

When importing using the CAREWare CSV format or exporting data out of CAREWare using the CAREWare CSV export format, the table structure must adhere to the format in this document. When importing only tables with data and the exp_provider table are required. Any table that would be blank can be excluded, however for any table that is included the column headers, data type, and size requirements need to be adhered to strictly or an error will occur when the file is uploaded into CAREWare. For a more detailed explanation of the format and process for importing CAREWare CSV records click [here](#). For a more detailed explanation for exporting data out of CAREWare click [here](#).

exp_provider.csv

Field Name	Data Type	Size	Required	Description/Comment
prv_pk	Text	38	Yes	Used to uniquely identify the record.
prv_name	Text	60	Yes	This name is used to verify the Provider the file is imported into.
prv_source	Text	60	Yes	Source for the Provider the file is imported into.

exp_client.csv

Field Name	Data Type	Size	Required	Description/Comment
cln_pk	Text	38	Yes	Used to uniquely identify a client record.
cln_eurn	Text	20	No*	Encrypted URN (usually nine characters). Required if cln_first_name or cln_last_name is blank.
cln_urn_suffix	Text	1	No***	Used to distinguish multiple clients with the same URN.
cln_client_id	Text	20	No *****	Provider specific identification field for clients.
cln_last_name	Text	40	No	Required if cln_eurn is blank and import settings are matching on URN

cln_first_name	Text	25	No	Required if cln_urn is blank and import settings are matching on URN
cln_middle_name	Text	25	No	Clients full middle name of initial
cln_street	Text	50	No	Street Address
cln_city	Text	30	No	City
cln_state	Text	75	No	State abbreviations and FIPS codes are automatically mapped . See Appendix ST for codes
cln_county	Text	50	No	FIPS code are automatically mapped (must be a valid county code for the given State). If no state is given then this must be null as well. See Appendix C for codes
cln_zip	Text	10	No	Client Zip code
cln_phone	Text	25	No	Client Phone
cln_dob	Date	n/a	Yes	Full dob is required.
cln_dob_estimated	Yes/No	n/a	No	Signifies whether or not the dob is an estimate.
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
cln_gender_cs	Text	30	No	Coding System for gender value
cln_gender_cs_def_code	Text	50	Yes	Client's current gender. See Appendix G for codes
cln_ethnicity_cs	Text	50	No	Coding System for Ethnicity value

cln_ethnicity_cs_def_code	Text	50	No**	Code for client's ethnicity (Hispanic, Non-Hispanic, Unknown)
cln_risk_msm	Yes/No	n/a	No*	Men who have Sex with Men; now a separate Boolean value.
cln_risk_idu	Yes/No	n/a	No*	Intravenous Drug Use; now a separate Boolean value.
cln_risk_hetero	Yes/No	n/a	No*	Heterosexual contact; now a separate Boolean value.
cln_risk_hemo	Yes/No	n/a	No*	Hemophilia/coagulation disorder; now a separate Boolean value.
cln_risk_perinatal	Yes/No	n/a	No*	Perinatal transmission; now a separate Boolean value.
cln_risk_transfusion	Yes/No	n/a	No*	Receipt of transfusion of blood, blood components, or tissue; now a separate Boolean value.
cln_risk_other	Yes/No	n/a	No*	Now a separate Boolean value.
cln_risk_other_description	Text	40	No	Description of the "other" risk; now a separate Boolean value.
cln_risk_unknown	Yes/No	n/a	No*	Now a separate Boolean value.
cln_vital_status	Text	20	No**	Client's current vital status. See Appendix V for codes
cln_date_of_death	Date	n/a	No	
cln_enrollment_status	Text	20	No**	Client's current enrollment status See Appendix E for codes

cln_enrollment_date	Date	n/a	No	Date of client's first enrollment.
cln_date_case_closed	Date	n/a	No	Case closed date
cln_hiv_status	Text	20	No **	Client's current HIB Status. See Appendix H for codes.
cln_hiv_date	Date	n/a	No	The date on which the client was diagnosed HIV+.
cln_hiv_date_est	Yes/No	n/a	No*	Yes if the HIV+ date is an estimate.
cln_aids_date	Date	n/a	No	The date on which the client was diagnosed with AIDS.
cln_aids_date_est	Yes/No	n/a	No*	Yes if the AIDS date is an estimate.
cln_date_art_first_prescribed	Date	n/a	No	Date client was first prescribed ARV medications.
cln_pre_art_reason	Text	20	No	Explanation of why client was not prescribed ART after diagnosed with HIV. See Appendix P for codes
cln_med_allergies	Text	255	No	Free text description of any allergies to medications.
cln_notes	Memo	n/a	No	Free text for additional client notes
cln_encrypted_UCI	Text	50	No	If URN fields are supplied then this value is not used (it is generated from the URN).
cln_adap_application_date	Date	n/a	No	Date of received ADAP application
cln_race_cs_1	Text	50	No	Coding System for Race value 1 (multiple entries allowed)

