

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Immunization data is passed to the central registry using three flat files containing client, immunization, and comment information (optional) respectively. The files will be linked via a 24-character Record Identifier supplied by the provider of the file. This identifier will uniquely identify each client and will appear in each immunization and comment (optional) record to link the immunization and comment (optional) to the client. Character fields need to be left justified and blank-filled, number fields right justified and blank-filled, and date fields in format MMDDYYYY with leading zeroes. If a site is unable to supply any information for a specified field, the entire field needs to be filled with blanks.

Below are the fields to include in each of the files. Files need to be generated using the ASCII character set. Records will be fixed length and need to be terminated with a carriage return/line feed.

File Layout:

Client Data

Column	Data type	Pos #	Required	Default	Notes
Record Identifier	Char (24)	1	Y		Supplied by sender, used to link a Client to Immunization records.
Client Status	Char (1)	25		A	Use the IR code set for Client Status .
First Name	Char (25)	26	Y		If client does not have a first name, “ NO FIRST NAME ” must be entered in this field.
Middle Name	Char (25)	51			
Last Name	Char (35)	76	Y		
Name Suffix	Char (10)	111			Defined Values: JR, SR, I, II, III, IV, V, VI, VII, VIII, IX, X
Birth Date	Date (8)	121	Y		MMDDYYYY
Death Date	Date (8)	129			MMDDYYYY
Mothers First Name	Char (25)	137			These are mandatory fields in IR. However, if the information is unavailable for historical records, fill these fields with blanks.
Mothers Maiden Last Name	Char (35)	162			
Sex (Gender)	Char (1)	197			Use the IR code set for Sex (Gender) .
Race	Char (1)	198			Use the IR code set for Race .
Ethnicity	Char (2)	199			Use the IR code set for Ethnicity .
SSN	Char (9)	201			
Contact Allowed	Char (2)	210		02	Controls whether notices are sent. Use the IR code set for Contact . If <null> default to 02 'Yes'.
Consent to Share	Char (1)	212		<null>	Controls visibility of records to other provider organizations. Should always be set to 'Y' or null.
Chart Number	Char (20)	213			Identifier within the sending organization's system. Chart number is required for HEDIS Reporting.
Responsible Party First Name	Char (25)	233			
Responsible Party Middle Name	Char (25)	258			
Responsible Party Last Name	Char (35)	283			
Responsible Party Relationship	Char (2)	318			Use the IR code set for Relationship . If Responsible Party name is entered and Relationship = "" or null, relationship defaults to 21 - Unknown.

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)****Appendix**

Column	Data type	Pos #	Required	Default	Notes
Street Address	Char (55)	320			Residential address of responsible person. If the mailing address line is NOT populated, the street address will appear on mailing labels, client reports and online display screens.
Mailing Address Line	Char (55)	375			Mailing address of responsible person. Use if mailing address is different from street address. If the mailing address is populated, it is the address that will appear on mailing labels, client reports and online display screens.
Other Address Line	Char (55)	430			
City	Char (52)	485			
State	Char (2)	537			
Zip	Char (9)	539			If +4 zip is used, the first 5 characters and second 4 characters are concatenated into a single value, without separators.
County	Char (5)	548			Use the IR code set for County .
Phone	Char (17)	553			Format as digits only starting with the area code, ex. 4041234567.
Sending Organization	Char (5)	570			This is ID of the provider organization that owns this client and corresponding immunization records. Contact the Help Desk for the appropriate organization ID. * This field is optional if an organization is sending all of its own records. This field is required if an organization other than the organization that owns the record(s) is transmitting this file.
Eligibility Code	Char (3)	575	*either on client or imm record for new imms.	V00 – on new clients with historical imms.	Indicates the eligibility of the client. If a valid eligibility code is not received on the client or on the immunization record for a new immunization, the immunization will be rejected. Use the IR code set for Eligibility .
Eligibility Effective date	Date (8)	578			MMDDYYYY This is the effective date of the client's eligibility code. For existing clients, the effective date on the incoming client record is compared to the effective date on the database. If the eligibility date on the incoming record is more recent, the client eligibility is updated with the incoming eligibility code and effective date. The client eligibility may be different from the immunization eligibility code.

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

File Layout:

Immunization Data

Column	Data type	Pos #	Required	Default	Notes
Client Record Identifier	Char (24)	1	Y		Supplied by sender, used to link Immunizations to a Clients record.
Vaccine Group	Char (16)	25	*		Use the IR code set for Vaccine Codes .
CPT Code**	Char (5)	41	*		*Either Vaccine Group or CPT Code or Trade Name is required.
Trade Name	Char (24)	46	*		<p>**The data exchange process will assign and store a trade name on the database for the incoming new or historical immunizations when the incoming CPT Code correlates to a single trade name</p> <p>*** A CPT code or Trade Name must be used to manage inventory in GRITS.</p>
Vaccination Date	Date (8)	70	Y		MMDDYYYY
Administration Route Code	Char (2)	78			Use the IR code set for Administration Route .
Body Site Code	Char (4)	80			Use the IR code set for Body Site .
Reaction Code	Char (8)	84			Use the IR code set for Reaction .
Manufacturer Code	Char (4)	92			Use the IR code set for Manufacturers .
Immunization Information Source	Char (2)	96	*	01	Indicates whether this immunization was administered by your organization (from inventory entered in GRITS) or the immunization information is historical from client record. Use the IR code set for Immunization Information Source . Note: For organizations set up to decrement new immunizations from GRITS inventory via data exchange, this field is mandatory . See the Immunization Information Source IR code set in the Appendix for a full list of acceptable values and descriptions for this field.
Lot Number	Char (30)	98			Immunizations stored in GRITS as historical records will not correspond to GRITS inventory; however, the Lot Number will be stored as historical information. Note: For organizations set up to decrement new immunizations from GRITS inventory via data exchange, this field is mandatory .
Provider Name	Char (50)	128			The historical provider name.
Administered By Name	Char (50)	178			The name of the person who administered the vaccination.
Site Name	Char (30)	228			The Site Name or Site ID of the clinic site where the vaccination occurred. Note: For organizations set up to decrement new immunizations from GRITS inventory via data exchange, this field is mandatory if the organization has multiple sites to ensure inventory is deducted from the appropriate site.
Sending Organization	Char (5)	258			<p>This is ID of the provider organization that owns this client and corresponding immunization records. Contact the Help Desk for the appropriate organization ID.</p> <p>* This field is optional if an organization is sending all of its own records. This field is required if an organization other than the organization that owns the record(s) is transmitting this file.</p>

