



USHS COMMON VACCINE CODES AND TYPES



VACCINE CODE	VACCINE TYPE	VACCINE CODE	VACCINE TYPE
28	DT (PEDIATRIC)	NEW 144	INFLUENZA PF - INTRADERMAL (18 - 64 YRS)
20	DTaP	NEW 140	INFLUENZA PF - INJECTABLE (6 MONTHS & OLDER) - REPLACES CODE 15
106	DTaP - 5 PERTUSSIS ANTIGENS (DAPTACEL ONLY)	NEW 141	INFLUENZA - INJECTABLE (6 MONTHS & OLDER) - REPLACES CODE 15
107	DTaP - UNSPECIFIED*	111	INFLUENZA - LIVE INTRANASAL (FLUMIST)
110	DTaP - HEP B - IPV (PEDIARIX)	135	INFLUENZA - HIGH DOSE (65 YRS & OLDER)
50	DTaP - HIB (TRIHIBIT - NO LONGER AVAIL)	88	INFLUENZA - UNSPECIFIED*
120	DTaP - HIB - IPV (PENTACEL)		
130	DTaP - IPV (KINRIX)	32	MENINGOCOCCAL - MPSV4 (MENOMUNE)
9	Td - 7 YRS & OLDER	114	MENINGOCOCCAL CONJUGATE - MCV4P (MENACTRA)
113	Td PF - 7 YRS & OLDER (DECAVAC)	136	MENINGOCOCCAL CONJUGATE - MCV4O (MENVEO)
139	Td - 7 YRS & OLDER - UNSPECIFIED*	108	MENINGOCOCCAL - UNSPECIFIED*
115	Tdap (BOOSTRIX OR ADACEL)		
		3	MMR
83	HEPATITIS A - PED/ADOL, 2 DOSE	94	MMRV
52	HEPATITIS A - ADULT, 2 DOSE		
85	HEPATITIS A - UNSPECIFIED*	10	POLIO - IPV (INJECTION)
		89	POLIO - UNSPECIFIED*
8	HEPATITIS B - PED/ADOL		
943	HEPATITIS B - 2 DOSE ADOL (11 - 15 YRS, MERCK ONLY)	33	PNEUMOCOCCAL - PPSV23 (PNEUMOVAX)
43	HEPATITIS B - ADULT	100	PNEUMOCOCCAL CONJUGATE - PCV7 (PREVNAR)
44	HEPATITIS B - DIALYSIS PATIENT DOSAGE	133	PNEUMOCOCCAL CONJUGATE 13 - PCV13 (PREVNAR13)
45	HEPATITIS B - UNSPECIFIED*	109	PNEUMOCOCCAL - UNSPECIFIED*
30	HBIG (HEPATITIS B IMMUNE GLOBULIN)		
		116	ROTAVIRUS - PENTAVALENT (ROTATEQ)
104	HEPATITIS A - HEPATITIS B (TWINRIX)	119	ROTAVIRUS - MONOVALENT (ROTARIX)
		122	ROTAVIRUS - UNSPECIFIED*
48	HIB - PRP-T (ACTHIB OR HIBERIX)		
49	HIB - PRP-OMP (PEDVAXHIB)	71	RSV-IGIV (RESPIRATORY SYNCYTIAL VIRUS - IV)
17	HIB - UNSPECIFIED*	93	RSV-Mab (RESPIRATORY SYNCYTIAL VIRUS - IM)
51	HIB - HEP B (COMVAX)		
		21	VARICELLA (CHICKEN POX)
62	HUMAN PAPILOMAVIRUS (HPV) - QUADRIVALENT (GARDASIL)	36	VZIG (VARICELLA ZOSTER IMMUNE GLOBULIN)
118	HUMAN PAPILOMAVIRUS (HPV) - BIVALENT (CERVARIX)	121	ZOSTER (SHINGLES)
137	HUMAN PAPILOMAVIRUS (HPV) - UNSPECIFIED*		

Manufacturer Codes			
PMC	Sanofi Pastuer	SKB	GlaxoSmithKline
WAL	Wyeth	MSD	Merck
MED	MedImmune		

*UNSPECIFIED - USE FOR VACCINE HISTORY ONLY

Financial Class Codes	
V01	SPECIAL PROJECTS / NON-VFC
V02	VFC MEDICAID
V03	VFC UN-INSURED
V04	VFC AMERICAN INDIAN / ALASKAN NATIVE
V05	VFC UNDER-INSURED
V06	CHIP
H01	SELF PAY / INSURED - DEDUCTIBLE
H03	INSURED
UT01	PRIMARY CARE NETWORK (PCN)
UTO2	MEDICARE
UTO3	MEDICAID ≥19 YRS