FILE IMPORT SPECIFICATIONS TO LINK IMMUNIZATION REGISTRIES/
PATIENT MANAGEMENT SYSTEMS TO THE

CLINIC ASSESSMENT SOFTWARE APPLICATION (CASA) VERSION 2.X

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Introduction:

The following specification details the format used to create export files for transferring patient immunization data from immunization registries or patient management systems to **CASA. CASA** is the de facto standard developed by CDC, NIP to ascertain immunization coverage levels in a provider or clinic setting. CASA is available free of charge from the NIP web site: www.cdc.gov/nip/casa.

Specifications:

CASA's import function is less rigid than other software applications you may have tried to import data into. There are actually two core datasets that are allowed within CASA. The first core dataset is where each line in a file represents a record. The second, and more popular, core dataset is where each patient immunization history may have multiple lines. Each line within the second core dataset represents a different shot type and shot date with repeating demographic information for the s ame patient

- Files can be in either **ASCII** text format or **Xbase** format

- File names:
  - ASCII: ➔ **AAAAAAAA.TXT**
  - Xbase: ➔ **AAAAAAAA.DBF**

  AAAAAAAA represents an alphanumeric name assigned by the sending system

- Records must be separated by a **carriage return/line feed** combination (ASCII codes 13 and 10, respectfully).

- There are two acceptable formats for the ASCII file:

  1) Fixed length

  In fixed length format, each record is broken up into fields of a specified length. Default field lengths are shown in the tables **Format of Demographic Data,** and **Format of Immunization Data**. Data is **left justified** in each field. Fields that contain less data than the field size must have trailing blanks added to make the field the required length.

  2) Comma delimited

  In comma delimited format, fields are separated with a comma (,). Data in the fields can be less the specified length or even empty, and it is optimal not to add trailing blanks to make a field a specified length. If data is not being sent in a particular field its comma will still need to be present. If a field exceeds the specified length, the data will be truncated.

- A required field that is blank or invalid will cause the record to be rejected. Optional fields and fields that are required if available will be accepted as blank, but will cause the record to be rejected if the data is invalid.

- Filler values such as "Unknown" and "Unreadable" should not be sent. If valid data is not available for a field, the field should be left blank.

- The export file must be placed on a drive accessible to where CASA resides in order to be imported.

- If you have questions, please call Igor Bulim at (404) 639 -8739.

General Approach:

Before you can import data into CASA you must first create an import template. The import template specifies to CASA the order of the data fields, the format of your file, and the lengths of the fields within your file. After defining these elements you are asked to import a file at which time CASA tests your template against your file to ascertain whether you were correct in your specifications. If successful, you are then given the ability to name your import template. By naming your import template you are free to re-use the template without having to go through the import template creation process again. You are also able to share your import template with other CASA users (see Utilities, Send CASA Records, Import Template Files).

All of the demographic and immunization data **MUST** reside in one file. Most of the demographic field s are optional fields. The only required demographic information is either a Unique Patient Identifier and/or a patient's Last and First Names and a Date-Of-Birth. The Unique Patient Identifier should not be a Social Security Number or a medical record number, but a identifier created and used within your immunization registry or patient management system software that is guaranteed to be unique. The second core dataset option is the preferred core dataset of the two. It must closely resembles the format in which most immunization registries and patient management systems store the immunization history information. The Shot Type field may be a CPT code (see appendix 2) or it may be a HL7 code or it may be a literal vaccine name. The preference is to using either CPT or HL7 codes. There lies a potential problem with using literal names that may not be recognized by CASA due to an esoteric naming scheme unique to your immunization registry or patient management system.

Implementation:

Once an import template has been created, subsequent access to the import template is done by going to Assessment Site, Import, Import Using An Existing Template menu options. The user needs only to locate the export file from your registry/patient management system. Further information is queried from the user as to the source of the information. The information asked for is the name of the provider, the date of the import, and the Date-Of-Birth age range of interest. Any records outside the specified date range of interest are discarded. CASA will then process and import the data within the file into an immunization history record for each patient found in your file.