Flat File Specification Version 15.6.0 (Revised 03/25/2021)

Appendix

Column	Data type	Pos #	Required	Default	Notes
Eligibility Code	Char (3)	263	*either on client or imm record for new imm.	V00 on historic.	Indicates the eligibility of the client at the time the vaccine was administered. If a valid eligibility is not received on the client or on the immunization record for a new immunization, the immunization will be rejected. Use the IR code set for Eligibility .

File Layout:

Comment Code (Optional File – Not Required)

Column	Data type	Pos #	Required	Default	Notes
Client Record Identifier	Char (24)	1	Y		Supplied by sender, used to link Comments to a Clients record. This field is required if a comment code is being sent.
Comment Code	Char (2)	25	Y		Use the IR code set for Comments .
Applies to Date	Date (8)	27	Y		The date to which the comment applies. MMDDYYYY
Observation Method	Char (4)	35			For Varicella use only – Use IR code set for OBMETHOD

Example

Records need to be **blank** filled. In the following example, blanks are represented with the ‘*’ character for illustrative purposes.

Client Record

```
*****12345ALAUREN*****RAE*****MAERZ*****0814
1985*****GAIL*****CARPENTER*****FWNH*****02Y*****33THOMAS*****
*****RAPHAEL*****MAERZ*****33125*WEST*STREET*****
*****MAILING ADDRESS*****OTHER ADDRESS*****TEST
CITY*****GA535291234GA121*****4049876543*****V0110091985
```

Immunization Record

```
*****12345DTAP*****TETRAMUNE*****10091985*****00*****
*****V01
```

Comment Code Record

```
*****123453310091985SERO
```

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Table Item	Code	Description
Administration Route	ID	Intradermal
	IM	Intramuscular
	IN	Intranasal
	IV	Intravenous
	PO	Oral
	SC	Subcutaneous
	TD	Transdermal
Body Site	LA	Left Arm
	LG	Left Gluteous Medius
	LT	Left Thigh
	LD	Left Deltoid
	LVL	Left Vastus Lateralis
	LLFA	Left Lower Forearm
	RA	Right Arm
	RG	Right Gluteous Medius
	RT	Right Thigh
	RD	Right Deltoid
	RVL	Right Vastus Lateralis
	RLFA	Right Lower Forearm
	Client Status	A
N		Inactive
P		Permanently Inactive – Deceased Clients
Comments	03	Allergy to baker's yeast (anaphylactic)
	04	Allergy to egg ingestion (anaphylactic)
	05	Allergy to gelatin (anaphylactic)
	06	Allergy to neomycin (anaphylactic) MMR & IPV
	07	Allergy to Streptomycin (anaphylactic)
	08	Allergy to Thimerosal (anaphylactic)
	15	Encephalopathy within 7 days of previous dose of DTP
	18	Guillain-Barre Syndrome (GBS) within 6 weeks after DTP/DTaP
	21	Current acute illness, moderate to severe (with or without fever)(e.g. diarrhea, otitis media, vomiting)
	22	Chronic illness (e.g., chronic gastrointestinal disease)
23	Immune globulin(IG) administration, recent or simultaneous	
26	Serologic immunity: hepatitis B	

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)****Appendix**

Table Item	Code	Description
	27	Serologic immunity: measles
	28	Serologic immunity: mumps
	31	Serologic immunity: rubella
	33	Immunity: Varicella (chicken pox)
	34	Immunodeficiency (family history)
	35	Immunodeficiency (household contact)
	36	Immunodeficiency (in recipient) OPV & MMR & VZV
	37	Neurologic disorders, underlying (seizure disorder)
	39	Pregnancy (in recipient)
	40	Thrombocytopenia
	41	Thrombocytopenia purpura (history)
	PB	Allergy to POLYMYXIN B
	AB	Receipt of anti-body containing products
	RB	Client has been exposed to rabies
	HA	Serologic immunity: hepatitis A
Contact	01	No contact allowed – Notices are not to be sent.
	02	Contact Allowed – Notices will be sent.
County	GA001	APPLING
	GA003	ATKINSON
	GA005	BACON
	GA007	BAKER
	GA009	BALDWIN
	GA011	BANKS
	GA013	BARROW
	GA015	BARTOW
	GA017	BEN HILL
	GA019	BERRIEN
	GA021	BIBB
	GA023	BLECKLEY
	GA025	BRANTLEY
	GA027	BROOKS
	GA029	BRYAN
	GA031	BULLOCH
	GA033	BURKE
	GA035	BUTTS
	GA037	CALHOUN
	GA039	CAMDEN