cln_race_cs_1_def_code	Text	50	No	Race value 1 (multiple entries allowed)
cln_hiv_risk_label	Text	50	No	Alternate method for importing Risk Factors. This text value is mapped to one or more values for Risk Factors
cln_hispanic_subgroup	Text	50	No	Client's Hispanic subgroup(s). See Appendix HS for codes. Only imported if cln_hispanic = 1.
cln_pacific_subgroup	Text	50	No	Client's Pacific Islander subgroup(s). See Appendix PS for codes. Only imported if cln_race_pacific = Yes.
cln_asian_subgroup	Text	50	No	Client's Asian subgroup(s). See Appendix AS for codes. Only imported if cln_race_asian = Yes.
cln_phone_type	Text	50	No	Phone Type for contact number. See Appendix PH for codes
cln_mailing_street	Text	50	No	Street Address
cln_mailing_city	Text	30	No	City
cln_mailing_state	Text	75	No	FIPS code for the state. See exp_state_rft table
cln_mailing_zip	Text	10	No	Client Zip code
cln_mailing_phone_1	Text	25	No	Phone number
cln_mailing_phone_1_type	Text	50	No	Mailing Phone Type for contact number. See Appendix PH for codes
cln_mailing_phone_2	Text	25	No	Phone number
cln_mailing_phone_2_type	Text	50	No	Second Mailing Phone Type for contact number. See

				Appendix PH for codes
cln_primary_diagnosis_code	Text	7	No	Diagnosis Code in Billing Information in Insurance Assessment for Annual Review used for billing module. See Appendix D for ICD 10 Diagnosis Codes
cln_primary_diagnosis_date	Date	n/a	No	Date of Diagnosis in Billing Information in Insurance Assessment for Annual Review used for billing module..
cln_common_notes	Memo	n/a	No	General comments for users.
cln_preferred_name	Text	25	No	Preferred name this client uses
cln_stateno	Text	20	No	EHARS state number
cln_eUCI	Text	50	No	Encrypted Unique Client Identifier
cln_match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
cln_eUCI_Legacy	Text	500	No	Encrypted UCI used the old calculations prior to 2025 RSR
cln_URN_Legacy	Text	500	No	URN that used the old calculations prior to 2025 RSR

* All Boolean fields are required by CAREWare. A null value are interpreted as FALSE.

** CAREWare dropdown lists that specify an Unknown option do not permit null values. Any left null is interpreted as “Unknown.”

*** Null value will default to ‘U’

****These are placeholder positions. For each racial subgroup that is true place a “1” and for each racial subgroup that is false place a “0”. (I. e., a client is Puerto Rican and Cuban. You will place a 0110 in the Hispanic Subgroup column.) ***** If the provider data import option is set to match clients based on Client ID, then Client ID should be entered in the match_ID column and that field is required. Matching clients based on Client ID is an option to replace matching clients on URN fields.

exp_adap_enrollment_history.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
adp_en_hs_pk	Text	38	Yes	Uniquely identifies each record.
adp_en_hs_date	Date	n/a	Yes	Date of enrollment update
adp_en_hs_status_code	Text	50	No	See Appendix AE for codes for current ADAP enrollment status
adp_en_hs_disenroll_code	Text	50	No	See Appendix AD for codes for ADAP disenrollment reason:

adp_en_hs_other_disenroll_code	Text	50	No	Code for other disenrollment reason
adp_en_hs_delete	Ye//No	n/a	No*	Yes if this record should be deleted in CAREWare.

exp_annual_review.csv (used for Annual Custom and Quarterly Custom Fields)

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
ann_rv_pk	Text	38	Yes	Unique ID for each record

ann_rv_year	Text	4	Yes	This is the year the annual review custom record is entered for the client. Foreign key to the cw_year table.
ann_rv_q1_sub stance_abuse_hst_code	Text	20	No	Quarterly annual substance abuse history result
ann_rv_q2_sub stance_abuse_hst_code	Text	20	No	Quarterly annual substance abuse history result
ann_rv_q3_substance_abuse_hst_code	Text	20	No	Quarterly annual substance abuse history result
ann_rv_q4_substance_abuse_hst_code	Text	20	No	Quarterly annual substance abuse history result
ann_rv_q1_substance_abuse_trt_status	Text	20	No	Quarterly annual substance abuse treatment result
ann_rv_q2_substance_abuse_trt_status	Text	20	No	Quarterly annual substance abuse treatment result
ann_rv_q3_substance_abuse_trt_status	Text	20	No	Quarterly annual substance abuse treatment result
ann_rv_q4_sub stance_abuse_trt_status	Text	20	No	Quarterly annual substance abuse treatment result
ann_rv_q1_mental_health_hst_code	Text	20	No	Quarterly annual mental health history result
ann_rv_q2_mental_health_hst_code	Text	20	No	Quarterly annual mental health history result
ann_rv_q3_mental_health_hst_code	Text	20	No	Quarterly annual mental health history result
ann_rv_q4_mental_health_hst_code	Text	20	No	Quarterly annual mental health history result
ann_rv_q1_mental_health_trt_status	Text	20	No	Quarterly annual mental health treatment result

ann_rv_q2_mental_health_trt_status	Text	20	No	Quarterly annual mental health treatment result
ann_rv_q3_mental_health_trt_status	Text	20	No	Quarterly annual mental health treatment result
ann_rv_q4_mental_health_trt_status	Text	20	No	Quarterly annual mental health treatment result

exp_appointment.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
app_pk	Text	38	Yes	Uniquely identifies each record.
app_delete	Yes/No	n/a	No*	Yes if this record should be deleted in CAREWare.
app_date	Date	n/a	Yes	Date of the appointment.