Format of Patient Demographic Data File

Key for inclusion status field:
R = required
O = optional

FIELD NAME	COMMENTS	INCLUSION STATUS	FIELD LENGTH
Unique Patient Identifier	Unique identifier for a patient. **NOTE: Optional if Patient's Last Name and First Name are Included**	O/R	20
Patient Last Name	Last Name **NOTE: Optional if Unique Patient Identifier is Included**	O/R	20
Patient First Name	First Name **NOTE: Optional if Unique Patient Identifier is Included**	O/R	15
Patient Middle Initial	Middle Initial	O	1
Patient Date of Birth	Format : **mm/dd/yy or CCYYMMDD**	R	8
Exemption Status	See Appendix 3 for Exemption Codes	O	1
Patient Race Code	See Appendix 3 for the Race Codes table.	O	1
Ethnicity	See Appendix 3 for the Ethnicity Codes table.	O	1
Moved or Going Elsewhere	Yes/No (Equivalent of Active/Inactive)	O	1
Moved or Going Elsewhere Date	Format : **mm/dd/yy or CCYYMMDD**	O	8
AFDC (TANF)	Yes/No	O	1
WIC	Yes/No	O	1
Medicaid	Yes/No	O	1
Head Start	Yes/No	O	1
EPSDT	Yes/No	O	1
VFC Documentation	Yes/No	O	1
VFC Eligibility Category	See Appendix 3 for the Eligibility Codes table	O	1
HEDIS	Yes/No (Patient Designated By HEDIS Sampling Receives a Yes)	O	1
Had Chicken Pox	Yes/No	O	1
Number of Visits	Number of Visits Made to Provider	O	3

FIELD NAME	COMMENTS	INCLUSION STATUS	FIELD LENGTH
Starting Service Date	Start Date with Current Provider Format : **mm/dd/yy or CCYYMMDD**	O	8
Last Visit Date	Last Visit Date to Current Provider Format : **mm/dd/yy or CCYYMMDD**	O	8
Address ZIP code	Format: **999999999**	O	9
Medical Record # 1	Generic ID Number field	O	20
Medical Record # 2	Generic ID Number field	O	20
Patient Gender Code	**M** for male **F** for female	O	1
Patient Mailing Address (P.O. Box or Street Address) Line 1	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 next field. If the patient has a street address, put the entire street address here including apt. number, etc. and leave the physical address field blank.	O	30
Patient Mailing Address (P.O. Box or Street Address) Line 2	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 next field. If the patient has a street address, put the entire street address here including apt. number, etc. and leave the physical address field blank.	O	30
Address City	City where the patient resides.	O	20
Address State Code	Two letter abbreviation in uppercase letters (e.g. **AZ**)	O	2
Phone Number	Format: **9999999999**	O	10
Mother/Guardian's First Name		N	24
Mother/Guardian's Last Name		O	24
Mother's Maiden Name	The maiden name (**last name only**) of the patient's mother.	O	24
Father's First Name		O	24
Father's Last Name		O	24
Census Tract	Format: **9999.99**	O	7

Format of Immunization Data File - Core Dataset Option #1

Key for inclusion status field:
R = required
O = optional

FIELD	COMMENT	INCLUSION STATUS	FIELD LENGTH
DTP1	Date DTP1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTP2	Date DTP2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTP3	Date DTP3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTP4	Date DTP4 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTP5	Date DTP5 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTaP1	Date DTaP1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTaP2	Date DTaP2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTaP3	Date DTaP3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTaP4	Date DTaP4 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTaP5	Date DTaP5 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DT1	Date DT1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DT2	Date DT2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DT3	Date DT3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DT4	Date DT4 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DT5	Date DT5 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8

Format of Immunization Data File - Core Dataset Option #1

Key for inclusion status field:

R = required

O = optional

FIELD	COMMENT	INCLUSION STATUS	FIELD LENGTH
OPV1	Date OPV1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
OPV2	Date OPV2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
OPV3	Date OPV3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
OPV4	Date OPV4 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
OPV5	Date OPV5 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
IPV1	Date IPV1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
IPV2	Date IPV2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
IPV3	Date IPV3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
IPV4	Date IPV4 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
IPV5	Date IPV5 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
MMR1	Date MMR1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
MMR2	Date MMR2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
MMR3	Date MMR3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
HIB1	Date HIB1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
HIB2	Date HIB2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
HIB3	Date HIB3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
HIB4	Date HIB4 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8