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)****Appendix**

Table Item	Code	Description
	GA043	CANDLER
	GA045	CARROLL
	GA047	CATOOSA
	GA049	CHARLTON
	GA051	CHATHAM
	GA053	CHATTAHOOCHEE
	GA055	CHATTOOGA
	GA057	CHEROKEE
	GA059	CLARKE
	GA061	CLAY
	GA063	CLAYTON
	GA065	CLINCH
	GA067	COBB
	GA069	COFFEE
	GA071	COLQUITT
	GA073	COLUMBIA
	GA075	COOK
	GA077	COWETA
	GA079	CRAWFORD
	GA081	CRISP
	GA083	DADE
	GA085	DAWSON
	GA087	DECATUR
	GA089	DEKALB
	GA091	DODGE
	GA093	DOOLY
	GA095	DOUGHERTY
	GA097	DOUGLAS
	GA099	EARLY
	GA101	ECHOLS
	GA103	EFFINGHAM
	GA105	ELBERT
	GA107	EMANUEL
	GA109	EVANS
	GA111	FANNIN
	GA113	FAYETTE
	GA115	FLOYD
	GA117	FORSYTH
	GA119	FRANKLIN
	GA121	FULTON

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)****Appendix**

Table Item	Code	Description
	GA123	GILMER
	GA125	GLASCOCK
	GA127	GLYNN
	GA129	GORDON
	GA131	GRADY
	GA133	GREENE
	GA135	GWINNETT
	GA137	HABERSHAM
	GA139	HALL
	GA141	HANCOCK
	GA143	HARALSON
	GA145	HARRIS
	GA147	HART
	GA149	HEARD
	GA151	HENRY
	GA153	HOUSTON
	GA155	IRWIN
	GA157	JACKSON
	GA159	JASPER
	GA161	JEFF DAVIS
	GA163	JEFFERSON
	GA165	JENKINS
	GA167	JOHNSON
	GA169	JONES
	GA171	LAMAR
	GA173	LANIER
	GA175	LAURENS
	GA177	LEE
	GA179	LIBERTY
	GA181	LINCOLN
	GA183	LONG
	GA185	LOWNDES
	GA187	LUMPKIN
	GA189	MCDUFFIE
	GA191	MCINTOSH
	GA193	MACON
	GA195	MADISON
	GA197	MARION
	GA199	MERIWETHER

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)****Appendix**

Table Item	Code	Description
	GA201	MILLER
	GA205	MITCHELL
	GA207	MONROE
	GA209	MONTGOMERY
	GA211	MORGAN
	GA213	MURRAY
	GA215	MUSCOGEE
	GA217	NEWTON
	GA219	OCONEE
	GA221	OGLETHORPE
	GA223	PAULDING
	GA225	PEACH
	GA227	PICKENS
	GA229	PIERCE
	GA231	PIKE
	GA233	POLK
	GA235	PULASKI
	GA237	PUTNAM
	GA239	QUITMAN
	GA241	RABUN
	GA243	RANDOLPH
	GA245	RICHMOND
	GA247	ROCKDALE
	GA249	SCHLEY
	GA251	SCREVEN
	GA253	SEMINOLE
	GA255	SPALDING
	GA257	STEPHENS
	GA259	STEWART
	GA261	SUMTER
	GA263	TALBOT
	GA265	TALIAFERRO
	GA267	TATTNALL
	GA269	TAYLOR
	GA271	TELFAIR
	GA273	TERRELL
	GA275	THOMAS
	GA277	TIFT
	GA279	TOOMBS
	GA281	TOWNS

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Table Item	Code	Description
	GA283	TREUTLEN
	GA285	TROUP
	GA287	TURNER
	GA289	TWIGGS
	GA291	UNION
	GA293	UPSON
	GA295	WALKER
	GA297	WALTON
	GA299	WARE
	GA301	WARREN
	GA303	WASHINGTON
	GA305	WAYNE
	GA307	WEBSTER
	GA309	WHEELER
	GA311	WHITE
	GA313	WHITFIELD
	GA315	WILCOX
	GA317	WILKES
	GA319	WILKINSON
	GA321	WORTH
Eligibility	V01	Insured – Vaccines Covered
	V02	Medicaid
	V03	No Insurance
	V04	American Indian/Alaska Native
	V05	Insured - No Vaccine/Underinsured
	V06	PeachCare
	V07	COVID Specific
	V00	Elig Not Determined/Unknown *allowed on historical immunizations only
Ethnicity	NH	Non-Hispanic
	H	Hispanic
	U	Unknown
	Empty/ Invalid Value	Informational Error included in Response message { ETHNICITY is Required }
Immunization Information Source	00	New shot, vaccine administered by providing organization. Organization becomes owner of the shot, so other organizations cannot edit/delete the shot. For organizations set up to decrement new immunizations from GRITS inventory via data exchange, '00' will cause inventory for the providing organization to be affected.