app_amount	Currency	n/a	No	Amount of any payment collected.
app_employee	Text	100	No	Employee creating the appointment.
app_comment	Memo	n/a	No	Free text used to supply additional information.
app_sent_to_employee	Text	100	No	Employee the client was sent to contact.
app_subservice	Text	100	Yes	Service which is the purpose of the appointment.

exp_attachments.csv

Field Name	Data Type	Size	Required	Description/Comment
att_pk	Text	36	Yes	Uniquely identifies each record.
att_file_name	Text	255	Yes	Name of the file
att_cnt_tp_label	Text	35	Yes	Content type of this attachment
att_comment	Text	100	No	Comments on this attachment.
att_file_date	Date	n/a	Yes	Date of the file
att_attach_date	Date	N/a	Yes	Date file was attached
att_file_type	Text	5	Yes	Type of file. i.e. PDF, DOC, TXT, etc.
att_record_fk	Text	38	No	Unique foreign key to the parent record for this attachment
att_field_location_rfk	Text	2	No	Location of parent record (01=Client, etc)
att_custom_field_name	Text	50	No	Name of custom control for this attachment

exp_case_note.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
cas_nt_pk	Text	38	Yes	Uniquely identifies each record
cas_nt_date	Date	n/a	Yes	Date the note was entered
cas_nt_note	Memo	n/a	Yes	Text of the note
cas_nt_comment	Text	255	No	Additional comments added by the user
cas_nt_employee	Text	100	No	Employee entering this case note
cas_nt_delete	Yes/No	n/a	No*	Yes if this record has been deleted at the provider and should be deleted in CAREWare

exp_counseling_testing.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
cns_ts_pk	Text	38	Yes	Primary key for the record that must be unique.
cns_ts_pre_counsel_code	Text	50	No	Indicates whether or not there was pretest counseling.
cns_ts_pre_counsel_date	Date	n/a	No	Date of pretest counseling.
cns_ts_post_counsel_code	Text	50	No	Indicates whether or not there was post-test counseling.

cns_ts_post_counsel_date	Date	n/a	No	Date of post-test counseling.
cns_ts_reason_no_post_counsel	Text	50	No	The reason the client was not given post-test counseling.
cns_ts_post_counsel_referred	Yes/No	n/a	No	Indicates whether or not there was post-test counseling.
cns_ts_hiv_tested	Text	50	No	Indicates whether or not the client was HIV tested.
cns_ts_hiv_tested_result	Text	50	No	The results of HIV testing result
cns_ts_hiv_tested_date	Date	n/a	No	Date of the HIV test.
cns_ts_pn_offered	Text	50	No	Indicates whether or not the client was offered partner notification services.
cns_ts_pn_number	Number	n/a	No	The number of partners notified.
cns_ts_comment	Text	255	No	Additional comments added by the user.
cns_ts_delete	Yes/No	n/a	No	Yes if this record has been deleted at the provider and should be deleted in CAREWare.

exp_custom_subform.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name

sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
cst_sb_pk	Text	38	Yes	Primary key for the record that must be unique.
cst_sb_date	Date	N/A	Yes	Date of custom subform record
cst_sb_cst_sb_tb_key	Text	38	Yes	Foreign key to the cw_custom_subform_tab table.
cst_sb_cst_sb_tb_name	Text	100	Yes	Label of custom subform tab
cst_sb_delete	Text	N/A	No	Yes if this record should be deleted in CAREWare

exp_diagnosis.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.

gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
dgn_pk	Text	38	Yes	Uniquely identifies each record.
dgn_delete	Yes/No	n/a	No*	Yes if this record has been deleted at the provider and should be deleted in CAREWare.
dgn_cs_1	Text	50	No	Coding System for Diagnosis 1 (multiple entries allowed)
dgn_cs_1_def_code	Text	255	Yes	Diagnosis Code 1 (multiple entries allowed) See Appendix D for ICD 10 Diagnosis Codes
dgn_assessment	Text	50	No	Code for: 1 - Definitive 2 - Presumptive 3 - Unknown
dgn_date	Date	n/a	Yes	Date the diagnosis was given
dgn_comment	Text	255	No	Free text that can be used to supply additional information about the diagnosis.
dgn_problem	Text	75	No	Medical issue resulting in diagnosis
dgn_problem_status	Text	50	No	Status of client's problem

dgn_date_resolved	Date	N/A	No	Date of when problem was resolved
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exp_drug_payment.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
drg_py_pk	Text	38	Yes	Uniquely identifies each record.
drg_py_delete	Yes/No	n/a	No	Yes if this record has been deleted at the provider and should be deleted in CAREWare. Null value is false.
drg_py_ndc	Text	11	Yes	Standardized NDC

