



**USIIS
COMMON VACCINE CODES AND TYPES**



VACCINE CODE	VACCINE TYPE
28	DT (PEDIATRIC)
20	DTaP
106	DTaP - 5 PERTUSSIS ANTIGENS (DAPTACEL ONLY)
110	DTaP - HEP B - IPV (PEDIARIX)
120	DTaP - HIB - IPV (PENTACEL)
130	DTaP - IPV(KINRIX/QUADRACEL)
146	DTaP - IPV- HIB-HEP B (VAXELIS)
9	Td (ABSORBED) - 7 YRS & OLDER (MASSBIO/GRIFOLS)
113	Td PF - 7 YRS & OLDER (DECAVAC/TENIVAC)
115	Tdap (BOOSTRIX/ADACEL)
83	HEPATITIS A - PED/ADOL, 2 DOSE
52	HEPATITIS A - ADULT, 2 DOSE
8	HEPATITIS B - PED/ADOL
43	HEPATITIS B - ADULT
104	HEPATITIS A - HEPATITIS B (TWINRIX)
48	HIB - PRP-T (ACTHIB/HIBERIX)
49	HIB- PRP-OMP (PEDVAXHIB)
165	HPV 9
149	INFLUENZA, LIVE, INTRANASAL, QUADRIVALENT
150	INFLUENZA, INJECTABLE, QUADRIVALENT, PRESERVATIVE FREE
158	INFLUENZA, INJECTABLE, QUADRIVALENT CONTAINS PRESERVATIVE
161	INFLUENZA, INJECTABLE, QUADRIVALENT, PRESERVATIVE FREE, PEDIATRIC
171	INFLUENZA, INJECTABLE, MDCK, PRESERVATIVE FREE, QUADRIVALENT
185	INFLUENZA, RECOMBINANT, QUADRIVALENT, INJECTABLE, PRESERVATIVE FREE
186	INFLUENZA, INJECTABLE, MDCK, QUADRIVALENT, PRESERVATIVE
197	INFLUENZA, HIGH-DOSE, QUADRIVALENT
205	INFLUENZA VACCINE, QUADRIVALENT, ADJUVANTED

VACCINE CODE	VACCINE TYPE
162	MENINGOCOCCAL B, RECOMBINANT (TRUMENBA)
163	MENINGOCOCCAL B, OMV (BEXSERO)
136	MENINGOCOCCAL MCV40 (MENVEO)
114	MENINGOCOCCAL MCV4P (MENACTRA)
203	MENINGOCOCCAL POLYSACCHARIDE (GROUPS A, C, Y, W-135) TT CONJUGATE (MENQUADFI)
3	MMR
94	MMRV
10	POLIO
215	PNEUMOCOCCAL CONJUGATE PCV15
216	PNEUMOCOCCAL CONJUGATE PCV20
133	PNEUMOCOCCAL CONJUGATE PCV 13
33	PNEUMOCOCCAL POLYSACCHARIDE PPV23
191	ROTAVIRUS, MONOVALENT
116	ROTAVIRUS, PENTAVALENT
211	NOVAVAX COVID-19 VACCINE
212	JANSSEN (J&J) COVID-19 VACCINE
207	MODERNA COVID-19 VACCINE
221	MODERNA COVID-19 VACCINE - 18+ YEARS BOOSTER ONLY
217	PFIZER-BIONTECH COVID-19 VACCINE- 12+/PFIZER-BIONTECH COMIRNATY VACCINE- 12+
218	PFIZER-BIONTECH COVID-19 VACCINE - 5-11 YEARS
219	PFIZER-BIONTECH COVID-19 VACCINE- 6 MONTHS- 4 YEARS
228	MODERNA COVID-19 VACCINE- 6 MONTHS- 5 YEARS
21	VARICELLA
187	ZOSTER (SHINGRIX)

Financial Class Codes	
V02	VFC MEDICAID
V03	VFC UNINSURED
V04	VFC AMERICAN INDIAN/ALASKAN NATIVE
V05	VFC UNDERINSURED (FQHC/RHC ONLY)
V07	CHIP
H01	SELF PAY
H02	MEDICAID (ADULTS >= 19 YEARS OLD)
H03	INSURED
UT01	PRIMARY CARE NETWORK (PCN)
UT02	MEDICARE
UT03	MEDICAID (>=19 YEARS OLD)
UT04	SPECIAL PROJECTS (USE FOR COVID VACCINE)
V01	NON-VFC

Common Manufacturer Codes			
MED	MEDIMMUNE	PMC	SANOFI PASTEUR
MSD	MERCK	SEQ	SEQIRUS
PFR	PFIZER	SKB	GLAXOSMITH KLINE
GRF	GRIFOLS		