TEXAS
Health and Human Services

Texas Department of State Health Services

Texas Immunization Registry

COVID-19
Data Exchange Reporting
Frequently Asked Questions

TEXAS Health and Human Services | Texas Department of State Health Services

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Latest COVID-19 Updates

For the latest updates regarding COVID-19 vaccinations, please refer to: https://www.dshs.texas.gov/coronavirus/.

General Questions

Q: What resources are available for reporting therapeutics?

A: Please refer to *TIR Monoclonal Antibody Disaster Reporting - Oct. 15, 2021* that found at https://www.dshs.texas.gov/immunize/immtrac/User-Training/ under "Recorded ImmTrac2 Webinars".

Q: What resources are available for reporting COVID-19 vaccinations?

A: Please refer to the CDC's COVID-19 Vaccine Related Codes for the most recent information: https://www.cdc.gov/vaccines/programs/iis/COVID-19-related-codes.html.

Q: What NDC (Use or Sale) should be used for reporting therapeutics?

A. Please use NDC 10 for reporting therapeutics via data exchange.

Q: How is a patient's race or ethnicity reported?

A. The patient's race is to be reported in field PID-10 using the values in the HL70005 code set. The patient's ethnicity is to be reported in PID-22 using the values in the HL70189 CDCREC code set. Please work with your EHR vendor for the appropriate configurations.

Q: How is a patient's refusal to provide their race or ethnicity reported?

A. If the patient refuses to provide this information, then leave PID-10 for race blank and PID-22 for ethnicity blank. There is no HL7 code set for reporting patient refusal via data exchange.

If you do report a blank PID-10 and/or PID-22, informational errors are generated stating the information is missing and to please capture and report the information if you are able. These informational errors can be ignored.

Q: How is a patient's race or ethnicity that is unknown reported?

A. Your organization should make every effort to collect this information from the patient. If the patient indicates unknown or refuses to provide this information, then leave PID-10 for race blank and PID-22 for ethnicity blank. There is no HL7 code set for reporting unknown race or ethnicity via data exchange.

Q: Where do I find information to set up data exchange for COVID vaccine reporting?

A. To find Data Exchange information, go to the Forms & Documents website https://www.dshs.texas.gov/immunize/immtrac/forms.shtm and under the "Providers & Organizations" section find the "Data Exchange Resources" topics.

Q: What is the file naming convention of COVID-19 HL7 files submitted via data exchange?

A. If providers can separate their COVID patient and immunization data from their non-COVID data, the COVID hl7 files should be named as ImportCodeYYDDD.COVID.hl7 where:

- ImportCode is the organization's assigned import code,
- YY is the two-digit year,
- DDD is the three-digit Julian date, and
- COVID identifies its COVID data

Example: ABCDOC20301**.COVID.**hl7

If providers cannot separate COVID data from non-COVID data, then you do not need to indicate "COVID" in the file name.

Q: Where is county of residence for the patient reported?

A. The patient's county of residence is reported in PID-11.9 using the FIPS County Code. FIPS County Codes are five (5) digits; the first two (2) digits are the FIPS Code for the state and the next three (3) are for the county. The FIPS Code for Texas is 48. You can use the information on this DSHS site to find the FIPS County Codes: https://www.dshs.texas.gov/chs/info/info_txco.shtm.

Q: In what time frame do I have report my COVID data to the Registry?

A. The guidelines for reporting COVID antivirals, immunizations, or other medications (AIMs) to the registry is within 24 hours (1 business day) of administration.

Q: When should patient or immunization information be updated via data exchange?

A. If the data quality issue you encountered is one of the below issues, it can be corrected via data exchange by resubmitting the original hl7 data but have RXA-21 valued as "U" for update and correcting the data quality without deleting the original data first.

- Incorrect lot number in RXA-15
- Incorrect manufacturer code in RXA-17
- Incorrect vaccine code (CVX/NDC) in RXA-5
- Incorrect Patient demographics such as misspelled name fields, wrong gender, misspelled street name, missing apartment number, wrong city, etc.
- Missing patient demographics such as race or ethnicity
- HL7 data exchange IEE errors (only)*

* Any data that resulted in an HL7 data exchange error of CLR, IMR or MER must be corrected and resubmitted with RXA-21 valued as A for add.

Q: When should patient or immunization information be deleted and resubmitted with corrections via data exchange?

A. If the data quality issue or data exchange error you encountered is one (1) of the below issues, it must be deleted first then resubmitted with the corrections via data exchange.