drg_py_date	Date	n/a	Yes	Date of disbursement
drg_py_quantity	Number	n/a	No	Must be <> 0 (a negative value is an adjustment)
drg_py_unit_price	Currency	n/a	No*	Must be >= 0. If null, are calculated from total. (This should be null if total is supplied)
drg_py_total	Currency	n/a	No*	Defaults to 0 if total and unit price are Null. If total is null and unit price is supplied, this are calculated from unit price and quantity.
drg_py_dispenser_code	Text	50	Yes	Unique key identifying the dispenser for this record.
drg_py_funding_code	Text	50	Yes	Unique key identifying the drug funding.
drg_py_insurance_code	Text	50	No	Client's reported insurance type for this disbursement.
drg_py_comments	Memo	n/a	No	Place any comments you have about the drug payment here
drg_py_dispense_fee	Currency	n/a	No	Dispensing fee for this disbursement.
drg_py_duration	Number	n/a	Yes	Number of days covered by this disbursement.

*Either unit price or total should be supplied. If both have values, then unit price is ignored and is calculated from total and quantity during import.

NOTE: NDC values will not be mapped; these are expected to be the correct standardized NDC. Records without a valid NDC are flagged with the appropriate error code. Note that a given NDC must be active in the CAREWare formulary in order to be valid for import.

exp_eligibility.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
elg_pk	Text	38	Yes	Uniquely identifies each record.
elg_date	Date	N/A	Yes	Date of change to client's eligibility status
elg_yes_no_code	Text	50	Yes	Eligibility status confirmation reference code
elg_elg_cs_code	Text	50	No	Eligibility status custom reference code
elg_comment	Memo	n/a	No	Any comments the user wishes to enter.
elg_delete	Yes/No	n/a	No	Yes if this record has been deleted at the provider and should be deleted in CAREWare. Null value is false.
elg_fnd_sr_code	Text	60	Yes	Eligibility status funding reference code

exp_form_design_data.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
frm_ds_pk	Text	38	Yes	Uniquely identifies each record.
frm_ds_data_date	Date	n/a	No	Date from FormData
frm_ds_form_data_pk	Text	38	No	PK from the fd_form_data record. This must be a GUID.
frm_ds_form_design_name	Text	50	No	Form Design name from FormDesign
frm_ds_mapping_table_name	Text	50	No	from FormControlDataMap

frm_ds_map_record_fk	Text	38	Yes	PK of the actual record (service, test, etc) from Form[Test/Service/etc]Map
frm_ds_delete	Yes/No	n/a	No	Yes to delete existing record
frm_ds_control_id	Text	100	No	Identifies the control this record is tied to, can be ID or display name

exp_immunization.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
imm_pk	Text	38	Yes	Uniquely identifies each record.

imm_delete	Yes/ No	n/a	No*	Yes if this record should be deleted in CAREWare
imm_cs_1	Text	50	No	Coding System for Insurance 1 (multiple entries allowed)
imm_cs_1_def_code	Text	256	Yes	Code for the specific diagnosis. The master list is created and maintained by the central administrator.
imm_received_code	Text	20	Yes	Determines whether the immunization was given. See Appendix IR for codes
imm_date	Date	n/a	Yes	Date the immunization was given
imm_immunity_code	Text	50	No	See Appendix IH for immunity history codes
imm_admin_amount	Text	20	No	Amount Administered
imm_admin_units	Text	20	No	Unit for the amount Administered
imm_manufacturer_name	Text	200	No	Name of the Vaccine Manufacturer
imm_manufacturer_code	Text	20	No	Code of the Vaccine Manufacturer
imm_lot_number	Text	20	No	Lot Number of the Immunization/Vaccine

exp_insurance_assessment.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name

sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
ins_as_pk	Text	38	Yes	Uniquely identifies each record.
ins_as_cs_1	Text	50	No	Coding System for Insurance 1 (multiple entries allowed)
ins_as_cs_1_def_code	Text	150	Yes	See Appendix I for insurance codes (multiple entries allowed) NOTE – def_code_1 are saved as the primary insurance; codes 2,3,...etc. are added as secondary insurances.
ins_as_other_insurance	Text	50	No	Stores the value of the 'other' insurance if 'ins_as_ins_tp_other' is chosen
ins_as_date	Date	n/a	Yes	Date the insurance record was added
ins_as_delete	Yes/No	n/a	No	If set, it will delete the record
ins_as_full_lis	Yes/No	n/a	No	Full LIS Secondary Insurance
ins_as_high_risk_pool	Yes/No	n/a	No	High risk pool secondary insurance

exp_medication.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
mdc_pk	Text	38	Yes	Uniquely identifies each record.
mdc_delete	Yes/No	n/a	No*	Yes if this record should be deleted in CAREWare
mdc_cs_1	Text	50	No	Coding System for Medication 1 (multiple entries allowed)
mdc_cs_1_def_code	Text	255	Yes	Medication Code (multiple entries allowed)
mdc_units	Text	10	No	Number of does given