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Table Item	Code	Description
	01	Historical information - source unspecified. No affect on inventory.
	02	Historical information - from other provider
	03	Historical information - from parent's written record
	04	Historical information - from parent's recall
	05	Historical information - from other registry
	06	Historical information - from birth certificate
	07	Historical information - from school record
	08	Historical information - from public agency
Manufacturers	AB	Abbott Laboratories (<i>includes Ross Products Division</i>)
	ACA	Acambis, Inc.
	AD	Adams Laboratories, Inc.
	ALP	Alpha Therapeutic Corporation
	AR	Armour [Inactive- use AVB]
	AVB	Aventis Behring L.L.C. (<i>formerly Centeon L.L.C.; includes Armour Pharmaceutical Company</i>) [Inactive – user ZLB]
	AVI	Aviron
	BA	Baxter Healthcare Corporation [Inactive- use BAH]
	BAH	Baxter Heathcare Corporation (<i>includes Hyland Immuno, Immuno International AG, and North American Vaccine, Inc.</i>)
	BAY	Bayer (<i>includes Miles, Inc., and Cutter Laboratories</i>)
	BP	Berna Products [Inactive- use BPC]
	BPC	Berna Products Corporation (<i>includes Swiss Serum And Vaccine Institute Berne</i>)
	MIP	Bioport Corporation (<i>formerly Michigan Biologic Products Institute</i>)
	CNJ	Cangene Corporation
	CMP	Celltech Medeva Pharmaceuticals [Inactive- use NOV]
	CEN	Centeon L.L.C. [Inactive- use AVB]
	CHI	Chiron Corporation [Inactive – use NOV] (<i>includes PowderJect Pharmaceuticals, Celltech Medeva Vaccines and Evans Medical Limited</i>)
	CON	Connaught [Inactive- use PMC]
	CSL	CSL Biotherapies, Inc.
	DVX	Dynavax, Inc.
	DVC	DynPort Vaccine Company, LLC
	EVN	Evans Medical Limited [Inactive- use NOV]
	GEO	GeoVax Labs, Inc.
	JSN	Janssen
	SKB	GlaxoSmithKline (<i>formerly SmithKline Beecham; includes SmithKline Beecham and Glaxo Wellcome</i>)
	GRE	Greer Laboratories Inc.

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Table Item	Code	Description
	GRF	Grifols
	IDB	ID Biomedical
	IAG	Immuno International AG [Inactive- use BAH]
	IUS	Immuno-U.S., Inc.
	INT	Intercell Biomedical
	KGC	Korea Green Cross Corporation
	LED	Lederle [Inactive-use WAL]
	MBL	Massachusetts Biologic Laboratories (<i>formerly Massachusetts Public Health Biologic Laboratories</i>)
	MA	Massachusetts Public Health Biologic Laboratories [Inactive-use MBL]
	MED	MedImmune, LLC
	MOD	Moderna US, Inc.
	MSD	Merck & Co., Inc.
	IM	Merieux [Inactive-use PMC]
	MIL	Miles [Inactive-use BAY]
	NAB	NABI (<i>formerly North American Biologicals, Inc.</i>)
	NYB	New York Blood Center
	NAV	North American Vaccine, Inc. [Inactive-use BAH]
	NOV	Novartis Pharmaceutical Corporation (<i>includes Chiron, Powderject Pharmaceuticals, Celltech Medeva Vaccines and Evans Limited, Ciba-Geigy Limited and Sandoz Limited</i>)
	NVX	Novavax, Inc.
	OTC	Organon Teknika Corporation
	ORT	Ortho-clinical Diagnostics (<i>formerly Ortho Diagnostic Systems, Inc.</i>)
	PAX	PaxVax
	PD	Parkedale Pharmaceuticals (<i>formerly Parke-Davis</i>)
	PWJ	Powerject Pharmaceuticals (<i>includes Celltech Medeva Vaccines and Evans Medical Limited</i>) [Inactive- use NOV]
	PRX	Praxis Biologics [Inactive- use WAL]
	PSC	Protein Sciences Corporation
	JPN	Research Foundation for Microbial Diseases of Osaka University (BIKEN)
	PFR	Pfizer, Inc
	PMC	sanofi pasteur (<i>formerly Aventis Pasteur, Pasteur Merieux Connaught; includes Connaught Laboratories and Pasteur Merieux</i>)
	SEQ	Seqirus
	SCL	Sclavo, Inc.
	SOL	Solvay Pharmaceuticals
	SI	Swiss Serum and Vaccine Inst. [Inactive-use BPC]
	TAL	Talecris Biotherapeutics (<i>includes Bayer Biologicals</i>)
	USA	United States Army Medical Research and Material Command
	WA	Wyeth-Ayerst [Inactive- use WAL]
	WAL	Wyeth-Ayerst (<i>includes Wyeth-Lederle Vaccines and Pediatrics, Wyeth Laboratories, Lederle Laboratories, and Praxis Biologics</i>)

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)****Appendix**

Table Item	Code	Description
	ZLB	ZLB Behring (<i>includes Aventis Behring and Armour Pharmaceutical Company</i>)
	OTH	Other manufacturer
	UNK	Unknown manufacturer
Observation method (For varicella immunity)	SERO	Serologic
	DIAG	Diagnosed
	HIST	Historical
Race	I	American Indian or Alaska Native
	A	Asian or Pacific Islander
	B	Black or African-American
	W	White
	O	Other
	U	Unknown
	Empty/ Invalid Value	Informational Error included in Response message {RACE CODE is Required}
Relationship	18	Self
	61	Aunt
	62	Brother
	33	Father
	87	Foster Father
	88	Foster Mother
	97	Grandfather
	98	Grandmother
	26	Guardian
	32	Mother
	B7	Sister
	64	Spouse
	48	Stepfather
	49	Stepmother
	D3	Uncle
	G8	Other Relationship
	G9	Other Relative
Reaction Codes	10	Anaphylaxis within 24 hours
	11	Hypotonic-hyporesponsive collapse within 48 hours of immunization
	12	Seizure occurring within 3 days

