any groups) - subcutaneous use	PMC
90734	114		Meningococcal-MCV4P	Menactra	Meningococcal [Groups A, C, Y and W-135] Polysaccharide Diphtheria Toxoid Conjugate Vaccine – intramuscular use (MCV4P)	PMC
90734	136		Meningococcal-MCV4O	Menveo	Meningococcal [Groups A, C, Y and W-135] Oligosaccharide Diphtheria Toxoid Conjugate Vaccine – intramuscular use (MCV4O)	NOV
90734			Meningococcal-MCV4		Meningococcal [Groups A, C, Y and W-135] Diphtheria Toxoid Conjugate Vaccine (MCV4)	
	108		Meningococcal NOS		Meningococcal, Unspecified Formulation (no CPT assigned)	
90715	115	Pertussis	TDaP > 7 Years	Adacel	TDaP > 7 years	PMC
				Boostrix		SKB
90712	02	Polio	Polio-Oral	ORIMUNE	Poliovirus OPV live oral	WAL
90713	10		Polio-Inject	IPOL	Poliovirus inactivated IPV	PMC
90723	110		DTaP/Polio/Hep B	Pediarix	DTAP-HepB-Polio combination	SKB
90698	120		DTaP-Hib-IPV	Pentacel	DTaP-Hib-IPV combination	PMC
	89		Polio		Polio, Unspecified Formulation	
90696	130		DTaP-IPV	Kinrix	DTaP-IPV	SKB
90727	23	Plague	Plague	Plague	Plague	GRE
90732	33	Pneumo-Poly	Pneumococcal 23	PNU-IMUNE 23	Pneumococcal polysaccharide 23 valent	WAL
				Pneumovax 23		MSD
90669	100	Pneumococcal	Pneumo-conjugate 7	Prevnar 7	Pneumococcal conjugate vaccine, 7 valent	WAL
	109		Pneumococcal, NOS		Pneumococcal, Unspecified Formulation	
90670	133		Pneumo-conjugate 13	Prevnar 13	Pneumococcal conjugate vaccine, 13 valent	PFR
90675	18	Rabies	Rabies-intramuscular	RabAvert	Rabies intramuscular	CHI
				Imovax Rabies IM		PMC
90676	40		Rabies-intradermal	Imovax Rabies ID	Rabies intradermal	PMC
90726	90	Rabies-NOS		Rabies, Unspecified Formulation		
90680	74	Rotavirus	Rotavirus, Tet	RotaShield	Rotavirus tetravalent live oral (removed on 10/16/1999)	WAL
	116		Rotavirus, Pent	RotaTeq	Rotavirus pentavalent (after 02/02/2006)	MSD
90681	119		Rotavirus, monovalent	Rotarix	Rotavirus monovalent	SKB
	122		Rotavirus		Rotavirus, Unspecified Formulation	
90706	06	Rubella	Rubella	Rubella	Rubella live	MSD
				Meruvax II		MSD
90708	04	Measles-Rubella	Measles-Rubella	Measles-Rubella (MERU)	Measles and Rubella live	MSD
				M-R-VAX		MSD
90709		Rubella-Mumps			Rubella-Mumps, Unspecified Formulation	

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG
	38		Rubella-Mumps	Mumps-Rubella (MURU)	Rubella and mumps live	MSD
				Biavax II		MSD
	75	Smallpox	Smallpox	Dryvax	Vaccinia(Smallpox), dry	WAL
	105		Vaccinia (Smallpox), diluted	Vaccinia, diluted	Vaccinia (smallpox), diluted	
90718	09	Td	Td	Td	Tetanus and diphtheria adult	PMC MBL
90714	113		Td Adult Pres-Free	DECAVAC	Td preservative free – CPT code is effective 7/1/2005	PMC
90715	115		TDaP > 7 Years	Adacel Boostrix	TDaP > 7 years	PMC SKB
90703	35	Tetanus	Tetanus	TT	Tetanus	PMC
	112		Tetanus Toxoid		Tetanus, Unspecified Formulation Recorded as CVX 35	
90690	25	Typhoid	Typhoid-oral	Vivotif Berna/Ty21a	Typhoid oral	
90691	101		Typhoid-ViCPs	Typhim Vi	Typhoid - Vi Capsular Polysaccharide	PMC
90692	41		Typhoid-HP	Typhoid	Typhoid - Heat and Phenol inactivated	
90693	53		Typhoid-AKD	Typhoid-AKD	Typhoid - Acetone-Killed, Dried (military)	
	91		Typhoid		Typhoid not otherwise specified (after 7/1/2005, no CPT code is associated with this vaccine group)	
90710	94	Varicella	MMRV	ProQuad	Measles, Mumps, Rubella, Varicella live	MSD
90716	21		Varicella	Varivax	Varicella live	MSD
90717	37	Yellow Fever	Yellow Fever	YF-VAX	Yellow Fever live	PMC
90736	121	Zoster	Zoster (shingles), live	Zostavax	Zoster (shingles), live	MSD