mdc_strength	Text	10	No	Strength of each does
mdc_frequency	Text	20	No	See Appendix M for a medication frequency codes
mdc_start_date	Date	n/a	Yes	Date medication started for client
mdc_end_date	Date	n/a	No	Null for continuing medication.
mdc_indication	Text	50	No	See Appendix MI for Medication Indication codes
mdc_prophylaxis	Text	50	No	See Appendix MP for Medication Prophylaxis codes
mdc_discontinue_reason	Text	50	No	See Appendix MD for Medication Discontinue Reason codes
mdc_comment	Text	255	No	Free text that can be used to supply additional information.
mdc_icd10_code	Int	7	No	Optional ICD10 code for this medication See Appendix D for ICD 10 diagnosis codes
mdc_instructions	Text	35	No	Instruction for client's medication

exp_message.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.

gender_cs	Text	50	No	Coding System for Gender See Appendix G for gender codes
gender_cs_def_code	Text	50	Yes	Code for current Gender
dob	Date	N/A	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
mss_pk	Text	38	Yes	Primary Key of the record.
mss_to_provider	Text	60	Yes	Sent to Provider
mss_from_user	Text	100	No	Sent from User
mss_to_user	Text	100	Yes	Sent to User
mss_send_date	Date	N/A	Yes	Date message was sent
mss_message	Memo	N/A	Yes	Message text
mss_received	Yes/No	N/A	No	True if message has been acknowledged
mss_received_date	Date	N/A	No	Date message was received
mss_resolved	Yes/No	N/A	No	True if message has been resolved
mss_resolved_date	Date	N/A	No	Date message was resolved

exp_out_of_pocket_expense.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
out_pc_pk	Text	38	Yes	Primary Key of the record.
out_pc_description	Text	150	No	Explanation of the expense
out_pc_amount	Currency	n/a	No	Dollar value for the expense
out_pc_delete	Yes/No	n/a	No	Yes if this record should be deleted in CAREWare
out_pc_date	Date	n/a	Yes	Date the expense occurred

exp_poverty_level_assessment.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
pvr_lv_pk	Text	38	Yes	Uniquely identifies each record.
pvr_lv_household_income	currency	n/a	Yes	\$0.00 - \$999,999,999.99
pvr_lv_household_size	number	n/a	Yes	1-9999
pvr_lv_date	Date	n/a	Yes	Date the poverty level record was added
pvr_lv_delete	Yes/No	n/a	No*	If set, it deletes poverty level record
pvl_lv_individual_income	Currency	N/a	No	\$0.00 - \$999,999,999.99. This field is for the individual income of the client separate from the household income

exp_pregnancy.csv

Fieldname	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
prg_pk	Text	38	Yes	Not used by the import process; only useful for user reference.
prg_delete	Yes/No	n/a	No*	Yes if this record should be deleted.
Prg_est_conception_date	Date	n/a	Yes	Estimated date of conception.
prg_pn_care_date	Date	n/a	No	Date prenatal care began for this pregnancy.

prg_pn_visits	Number	n/a	No	Number of prenatal visits during this pregnancy.
prg_pn_art_counsel	Text	20	No	Was the client counseled for ART? See Appendix YN for codes
prg_pn_art_offered	Text	20	No	Was ART offered to the client? See Appendix YN for codes
prg_pn_art_taken	Text	20	No	Was ART taken? See Appendix YN for codes
prg_pn_art_date	Date	n/a	No	Date ART was started. Should only have a value if prg_pn_art_taken = 'yes'
prg_outcome	Text	20	No	See Appendix PO for Pregnancy Outcome codes
prg_delivery_date	Date	n/a	No	Date of newborn birth
prg_newborn_status	Text	20	No	See Appendix NS for newborn status codes

exp_referral.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	No	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth

urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
rfr_pk	Text	38	Yes	Not used by the import process; only useful for user reference.
rfr_delete	Yes/No	n/a	No*	Yes if this record should be deleted in CAREWare
rfr_referred_to	Text	60	Yes	Code for the agency to which the referral was made. This field is used for both internal and external referrals. Click here for instructions for creating and reviewing the internal and external provider lists.
rfr_service_category	Text	255	No	See Appendix SC for service category codes
rfr_cs_1	Text	50	No	Coding System for Referral 1 (multiple entries allowed)
rfr_cs_1_def_code	Text	127	Yes	Referral Code (multiple entries allowed)
rfr_date_referred	Date	n/a	Yes	The date on which the referral was made.
rfr_status	Text	20	No*	See Appendix RS for referral status codes
rfr_date_received	Date	n/a	No	The date on which the referred service was provided.
rfr_class	Text	60	No	Code for a customizable list of referral classes.
rfr_comment	Text	255	No	Free text that can be used to supply additional information about the referral.