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)****Appendix**

Table Item	Code	Description
	13	Persistent crying lasting \geq 3 hours within 48 hours of immunization
	17	Temperature \geq 105 (40.5 C) within 48 hours of immunization
Sex (Gender)	F	Female
	M	Male
	U	Unknown
VAERS reactions	D	Patient Died
	L	Life threatening illness
	E	Required emergency room/doctor visit
	H	Required hospitalization
	P	Resulted in prolongation of hospitalization
	J	Resulted in permanent disability

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

VACCINE CODES

(Note: The CPT End Dates indicate those CPT codes deleted in 1997 or later. 90714 was deleted in 1999 for Typhoid and re-issued in 2005 for Td preservative vaccine. It, therefore, has both a Start and End Date. Newer vaccines with recently added CPT Codes will have a Start Date only. For more information please reference "Current Procedural Terminology (CPT) Codes Mapped to CVX Codes" at <http://www.cdc.gov/vaccines/programs/iis/stds/cpt.htm>.)

Vaccine Group	CPT	Trade Name	Active?	MFG	Informational ONLY		
					CVX	Vaccine	CPT Description
Adeno	90476	Adeno T4			54	Adeno T4	Adenovirus type 4, live oral
	90477	Adeno T7			55	Adeno T7	Adenovirus type 7, live oral
					82	Adeno-Unspecified	Adenovirus -Unspecified
Anthrax	90581	BioThrax		MIP	24	Anthrax	Anthrax
BCG	90585	BCG-TB			19	BCG-TB	Bacillus Calmette-Guerin TB
	90586	BCG-Cancer				BCG-Cancer	Bacillus Calmette-Guerin bladder cancer
	90728 <i>End 12/31/1999</i>		N				<i>Deleted BCG code</i>
Cholera	90725	Cholera-I (Inactive)	N		26	cholera, unspecified formulation	Cholera vaccine for injectable use
	90625	VAXCHORA		PAX	174	cholera, live attenuated	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use
	90592 <i>End 12/31/2000</i>	Cholera-O (Inactive)	N			Cholera-Oral	Cholera Oral
COVID-19	91300	Pfizer-BioNTech COVID-19 Vaccine			208	COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use
	91301	Moderna COVID-19 Vaccine			207	COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use
			N		213	COVID-19, unspecified formulation	

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Vaccine Group	CPT	Trade Name	Active?	MFG	Informational ONLY		
					CVX	Vaccine	CPT Description
	91303	Janssen COVID-19 Vaccine		JSN	212	COVID-19, vector-nr, rS-Ad26, PF, 0.5 mL	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, for intramuscular use
Diphtheria	90719	Diphtheria				Diphtheria	Diphtheria
DTP/aP	90702	DT		PMC	28	DT	Diphtheria tetanus pediatric
		DT-PF		PMC			Diphtheria tetanus pediatric, preservative free
	90700	Tripedia		PMC	20	DTaP	Diphtheria, tetanus, acellular pertussis
		Infanrix		SKB			
		Acel-Imune	N	WAL			
		Certiva	N	BAH			
		DAPTACEL		PMC	106	DTaP, 5 pertussis antigens	Diphtheria, tetanus, acellular pertussis, 5 antigens
	90723	Pediarix		SKB	110	DTaP-Hep B-IPV	DTaP-Hep B-IPV combination
	90721	TriHIBit		PMC	50	DTaP-Hib	DTaP-Hib combination
	90698	Pentacel		PMC	120	DTaP-Hib-IPV	DTaP-Hib-IPV combination
	90696	KINRIX		SKB	130	DTaP-IPV	DTaP-IPV combination
		Quadracel		PMC			
	90701	DTP			01	DTP	Diphtheria, tetanus, whole cell pertussis
	90720	Tetramune	N	WAL	22	DTP-Hib	DTP-Hib combination
					107	DTaP-Unspecified	DTaP-Unspecified
Encephalitis	90735	JE-Vax		PMC/JPN	39	Japanese Enceph-SC	Japanese Enceph-SC
						Japanese Enceph-Unspecified	Japanese Enceph-Unspecified
	90738	Ixiaro		NOV/INT	134	Japanese Enceph-IM	Japanese Enceph-IM
Flu H1N1-09	90663 or	H1N1 FluMist	N	MED	125	Novel Influenza-H1N1-09, nasal	Novel Influenza-H1N1-09, nasal

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Vaccine Group	CPT	Trade Name	Active?	MFG	Informational ONLY		
					CVX	Vaccine	CPT Description
	90470	H1N1 Afluria-PF	N	CSL	126	Novel Influenza-H1N1-09, preserve-free	Novel Influenza-H1N1-09, preserve-free
		H1N1 Fluvirin-PF > 4Y	N	NOV	126	Novel Influenza-H1N1-09, preserve-free	Novel Influenza-H1N1-09, preserve-free
		H1N1 Fluzone-PF 6-35M	N	PMC	126	Novel Influenza-H1N1-09, preserve-free	Novel Influenza-H1N1-09, preserve-free
		H1N1 Fluzone-PF > 3Y	N	PMC	126	Novel Influenza-H1N1-09, preserve-free	Novel Influenza-H1N1-09, preserve-free
		H1N1 Afluria	N	CSL	127	Novel Influenza-H1N1-09	Novel Influenza-H1N1-09
		H1N1 Fluvirin > 4Y	N	NOV	127	Novel Influenza-H1N1-09	Novel Influenza-H1N1-09
		H1N1 Fluzone > 6M	N	PMC	127	Novel Influenza-H1N1-09	Novel Influenza-H1N1-09
			N		128	Novel Influenza-H1N1-09 all formulations	Novel Influenza-H1N1-09 all formulations
H5N1 flu			N	SKB	123	Influenza, H5N1-1203	
		Influenza A (H5N1)-2013		IBD	160	Influenza A (H5N1), ADJUVANTED-2013	
HBIG	90371	HepaGam B		CNJ	30	HBIG	HBIG
		HyperHEP B		GRF			
		Nabi-HB		BTP			
		HBIG	N				
		BayHep B	N	TAL			
		BayHep B-Peds	N	TAL			
HepA	90633	VAQTA Peds 2 dose		MSD	83	HepA peds 2 dose	Hepatitis A pediatric/adolescent 2 dose
		Havrix Peds 2 dose		SKB			
	90634	VAQTA Peds 3 dose		MSD	84	HepA peds 3 dose	Hepatitis A pediatric/adolescent 3 dose
		Havrix Peds 3 dose	N	SKB			
	90632	VAQTA Adult		MSD	52	HepA adult	Hepatitis A adult
		Havrix Adult		SKB			
	90636	Twinrix		SKB	104	HepA-HepB	Hepatitis A & Hepatitis B adult
					31	HepA peds-Unspecified	HepA peds-Unspecified