To delete the incorrect data first, you must resubmit the original data for deletion but have RXA-21 valued as "D" for deletion. This will delete the incorrect data then you can resubmit the corrected data.

These are the situations that would require deletion of data:

- Incorrect administering organization (TX IIS ID) in RXA-11.4
- Incorrect age or date of birth for the patient, that changed the patient from a minor to adult or vice-versa
- Incorrect vaccine administration date in RXA-3 and RXA-4
- All patient demographics were incorrect

Once processed and deleted by ImmTrac2, you would report the corrected data. Processing of the deletions can typically take a minimum of 24 hours (1 business day). Corrected data should be submitted after the deletion has processed.

Q: How do I update just patient demographics via data exchange?

A. If a patient's demographics need to be updated, but the associated immunization was already *successfully* reported to ImmTrac2, an HL7 message containing only the MSH and PID segments may be sent with the corrected demographics.

Q: What eligibility codes are used for state allocated COVID AIMs?

A. For state allocated disaster related AIMS, vaccine eligibility is not required. You can report other patient or AIM information in the OBX segment.

Q: What vaccine codes are used for reporting the red cap COVID vaccine?

The Moderna COVID-19 Vaccine (red cap) is reported via data exchange using the CVX 207 or one (1) of the NDCs listed below:

- 80777-0273-10
- 80777-0273-15
- 80777-0273-98
- 80777-0273-99
- 80777-273-10
- 80777-273-15
- 80777-273-98
- 80777-273-99

Q: What vaccine codes are used for reporting the purple cap COVID vaccine?

A. The Pfizer COVID-19 Vaccine (Purple Cap, 30mcg/0.3mL) is reported via data exchange using the CVX 208 or one (1) of the NDCs listed below:

- 59267-1000-01
- 59267-1000-02
- 59267-1000-03
- 59267-1000-1
- 59267-1000-2
- 59267-1000-3

Q: What vaccine codes are used for reporting the gray cap COVID vaccine?

A. The Pfizer COVID-19 Vaccine (Gray Cap, 30mcg/0.3mL) is reported via data exchange using the CVX 217 and one (1) of the NDCs listed below:

- 59267-1025-01
- 59267-1025-02
- 59267-1025-03
- 59267-1025-04
- 59267-1025-1
- 59267-1025-2
- 59267-1025-3
- 59267-1025-4

Q: What vaccine codes are used for reporting the orange cap COVID vaccine?

A. The COMIRNATY TS COVID-19 Vaccine (Orange Cap, 10mcg/0.2mL) is reported via data exchange using the CVX 218 and one (1) of the NDCs listed below:

- 59267-1055-01
- 59267-1055-02
- 59267-1055-04
- 59267-1055-1
- 59267-1055-2
- 59267-1055-4

Q: What vaccine codes are used for reporting the blue cap COVID vaccine?

A. The Janssen COVID-19 Vaccine (Blue Cap) is reported via data exchange using the CVX 212 and one (1) of the NDCs listed below:

- 59676-0580-05
- 59676-0580-15
- 59676-580-05
- 59676-580-15

Baricitnib (Olumiant)

Q: How is Olumiant reported via data exchange?

A. To report via data exchange, providers would report using the NDC code that is specific to the dose administered.

- 1 mg: 0002-4732-30
- 2 mg: 0002-4182-30

Actemra (Tocilizumab)

Q: How is Actemra reported via data exchange?

A. To report via data exchange, providers would report using the NDC code that is specific to the dose administered.

- 80 mg/4 mL: 50242-135-01
- 200 mg/10 mL: 50242-136- 01
- 400 mg/20 mL: 50242-137-01

Sotrovimab

Q: How is Sotrovimab reported via data exchange?

A. To report via data exchange, providers would report using the NDC code 0173-0901-86.

Molnupiravir

Q: How is Molnupiravir reported via data exchange?

A. To report Molnupiravir via data exchange, you would use their associated NDC codes: 0006-5055-06, 0006-5055-07.

Paxlovid

Q: How is Paxlovid reported via data exchange?

A. To report Paxlovid via data exchange, you would use the associated NDC Code: 0069-1085-30.

Regeneron COV

Q: How is Regeneron COV reported?

A. The Regeneron COV 600/600 formulation (Regeneron Dose Pack 039) is reported using the NDC 10 of 61755-039-01. To report these medications, RXA-5 and RXA-17 must be formatted as indicated below, all other hl7 fields would be formatted according to the hl7 specifications:

RXA|||||61755-039-01^Regeneron Dose Pack 039^NDC||||||||||||REG|

- REG is the manufacturer code for Regeneron.