*default value for referral status is completed

exp_relations.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name (Index Client)
last_name	Text	40	Yes	Client last name (Index Client)
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	No	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth (Index Client)
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
rlt_pk	Text	38	Yes	Uniquely identifies each record.
rlt_dependant_first_name	Text	25	Yes	Client first name
rlt_dependant_last_name	Text	40	Yes	Client last name
tly_dependant_sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.

rlt_dependant_gender_cs	Text	50	No	Coding System for Gender
rlt_dependant_gender_cs_def_code	Text	50	No	Code for current Gender See Appendix G for gender codes
rlt_dependant_dob	Date	n/a	Yes	Client date of birth
rlt_dependant_urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
rlt_dependant_match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
rlt_relation_type	Text	50	Yes	Code/label for the relation the dependent client has with the index client.
rlt_delete	Yes/No	n/a	No*	Yes if this record should be deleted in CAREWare

For each record specified in the file, the import would add two client records based on the URN details specified and create a relation record linking those

exp_service.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender

gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
srv_pk	Text	38	Yes	Uniquely identified each record in an import file
srv_delete	Yes/No	n/a	No*	<i>Yes if this record should be deleted in CAREWare.</i>
srv_cs_1	Text	50	No	Coding System for Service 1 (multiple entries allowed)
srv_cs_1_def_code	Text	176	Yes	Service Code (multiple entries allowed)
srv_date	Date	n/a	Yes	Date of service provided
srv_quantity	Single	n/a	No*	Number of service units. Must be <> 0.
srv_price	Currency	n/a	No*	Unit price. CAREWare multiplies this times quantity to calculate a total
srv_contract_name	Text	50	No	Specifies which contract the service is attached to. NOTE: An error will occur if a value is provided and it does not match a valid contract name.
srv_category	Text	100	No	Note: This field is not imported. Label for the service category to which this service entry belongs.
srv_billing_employee	Text	100	No	Employee setup record with Third Party Billing Settings completed.
srv_billing_start_time	Date	n/a	No	Date and time service visit began. Used to calculate units of service provided.

srv_billing_end_time	Date	n/a	No	Date and time service visit ended. Used to calculate units of service provided.
srv_receipt_1_date	Date	n/a	No	Multiple Receipts are allowed for a service. This would be Receipt1 for Service*****
srv_receipt_1_amount	Currency	n/a	No	Amount paid toward the cost of the service
srv_receipt_1_source	Text	50	No	Payor of the service listed in the receipt
srv_receipt_1_is_oop	Yes/No	n/a	No	True if this receipt was paid Out Of Pocket
srv_receipt_1_delete	Yes/No	n/a	No	Yes if this record should be deleted in CAREWare

* All Boolean fields are required by CAREWare. Any left null is interpreted as FALSE.

** The quantity field defaults to 1 if no value is supplied.

*** Price defaults to \$0 if no values are supplied.

****Deprecated

***** Service Receipts are added to the first service record specified in the coding system

exp_sharing_request.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes

dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
shr_rq_pk	Text	38	Yes	Primary Key of the record.
shr_rq_from_provider	Text	60	Yes	Shared from provider
shr_rq_to_provider	Text	60	No	Shared with provider
shr_rq_start_date	Date/ Time	N/A	No	Share start date
shr_rq_end_date	Date/ Time	N/A	No	Share end date
shr_rq_sharing_type	Text	50	Yes	Type of data to be shared. See Appendix SH for sharing type codes
shr_rq_delete	Yes/No	N/A	No	Yes if this record should be deleted in CAREWare

exp_test.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
gender_cs	Text	50	No	Coding System for Gender

gender_cs_def_code	Text	50	Yes	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
tst_pk	Text	38	Yes	Uniquely identifies each record.
tst_delete	Yes/No	n/a	No*	Yes if this record should be deleted in CAREWare
tst_cs_1	Text	50	No	Coding System for Test 1 (multiple entries allowed)
tst_cs_1_def_code	Text	255	Yes	Test Code (multiple entries allowed) See Appendix TD for test definition codes
tst_cs_1_val_code	Text	100	Yes	Test Result Code. This can be either a qualitative result code, which are screenings or screening labs or a quantitative (numeric) test result which must be entered for labs. Note that the following operators can be prepended to quantitative results: <, <=, =, >=, >. So, for example, a value of "<200" would be an acceptable test result.
tst_date	Date	n/a	Yes	Date of the test (This is usually the date the specimen was collected)
tst_comment	Memo	n/a	No	Free text that can be used to supply additional information about the test.
tst_titer	Text	10	No	Include if the test produces a titer result.
tst_action_code	Text	200	No	Code for Action taken for this test. Are mapped to a CAREWare test action.
tst_score	Number	Float	No	Number for Screening test scores

* All Boolean fields are required by CAREWare. Any left null are interpreted as FALSE.

exp_vital_sign.csv

Field Name	Data Type	Size	Required	Description/Comment
first_name	Text	25	Yes	Client first name
last_name	Text	40	Yes	Client last name
sex_at_birth	Text	9	Yes	Code for current Sex at Birth. See Appendix SB for sex at birth codes.
gender_cs	Text	50	No	Coding System for Gender
gender_cs_def_code	Text	50	No	Code for current Gender See Appendix G for gender codes
dob	Date	n/a	Yes	Client date of birth
urn_suffix	Text	1	No	Client URN suffix (to distinguish different clients with matching URNs)
match_id	Text	255	No	Required if URN fields are not complete May be matched on Client ID or a custom field
vtl_sg_pk	Text	38	Yes	Uniquely identifies each record.
vtl_sg_delete	Yes/No	n/a	No*	Yes if this record should be deleted in CAREWare
vtl_sg_date	Date	n/a	Yes	Date the value was recorded.
vtl_sg_vital_name	Text	38	No	Type of vital status. See Appendix VD for Vital Status Definition codes
vtl_sg_value	Number	n/a	No	Recorded value for the specified vital sign.
vtl_sg_notes	Text	75	No	Additional notes for this record.