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Vaccine Group	CPT	Trade Name	Active?	MFG	Informational ONLY		
					CVX	Vaccine	CPT Description
					85	HepA-Unspecified	HepA-Unspecified
	90730 <i>End 12/31/1999</i>		N				<i>Deleted HepA code</i>
HepB	90744	Recombivax Peds		MSD	08	HepB pediatric	Hepatitis B pediatric/adolescent .5 ml
		Engerix-B Peds		SKB			
	90743	Recombivax Adult		MSD	43	HepB adult	Hepatitis B adolescent 2 dose (adult form)
	90746			MSD			Hepatitis B adult dose 1ml
		Engerix-B Adult		SKB			Hepatitis B adult dose 1ml
	90740	Recombivax Dialysis		MSD	44	HepB dialysis 3 dose	Hepatitis B Dialysis 3 dose/immunosuppressed
	90747	Engerix-B Dialysis		SKB		HepB dialysis 4 dose	Hepatitis B Dialysis 4 dose
	90748	Comvax	N	MSD	51	HepB-Hib	HepB-Hib Combination
	90636	Twinrix		SKB	104	HepA-HepB	Hepatitis A & Hepatitis B adult
	90723	Pediarix		SKB	110	DTaP-Hep B-IPV	DTaP-Hep B-IPV combination
	90739	HEPLISAV-B		DVX	189	HepB-CpG	Hepatitis B adult 2 dose; 0.5mL
					45	HepB-Unspecified	HepB-Unspecified
	90745 <i>End 12/31/2000</i>		N		42		<i>Deleted HepB code</i>
	90731 <i>End 12/31/1997</i>		N				
HZ	90736	ZOSTAVAX		MSD	121	Zoster Shingles, (live)	Zoster Shingles, (live)
	90750	Shingrix		SKB	187	Zoster Subunit	Zoster Subunit, recombinant
			N		188	Zoster unspecified formulation	Zoster unspecified formulation
Hib	90645	HibTITER		WAL	47	Hib-HbOC	Hemophilus influenza b HbOC 4 dose
	90646	ProHIBit	N	PMC	46	Hib-PRP-D	Hemophilus influenza b PRP-D booster
	90647	PedvaxHIB		MSD	49	Hib-OMP	Hemophilus influenza b OMP 3 dose
	90648	OmniHib	N	SKB/PMC	48	Hib-PRP-T	Hemophilus influenza b PRP-T 4 dose
Hiberix			SKB				
ActHib			PMC				

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Vaccine Group	CPT	Trade Name	Active?	MFG	Informational ONLY		
					CVX	Vaccine	CPT Description
	90720	Tetramune	N	WAL	22	DTP-Hib	DTP-Hib combination
	90721	TriHIBit		PMC	50	DTaP-Hib	DTaP-Hib combination
	90698	Pentacel		PMC	120	DTaP-Hib-IPV	DTaP-Hib-IPV combination
	90748	Comvax	N	MSD	51	HepB-Hib	HepB-Hib Combination
	90644	Menhibrix		SKB	148	Hib-MenCY-TT	Meningococcal C/Y-HIB PRP
					17	Hib-Unspecified	Hib-Unspecified
	90737		N				<i>Deleted Hib Code</i>
HPV	90650 <i>Start 07/30/2009</i>	Cervarix		SKB	118	HPV-bivalent	Human Papillomavirus-bivalent
	90649	GARDASIL		MSD	62	HPV-quadrivalent	Human Papillomavirus-quadrivalent
	90651	GARDASIL		MSD	165	HPV9	HPV9
					137	HPV, uncertain formulation	HPV, uncertain formulation
Ig	90281	Ig			86	Ig	Ig human
	90283	IgIV			87	IgIV	Ig IV human
	90291	CMV-IgIV			29	CMV-IgIV	Cytomegalovirus Ig IV human
		BayGam		TAL		HepA-Ig	Hepatitis A Ig human
	90375	BayRab		TAL	34	RIg	Rabies Ig human
	90376	Imogam Rabies-HT		PMC	34	RIg-HT	Rabies Ig heat treated human
	90384	RhoGAM		ORT		RhIg full-dose	Rho(D) Ig human, full-dose
	90385	MICRhoGAM		ORT		RhIg mini-dose	Rho(D) Ig human, mini-dose
	90389	BayTet		TAL	13	TIg	Tetanus Ig human
		Hyper-TET	N	TAL			Tetanus Ig human
	90393	Vaccinia-Ig			79	Vaccinia-Ig	Vaccinia Ig human (VIg)
					156	Rho(D) IG	
	90396	VZIg		MBL	36	VZIg	Varicella-zoster Ig human
					14	Ig-Unspecified	Ig human-Unspecified
RSV-Ig	90378	Synagis		MED	93	RSV-IgIM	Respiratory syncytial virus IgIM
	90379	RespiGam		MED	71	RSV-IgIV	Respiratory syncytial virus IgIV