Format of Immunization Data File - Core Dataset Option #1

Key for inclusion status field:
R = required
O = optional

FIELD	COMMENT	INCLUSION STATUS	FIELD LENGTH
Hepatitis-B 1	Date Hepatitis-B 1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Hepatitis-B 2	Date Hepatitis-B 2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Hepatitis-B 3	Date Hepatitis-B 3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Hepatitis-B 4	Date Hepatitis-B 4 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Varicella 1	Date Varicella 1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Varicella 2	Date Varicella 2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Hepatitis-A 1	Date Hepatitis-A 1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Hepatitis-A 2	Date Hepatitis-A 2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Hepatitis-A 3	Date Hepatitis-A 3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Hepatitis-A 4	Date Hepatitis-A 4 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Influenza 1	Date Influenza 1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Influenza 2	Date Influenza 2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Adult Pneumococcal 1	Date Adult Pneumococcal 1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Adult Pneumococcal 2	Date Adult Pneumococcal 2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8

Format of Immunization Data File - Core Dataset Option #1

Key for inclusion status field:
R = required
O = optional

FIELD	COMMENT	INCLUSION STATUS	FIELD LENGTH
DTP-HiB 1	Date DTP-HiB 1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTP-HiB 2	Date DTP-HiB 2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTP-HiB 3	Date DTP-HiB 3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTP-HiB 4	Date DTP-HiB 4 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTaP-HiB 1	Date DTaP-HiB 1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTaP-HiB 2	Date DTaP-HiB 2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTaP-HiB 3	Date DTaP-HiB 3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
DTaP-HiB 4	Date DTaP-HiB 4 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
HiB-Hep B 1	Date HiB-Hep B 1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
HiB-Hep B 2	Date HiB-Hep B 2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
HiB-Hep B 3	Date HiB-Hep B 3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Childhood Pneumococcal 1	Date Childhood Pneumococcal 1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Childhood Pneumococcal 2	Date Childhood Pneumococcal 2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Childhood Pneumococcal 3	Date Childhood Pneumococcal 3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Childhood Pneumococcal 4	Date Childhood Pneumococcal 4 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8

Format of Immunization Data File - Core Dataset Option #1

Key for inclusion status field:
R = required
O = optional

FIELD	COMMENT	INCLUSION STATUS	FIELD LENGTH
Td 1	Date Td 1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Td 2	Date Td 2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Td 3	Date Td 3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
RotaVirus 1	Date RotaVirus 1 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
RotaVirus 2	Date RotaVirus 2 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
RotaVirus 3	Date RotaVirus 3 Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Measles	Date Measles Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Mumps	Date Mumps Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Rubella	Date Rubella Given. Format: **MM/DD/YY or CCYYMMDD**	O	8
Mumps-Rubella	Date Mumps-Rubella Given. Format: **MM/DD/YY or CCYYMMDD**	O	8

Format of Immunization Data File - Core Dataset Option #2

Key for inclusion status field:
R = required
O = optional

FIELD	COMMENT	INCLUSION STATUS	FIELD LENGTH
Shot Type	CPT codes are a maximum of five characters. Acceptable codes shown in Appendix 2. HL7 codes are a maximum of 3 characters. Acceptable codes shown in Appendix 6.	R	10
Shot Date	The date the immunization was given. Format: **MM/DD/YY or CCYYMMDD**	R	10

Appendix 2 - CPT Codes

<u>CPT vaccine codes</u> are from:
Current Procedural Terminology 1999
American Medical Association

CPT CODE	CPT DESCRIPTION	CASA DESCRIPTION	HL7 CODE
86580	PPD		30
86585	PPD		30
86648	Diphtheria antitoxin		58
90281	Immune globulin (IG), human, for intramuscular use		14
90287	Botulinum Antitoxin, equine, any route		48
90291	Cytomegalovirus immune globulin (CMV-IGIV), human, for intravenous use		49
90371	Hepatitis B immune globulin (HBIG), human, for intramuscular use		29
90375	Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use		52
90376	Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or subcutaneous use		52
90389	Tetanus immune globulin (TIG), human, for intramuscular use		13
90396	Varicella-zoster immune globulin, human, for intramuscular use		36
90581	Anthrax vaccine, for subcutaneous use		37
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use		19
90592	Cholera vaccine, live, for oral use		26
90632	Hepatitis A vaccine, adult dosage, for intramuscular use	HepA	34
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Hepatitis A	34