Appendix

Appendix AD: ADAP Disenrollment Reason

Code	Label	Active
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1	Ineligible, change in ADAP program FPL requirements	No
2	Ineligible for ADAP, now eligible for Medicaid	No
3	Ineligible, other reason	No
4	Client did not recertify	Yes
5	Client did not fill prescription as required by program	Yes
6	Client is deceased	Yes
7	Dropped out, no reason given	Yes
8	Unknown	Yes
9	Program eligibility criteria changed, client no longer eligible	Yes
10	Client's eligibility changed, ♦ client no longer meets eligibility criteria	Yes
11	Other	Yes

Appendix AE: ADAP Enrollment Status

Code	Label	Active
1	Enrolled, receiving services	Yes

2	Enrolled, on waiting list	Yes
3	Enrolled, services not requested	Yes
4	Disenrolled	Yes
5	Legacy Enrolled	No
6	Legacy Disenrolled	No

Appendix AS: Asian Subgroup Codes

Code	Label	Active
1	Asian Indian	Yes
2	Chinese	Yes
3	Filipino	Yes
4	Japanese	Yes
5	Korean	Yes
6	Vietnamese	Yes
7	Other Asian	Yes

Appendix C: County Codes

Click [here](#) for a list of County FIPS Codes.

Appendix D: Diagnosis Codes

Click [here](#) for a list of ICD 10 diagnosis codes.

Appendix E: Enrollment Status Codes

Code	Label	Active
1	Active	Yes
2	Inactive/Case Closed	Yes
9	Unknown	No
3	Referred or Discharged	Yes
4	Removed	Yes
5	Incarcerated	Yes
6	Relocated	Yes

Appendix G: Gender Codes

Code	Label	Active
1	Male	Yes

2	Female	Yes
3	Transgender Other	Yes
6	Refused to Report	Yes
9	Unknown	Yes
4	Transgender MtF	Yes
5	Transgender FtM	Yes

Appendix H: Hiv Status Codes

Code	Label	Active
1	HIV-positive (not AIDS)	Yes
2	HIV-positive (AIDS status unknown)	Yes
3	CDC defined AIDS	Yes
4	HIV-negative (affected)	Yes
9	Unknown	No
5	HIV-indeterminate	Yes

Appendix HS: Hispanic Subgroup Codes

Code	Label	Active
1	Mexican, Mexican American, Chicano/a	Yes

2	Puerto Rican	Yes
3	Cuban	Yes
4	Another Hispanic, Latino/a or Spanish origin	Yes

Appendix I: Insurance Codes

Code	Label	Active	HRSA Defined	RSR Defined
1	Private (Deprecated)	No	Yes	Yes
2	Medicare (unspecified)	Yes	Yes	Yes
3	Medicaid, CHIP or Other Public Plan	Yes	Yes	Yes
4	Other public (e.g. Champus, VA)	No	Yes	Yes
5	No Insurance	Yes	Yes	Yes
6	Other Plan	Yes	Yes	Yes
9	Unknown	No	Yes	Yes
7	Medicare Part A/B	Yes	Yes	Yes
8	Medicare Part D	Yes	Yes	Yes
10	Private - Employer	Yes	Yes	Yes
11	Private - Individual	Yes	Yes	Yes
13	VA, Tricare and other military health care	Yes	Yes	Yes

14	Indian Health Service	Yes	Yes	Yes
15	Medicare Part C	Yes	Yes	NULL
16	High Risk Insurance	Yes	Yes	NULL
17	Association Plan	Yes	Yes	NULL

Appendix IH: Immunity History Codes

Code	Label	Active
1	Immune	Yes
2	Nonimmune	Yes
3	History of infection	Yes
4	History of vaccination	Yes
99	Unknown	Yes

Appendix IR: Immunization Received Codes

Code	Label	Active
1	Yes	Yes

2	NMI	Yes
3	No	Yes
4	Refused	Yes

Appendix M: Medication Frequency Codes

Code	Label	Multiplier *	Active
1	Once a day (qd)	1	Yes
2	Twice a day (bid)	2	Yes
3	Three times a day (tid)	3	Yes
4	Four times a day (qid)	4	Yes
5	As needed (prn)	NULL	Yes
6	Once a week (qw)	0.14	Yes
7	Twice a week (biw)	0.29	Yes
8	Three times a week (tiw)	0.43	Yes
9	Every other week (qow)	0.07	Yes
10	Every other day (qod)	0.5	Yes
11	Every hour (qh)	24	Yes
12	Every night (qhs)	1	Yes
13	Every day before noon	1	Yes

	(qm)		
14	Every 6 hours (q6h)	4	Yes
15	Every 12 hours (q12h)	2	Yes
16	Once a month (qm)	0.03	Yes
17	Twice a month (bim)	0.07	Yes
18	Every 8 weeks (q8w)	0.02	Yes
19	Every 6 months (q6m)	0.01	Yes

- The Multiplier is a translation of the frequency into a number that indicates times per day.