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Vaccine Group	CPT	Trade Name	Active?	MFG	Informational ONLY			
					CVX	Vaccine	CPT Description	
Influenza	90630	Fluzone Intradermal-IIV4		PMC	144	FLU, intradermal, quadrivalent, pres free	FLU, intradermal, quadrivalent, pres free	
	90653	Fluad		SEQ	168	FLU, trivalent, adjuvanted	FLU, trivalent, adjuvanted	
	90654	Fluzone Intradermal-IIV3		PMC	144	FLU, intradermal trivalent, pres free	FLU, intradermal trivalent, pres free	
	90655	Fluzone-PF 6-35M (IIV3)		PMC	140	FLU, injectable, trivalent, pres free	FLU-PF 6-35 Months IIV3	
	90656		Afluria-PF (IIV3) (Min Age 5 Years; previously 9 Years)		CSL	140	FLU, injectable, trivalent, pres free	FLU-PF IIV3
			Fluzone-PF > 3Y (IIV3)		PMC			
			Fluarix-PF (previously Fluarix-PF > 17 Years)		SKB			
			FluLaval-PF > 3Y (IIV3)		SKB			
	90657		Fluvirin-PF > 4 Years		NOV	141	FLU, injectable, trivalent	FLU 6-35 Months IIV3
			Fluvirin 6-35 Months	N	NOV			
			Fluzone > 6M (IIV3)		PMC			
			Fluogen 6-35 Months	N	PD			
			Flu-Immune 6-35 Months	N	WAL			
	Flu-Shield 6-35 Months	N	WAL					
90658		Afluria (IIV3) (Min Age 5 Years; previously 9 Years)		CSL	141	FLU, injectable, trivalent	FLU IIV3	
		Fluvirin > 3 Years		NOV				
		Fluzone > 6M (IIV3)		PMC				
		Fluogen > 3 Years	N	PD				
		Flu-Immune > 3 Years	N	WAL				
		Flu-Shield > 3 Years	N	WAL				

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Vaccine Group	CPT	Trade Name	Active?	MFG	Informational ONLY		
					CVX	Vaccine	CPT Description
		FluLaval > 3Y (IIV3) (previously FluLaval > 17 Years)		GSK			
		Fluvirin > 4 Years		NOV			
	90659	Fluvirin > 12 Years	N	NOV	16	FLU > 12 Years	Influenza whole virus
	<i>End 12/31/2002</i>	Fluzone > 12 Years	N	PMC			
		Fluogen > 12 Years	N	PD			
		Flu-Immune > 12 Years	N	WAL			
		Flu-Shield > 12 Years	N	WAL			
	90660	FluMist (LAIV3)	N	MED	111	FLU-LAIV3	Influenza, live, intranasal, trivalent
	<i>End 06/30/2013</i>						
	90661	Flucelvax (ccIIV3)		NOV	153	FLU, injectable, MDCK, pres free	FLU-PF MDCK ccIIV3
	90662	Fluzone High-Dose		PMC	135	FLU-PF, High-Dose	Influenza split virus, preservative free, high-dose
	<i>End 06/30/2020</i>						
	90662	Fluzone High-Dose Quad		PMC	197	FLU, high-dose, quadrivalent	Influenza (IIV), split virus, preservative free
	<i>Start 07/01/2020</i>						
	90672	FluMist (LAIV4)		MED	149	FLU-LAIV4	Influenza, live, intranasal, quadrivalent
	90673	Flublok		PSC	155	FLU, recombinant, injectable, pres free	FLU-PF RIV3
	90682	Flublok quadrivalent		PSC	185	FLU, recomb, quad, injectable, pres free	FLU-PF RIV4
	90674	Flucelvax (ccIIV4)		NOV	171	FLU, injectable, MDCK, pres free, quad	FLU-PF MDCK ccIIV4
	90685	Fluzone-PF 6-35M (IIV4)		PMC	161	FLU, injectable, quad, pres free 6-35M	FLU-PF 6-35 Months IIV4
		Afluria-PF 6-35M (IIV4)		SEQ			
	90686	Afluria-PF (IIV4) (Min Age 5 Years; previously 18 Years)		SEQ	150	FLU, injectable, quadrivalent, pres free	FLU-PF IIV4