REGENERON-IgG1

Q: How is REGENERON-IgG1 reported?

A. REGENERON-IgG1 is a combination of two products, Casirivimab and Imdevimab, with different product volumes, administered to the patient. Depending on which product volume is administered, the provider is required to report two (2) RXAs in one hl7 message to indicate the complete administration, one (1) for each product volume.

Casirivimab REGN10933 and Imdevimab REGN10987 – 1,332 mg/11.1mL

To report these medications, RXA-5 and RXA-17 would be formatted as indicated below, all other hl7 fields would be formatted according to the hl7 specifications:

RXA|||||Casirivimab, 1332mg/11.1mL^COVID19 Antiviral^WVTN||||||||||||REG| RXA|||||Imdevimab, 1332mg/11.1mL^COVID19 Antiviral^WVTN||||||||||||REG|

- Tradenames must include specific dosage amounts.
- REG is the manufacturer code for Regeneron.

Casirivimab REGN10933 and Imdevimab REGN10987 – 300 mg/2.5mL

To report these medications, RXA-5 and RXA-17 would be formatted as indicated below, all other hl7 fields would be formatted according to the hl7 specifications:

RXA|||||Casirivimab, 300mg/2.5mL^COVID19 Antiviral^WVTN||||||||||||REG| RXA|||||Imdevimab, 300mg/2.5mL^COVID19 Antiviral^WVTN||||||||||||REG|

- Tradenames must include specific dosage amounts.
- REG is the manufacturer code for Regeneron.

Q: How is the combination of Bamlanivimab/Etesivimab reported?

A. For reporting the combined treatment of Bamlanivimab and Etesevimab, providers must report three (3) RXA segments in one hl7 message for the administration. One (1) RXA for Bamlanivimab and two (2) RXA segments for the two (2) administrations of Etesevimab, regardless if the Etesivimab is from the same or different lot numbers. Use their assigned NDC:

- Bamlanivimab: 0002-7910-01
- Etesevimab: 0002-7950-01

Below is an example of the three (3) RXA segments with only RXA-5, 15 and 17 populated. All other hl7 fields would be formatted according to the hl7 specifications:

RXA|||||0002-7910-01^Description^NDC|||||||||Lot#||LIL^Lily^MVX ||||
RXA|||||0002-7950-01^Description^NDC|||||||||Lot#||LIL^Lily^MVX||||
RXA|||||0002-7950-01^Description^NDC|||||||||Lot#||LIL^Lily^MVX||||

If these three (3) RXA segments are not reported in the same hl7 message, it will result in the information reflecting inaccurately in the patient record.

Evusheld

Q: How is Evusheld reported?

A. To report via data exchange, providers would report the two (2) individual NDC codes for the injections in one hl7 message, not the carton NDC. Use their assigned NDC:

- Tixagevimab: 0310-8895-01
- Cligavimab: 0310-1061-01

Below is an example of the RXA segments with only RXA-5, 15 and 17 populated. All other hl7 fields would be formatted according to the hl7 specifications:

RXA|||||0310-8895-01^Description text^NDC|||||||||Lot#||ASZ^AstraZeneca, Inc^MVX||||
RXA|||||0310-1061-01^Description text^NDC|||||||||Lot#||ASZ^AstraZeneca, Inc^MVX||||

Non NDC or CVX AIMs

Q: How are disaster AIMs reported when there is no designated NDC or CVX?

A. When the disaster related AIM does not have a designate code set to report electronically, such as NDC or CVX, it can be reported using tradename in the RXA segment. This unique reporting does require EHR changes to the HL7 specifications, specifically RXA-5. To report using tradename, the following RXA fields would need to be modified to the below specifications:

- RXA-5.1 - Name of the antiviral or other medication. This value is determined by the registry.
- RXA-5.2 – Description of the antiviral or other medication.
- RXA-5.3 – Tradename Indicator = WVTN.
  - This value must be used. WVTN indicates the data reported is the tradename instead of CVX or NDC Codes.
- RXA-17 – Manufacturer Code. This value is determined by the Registry.

Example of modified RXA segment for tradename reporting:

RXA|||||Tradename^DescriptionofTradename^WVTN||||||||||||ABC^Manufacturer^MVX||||

All other HL7 specifications and fields for reporting are required.

When the RXA fields are formatted correctly, our system produces an informational error "*IEE-103::Informational error. If supplied, RXA-5-3 should match constraint listed in spec*". This may be ignored.

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