Appendix MD: Medication Discontinue Reason codes

Code	Label	Active
1	Virologic Failure	Yes
2	Toxicity	Yes
3	Intolerance	Yes
4	Lost to followup	Yes
5	Dose Change	Yes
6	Other	Yes

9	Unknown	Yes
7	Therapy completed	Yes
8	Improved immune function	Yes
10	Stock out/supply disruption	Yes
11	Managed treatment interruption	Yes
12	Non-adherent	Yes
13	Immunologic Failure	Yes
14	Pregnant	Yes
15	Risk of Pregnancy	Yes
16	Newly diagnosed TB	Yes
17	Availability of New Drug	Yes
18	Illness or hospitalization	Yes
19	Patient lacks sufficient financial resource	Yes
20	Patient decision	Yes

Appendix MI: Medication Indication Codes

Code	Label	Active
1	ART	Yes
2	OI Prophylaxis	Yes
3	OI Treatment	Yes
99	Other	Yes

Appendix MP: Medication Prophylaxis Codes

Code	Label	Active
1	Pneumocystis carinii pneumonia (PCP)	Yes
2	M. avium complex (Mac)	Yes
3	M. tuberculosis (Mtb)	Yes
4	Candida	Yes
5	Cytomegalovirus (CMV)	Yes
6	Toxoplasma gondii	Yes
7	Varicella zoster virus (VZV)	Yes
8	Other	Yes

Appendix NS: Newborn Status Codes

Code	Label	Active
0	Negative	Yes
1	Positive	Yes
2	Indeterminate	Yes
9	Unknown/unreported	Yes

Appendix P: Pre-ART Reason Codes

Code	Label	Active
1	Treatment not medically indicated per guidelines	Yes
2	Client not ready (as determined by clinician)	Yes
3	Client refused therapy	Yes
4	Other extenuating circumstances (e.g. inadequate insurance, ability to pay)	Yes

Appendix PH: Phone Type Codes

Code	Label	Active
1	Home	Yes
2	Mobile	Yes
3	Work	Yes
4	Fax	Yes

Appendix PS: Pacific islander Subgroup Codes

Code	Label	Active
1	Native Hawaiian	Yes
2	Guamanian or Chamorro	Yes
3	Samoan	Yes
4	Other Pacific Islander	Yes

Appendix PO: Pregnancy Outcome codes

Code	Label	Active
1	Live Birth	Yes
2	Therapeutic (induced) abortion	Yes
3	Spontaneous abortion (miscarriage)	Yes
4	Stillbirth	Yes
5	Unknown	Yes

Appendix RS: Referral Status codes

Code	Label	Active
1	Pending	Yes
2	Completed	Yes
3	Lost to follow up	Yes
4	Rejected	Yes

Appendix SB: Sex at Birth codes

Code	Label	Active
1	Male	Yes
2	Female	Yes
4	Unknown	Yes

Appendix SC: Service Category codes

Click [here](#) for a list of service category codes.

Appendix SH: Sharing Type codes

Code	Label	Active
1	Clinical	Yes
2	Service	Yes
3	Case notes	Yes
4	Custom Subform	Yes
5	Form Designer	Yes
6	Appointment	Yes
7	Eligibility	Yes

Appendix ST: State FIPS Codes

Click [here](#) for a list of State FIPS Codes.

Appendix TD: Test Definition Codes

Click [here](#) for a list of test definition codes.

Appendix V: Vital Status Codes

Code	Label	Active
1	Alive	Yes
3	Deceased	Yes
4	Unknown	Yes

Appendix VD: Vital Status Definition codes

Code	Label	Active
FFFFFFFF-0000-0000-0000-000000000001	Height	Yes
FFFFFFFF-0000-0000-0000-000000000002	Weight	Yes
FFFFFFFF-0000-0000-0000-000000000003	Pulse	Yes
FFFFFFFF-0000-0000-0000-000000000004	Systolic	Yes
FFFFFFFF-0000-0000-0000-000000000005	Diastolic	Yes
FFFFFFFF-0000-0000-0000-000000000006	Temperature	Yes
FFFFFFFF-0000-0000-0000-000000000007	NumVisits	Yes
FFFFFFFF-0000-0000-0000-000000000008	NumHospitalDays	Yes
FFFFFFFF-0000-0000-0000-000000000009	NumERVisits	Yes

Appendix YN: Yes/No/Unknown Codes

Code	Label	Active
0	No	Yes
1	Yes	Yes
9	Unknown	Yes