CPT CODE	CPT DESCRIPTION	CASA DESCRIPTION	HL7 CODE
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use	Hepatitis A	34
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use	Hib—HbOC	47
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	Hib-PRP-D	46
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	Hib—PRP-OMP	23
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use	Hib—PRP-T	24
90657	Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular or jet injection use	Influenza split	61
90658	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use	Influenza split	61
90659	Influenza virus vaccine, whole virus, for intramuscular or jet injection use	Influenza whole	16
90660	Influenza virus vaccine, live, for intranasal use	Influenza nasal spray	62
90665	Lyme disease vaccine, adult dosage, for intramuscular use	Lyme disease	60
90669	pneumococcal conjugate vaccine, polyvalent, for intramuscular use	Pneumococcal - under 2 Years	102
90675	Rabies vaccine, for intramuscular use	Rabies	40
90680	Rotavirus vaccine, tetravalent, live, for oral use	Rotavirus	59
90690	Typhoid vaccine, live, oral		25
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use		41

CPT CODE	CPT DESCRIPTION	CASA DESCRIPTION	HL7 CODE
90692	Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use		41
90693	Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous or jet injection use (U.S. military)		41
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP), for intramuscular use	DtaP	20
90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use	DTP	1
90702	Diphtheria and tetanus toxoids (DT) adsorbed for pediatric use, for intramuscular use	DT	28
90703	Tetanus toxoid adsorbed, for intramuscular or jet injection use		35
90704	Mumps virus vaccine, live, for subcutaneous or jet injection use	Mu	7
90705	Measles virus vaccine, live, for subcutaenous or jet injection use	Me	5
90706	Rubella virus vaccine, live, for subcutaenous or jet injection use	Ru	6
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaenous or jet injection use	MMR	3
90708	Measles and rubella virus vaccine, live, for subcutaenous or jet injection use	M/R	4
90709	Rubella and mumps virus vaccine, live, for subcutaneous use		38
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use		54
90711	diphtheria, tetanus toxoids, and pertussis (DTP) and injectable poliomyelitis vaccine		55
90712	Poliovirus vaccine, (any type(s)) (OPV), live, for oral use	OPV	2
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous use	IPV	10
90714	typhoid vaccine		25

CPT CODE	CPT DESCRIPTION	CASA DESCRIPTION	HL7 CODE
90716	Varicella virus vaccine, live, for subcutaneous use	VZV	21
90717	yellow fever vaccine		32
90718	tetanus and diphtheria toxoids absorbed, for adult use (Td)	Td	9
90719	diphtheria toxoid		12
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use		22
90721	diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP) and Hemophilus influenza B (HIB) vaccine		53
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use		203
90724	influenza virus vaccine	FLU	16
90725	cholera vaccine		26
90726	plague vaccine		40
90727	Plague vaccine, for intramuscular or jet injection use	Plague	50
90728	BCG vaccine		19
90730	hepatitis A vaccine	HepA	34
90731	hepatitis B vaccine	HepB	45
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult dosage, for subcutaneous or intramuscular use	Adult Pneumococcal	31
90733	Meningococcal polysaccharide vaccine		33
90735	Japanese encephalitis virus vaccine, for subcutaneous use		39
90737	Hemophilus influenza B	HiB	17
90741	Immunization, passive; immune serum globulin, human (ISG)		14
90742	Immunization, passive; specific hyperimmune serum globulin (eg,		29

CPT CODE	CPT DESCRIPTION	CASA DESCRIPTION	HL7 CODE
	hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, varicella-zoster)		
90744	Hepatitis B vaccine, pediatric or pediatric/adolescent dosage, for intramuscular use	HepB	45
90745	Hepatitis B vaccine, adolescent/high risk infant dosage, for intramuscular use	HepB	56
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	HepB	43
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, for intramuscular use	HepB	42
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use		57

Appendix 3 – CASA Codes Tables

Ethnicity Codes Table:

ETHNICITY CODE	DESCRIPTION
0	UNKNOWN
1	HISPANIC
2	NON-HISPANIC

Race Codes Table:
Anything in this field not recognized will result in a status of **O**.

Race CODE	DESCRIPTION
W	White, Not of Hispanic Origin
B	Black, Not of Hispanic Origin
A	Asian or Pacific Islander
I	Native American or Alaskan Native
H	Hispanic
O	Other or Unknown

Exemption Codes Table:
Anything in this field not recognized will result in a status of **N**.

Exemption CODE	DESCRIPTION
N	None
M	Medical
P	Philosophical
R	Religious
D	Deceased

VFC Eligibility Codes Table:

Exemption CODE	DESCRIPTION
1	Medicaid
2	Uninsured
3	Native American/Alaskan Native
4	Under Insured
5	Not VFC-Eligible