

DATA FIELD	Required, recommended, Accepted, Ignored	HL7 Segment	ACCEPTED VALUES
PATIENT FIELDS			
Patient ID (Medical Record Number)	Required	PID-3	May be alphanumeric.
First Name	Required	PID-5	Alphabetic values only.
Last Name	Required	PID-5	Alphabetic values only.
Middle Name	Recommended	PID-5	Alphabetic values only.
Suffix	Recommended	PID-5	Alphabetic values only.
Mother's Maiden Name	Recommended	PID-6	Alphabetic values only.
Alias First Name	Recommended	PID-9.2	Alphabetic values only.
Alias Middle Name	Recommended	PID-9.3	Alphabetic values only.
Alias Last Name	Recommended	PID-9.1	Alphabetic values only.
Date of Birth	Required	PID-7	YYYYMMDD
Gender	Required	PID-8	M (for Male) or F (for Female)
Birth File Number	Recommended	PID-3	May be alphanumeric.
Birth Multiple	Recommended	PID-24	digit
Birth Order	Recommended	PID-25	digit
Race	Recommended	PID-10	2076-8 Native Hawaiian or Other Pacific Islander, 2131-1 Multi-Racial; 2028-9 Asian; 2106-3 White; 1002-5 American Indian or Alaska Native; 2054-5 Black or African American.
Ethnicity	Recommended	PID-22	2186-5 Not Hispanic or Latino, 2135-2 Hispanic or Latino, 2131-1 Multi-Racial
Facility Name	Recommended	PD1-3.1	
Facility ID	Recommended	PD1-3.3	May be alphanumeric
Eligible VFC (at demographic level only)	Recommended	PV1-20	Applies to children age 18 yrs or younger only. Values accepted: V01 Ineligible V02 Medicaid V03 Uninsured V04 Nat. Amer. or Alaskan V05 Underinsured V06 State CHIP
Address Street & City	Required	PID-11	Entire address should be concatenated into one line: street, city, state, zip code.
Address State	Required	PID-11	
Address Zip	Required	PID-11	
Address Country	Recommended	PID-11.6	
Address County	Recommended	PID-11.9	FIPS County Code for West Virginia
Phone	Required	PID-13	### ### #### (ext#####)
Phone Type	Recommended		Home/Cell/Business
Email	Recommended	PID-13	alphanumeric @_____.____
Language	Recommended	PID-15	EN (English) or ES (Spanish)
Deceased Date	Recommended	PID-29	YYYYMMDD or BLANK
Patient Status (Facility)	Recommended		
Patient Status (IIS)	Recommended		
VACCINATION FIELDS			

Vaccine Name	Required	RXA-5	WVSIIS reads the vaccine code to import the data successfully. Vaccine names help identify unintended errors.
Vaccine Code CVX	Required (for MU)	RXA-5	CVX vaccine codes are preferred and required for Meaningful Use Stage 2. Both CVX and CPT codes can be submitted – the CVX code trumps the CPT code when both are sent.
Vaccine Code CPT	Required if no CVX code	RXA-5	CPT vaccine codes can be accepted if CVX codes cannot be provided
Vaccination Administration Date	Required	RXA-3	YYYYMMDD
Vaccinator (administering provider)	Recommended	RXA-10	
Vaccine Lot Number	Required for administered doses	RXA-15	Required for Administered or New (00) vaccinations only; Not needed for historical doses (01)
Vaccine Manufacturer Name	Required for administered doses	RXA-17	Required for Administered or New (00) vaccinations only; Not needed for historical doses (01)
Vaccine Manufacturer Code	Required for administered doses	RXA-17	Required for Administered or New (00) vaccinations only; Only active MVX codes accepted. Values (02) - (09) will be imported as Historical
Vaccine expiration date	Recommended	RXA-16	Can accept but not required YYYYMMDD
Vaccine Eligible VFC Code	Required	OBX	Use a VFC code to indicate eligibility Applies to children age 18 yrs or younger only. Values accepted: V01 Ineligible V02 Medicaid V03 Uninsured V04 Nat. Amer. or Alaskan V05 Underinsured V06 State CHIP
Vaccine Publicly Supplied	Recommended	OBX	Use Y for publicly supplied or N for not publicly supplied
Administration Notes: Historical vs Administered (new)	Required	RXA-9	Historical coded 01, New coded 00
Action Code (add & delete supported/update not supported)	Recommended	RXA-21	A = Add;U = Update; D = Delete IF BLANK ASSUMED ADD
Administered Amount (i.e, dose size, numeric volume)	Recommended	RXA-6	0
Route of administration	Recommended	RXR-1	
Anatomical site of administration	Recommended	RXR-2	
VIS Presentation Date	Recommended	OBX	YYYYMMDD
VIS Publication Date	Recommended	OBX	YYYYMMDD
Facility ID	Required	RXA-11.1	Provider system ID may be sent and then mapped in WVSIIS or you can use the ID that WVSIIS supplies
Facility Name	Required	RXA-11.4	
Facility Address	Accepted if sent	RXA-11	
History of chickenpox disease	Recommended	RXA-5	Custom code of 921 in RXA-5 message or send in OBX message
History of chickenpox disease date	Recommended		YYYYMMDD
Contraindications/Precautions	Recommended		
Contraindications/Precautions Date	Recommended		YYYYMMDD
Exemption/Parental Refusal	Recommended		
Exemption/Parental Refusal Date	Recommended		YYYYMMDD
Vaccine reactions	Recommended		Free Text
GUARDIAN FIELDS			

First Name	Required	NK1-2.2	For patients 18 yrs or older, the patient's first name may be sent or it may be blank. The patient's Legal guardian is the name that is expected in this and the next field.
Last Name	Required	NK1-2.1	For patients 18 yrs or older, the patient's first name may be sent or it may be blank. The patient's Legal guardian is the name that is expected in this field.
Middle Name	Recommended	NK1-2.3	Alphabetic .
Phone	Recommended	NK1-5	### ### #### (ext#####)
Relationship	Recommended	NK1-3	Required if patient address is not available. Values accepted are GRD, MTH, FTH, PAR, or null. If null, defaults to GRD. If populated with any other value, the guardian name info will be ignored.