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Vaccine Group	CPT	Trade Name	Active?	MFG	Informational ONLY		
					CVX	Vaccine	CPT Description
		Fluzone-PF > 3Y (IIV4)					Note: FluLaval-PF > 6M (IIV4)
		FluLaval-PF > 6M (IIV4) (previously 3Y)		SKB			
		Fluarix-PF (IIV4) (Min Age 6 Months; previously 3 Years)		SKB			
		Fluzone-PF > 6M (IIV4)		PMC			
	90687	Fluzone > 6M (IIV4)		PMC	158	FLU, injectable, quadrivalent	FLU 6-35 Months IIV4
	90688	Afluria (IIV4) (Min Age 5 Years; previously 18 Years)		SEQ	158	FLU, injectable, quadrivalent	FLU IIV4
		Fluzone > 6M (IIV4)		PMC			
		FluLaval > 6M (IIV4) (previously 3Y)		SKB			
	90694	FLUAD Quadrivalent		SEQ	205	Influenza, quadrivalent, adjuvanted	Influenza, quadrivalent, adjuvanted, pres free
			N		15	FLU, SPLIT	FLU, SPLIT
			N		88	Flu-Unspecified	Flu-Unspecified
	90724 <i>End 12/31/1999</i>		N				<i>Deleted Influenza code</i>
	90756	Flucelvax Quad With Preservative	Y	SEQ	186	FLU, injectable, MDCK, pres, quad	FLU, injectable, MDCK, quadrivalent, preservative
Lyme	90665	LYMERix		SKB	66	Lyme	Lyme disease
Measles	90705	Attenuvax	N	MSD	05	Measles	Measles live
		Measles					Measles live 1964-1974 (Eli Lilly-EL)
		Measles					Measles inactivated 1963-1966 (Eli Lilly - EL)
	90708	M-R-VAX	N	MSD	04	Measles-Rubella	Measles and rubella live

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Vaccine Group	CPT	Trade Name	Active?	MFG	Informational ONLY		
					CVX	Vaccine	CPT Description
		Measles-Rubella (MERU)					Measles and rubella
	90707	MMR II		MSD	03	MMR	Measles, mumps and rubella live (will also accept MMR as tradename)
	90710	PROQUAD		MSD	94	MMRV	Measles, mumps, rubella, varicella live
Meningo	90733	MENOMUNE		PMC	32	Meningococcal-Polysaccharide	Meningococcal-Polysaccharide (MPSV4)
					108	Meningococcal-Unspecified	Meningococcal-Unspecified
	90734	Menactra		PMC	114	Meningococcal-MCV4P	Meningococcal- MCV4P
		Menveo		SKB	136	Meningococcal-MCV4O	Meningococcal-MCV4O
					147	Meningococcal MCV4-Unsp	Meningococcal MCV4-Unsp
					103	Meningococcal C Conjugate	Meningococcal C Conjugate
	90644	Menhibrix		SKB	148	Hib-MenCY-TT	Meningococcal C/Y-HIB PRP
	90619	MenQuadfi		PMC	203	meningo poly (A,C,Y,W-135) TT conjugate	meningo poly (A,C,Y,W-135) TT conjugate
Meningococcal B	90620	BEXSERO		SKB	163	Meningococcal B, OMV	MeningB, OMV
	90621	Trumenba		PFR	162	Meningococcal B, recombinant	MeningB, recombinant
					164	Meningococcal B, unspecified	
Mumps	90704	Mumpsvax		MSD	07	Mumps	Mumps live
		Mumps					Mumps 1950-1978
	90709	Biavax II	N	MSD	38	Rubella-Mumps	Rubella and mumps live
		Mumps-Rubella (MURU)					Rubella and mumps
	90707	MMR II		MSD	03	MMR	Measles, mumps and rubella live (will also accept 'MMR' as tradename)
	90710	PROQUAD		MSD	94	MMRV	Measles, mumps, rubella, varicella live
Polio	90712	ORIMUNE	N	WAL	02	Polio oral	Poliovirus OPV live oral
	90713	IPOL		PMC	10	Polio injectable	Poliovirus inactivated IPV
	90723	Pediarix		SKB	110	DTaP-Hep B-IPV	DTaP-Hep B-IPV combination
	90698	Pentacel		PMC	120	DTaP-Hib-IPV	DTaP-Hib-IPV combination

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Vaccine Group	CPT	Trade Name	Active?	MFG	Informational ONLY		
					CVX	Vaccine	CPT Description
	90696	KINRIX		SKB	130	DTaP-IPV	DTaP- IPV combination
		Quadracel		PMC			
					89	Polio-Unspecified	Polio-Unspecified
Plague	90727	Plague			23	Plague	Plague
(Pneumococcal) PCV	90669	Prevnar 7 (Previously Prevnar)		PFR	100	Pneumo-conjugate 7	Pneumococcal conjugate polyvalent (will also accept 'pneumococcal' as tradename)
	90670	Prevnar 13		PFR	133	Pneumo-conjugate 13	
(Pneumo-poly) PPV	90732	PNU-IMUNE 23	N	WAL	33	Pneumococcal 23	Pneumococcal polysaccharide 23 valent (will also accept 'pneumo-poly' as tradename)
		Pneumovax 23		MSD			
Rabies	90675		N		18	Rabies-IM	Rabies intramuscular
		IMOVAX		PMC	175	Rabies - IM Diploid cell culture	Rabies - IM Diploid cell culture
		RABAVERT		SKB	176	Rabies-IM fibroblast culture	Rabies-IM fibroblast culture
	90676	IMOVAX ID	N		40	Rabies-ID	Rabies intradermal
		RABAVERT ID	N				
	90726		N		90	Rabies-unspecified	Rabies-unspecified
Rotavirus	90681	Rotarix		SKB	119	Rotavirus-monovalent	Rotavirus-monovalent live, oral
	90680	RotaTeq		MSD	116	Rotavirus-pentavalent	Rotavirus-pentavalent live, oral
		RotaShield	N	WAL	74	Rotavirus-tetravalent	Rotavirus-tetravalent live
					122	Rotavirus-Unspecified	Rotavirus-Unspecified
Rubella	90706	Meruvax II		MSD	06	Rubella	Rubella live
		Rubella					
	90709	Biavax II	N	MSD	38	Rubella-Mumps	Rubella and mumps live
		Mumps-Rubella (MURU)					Rubella and mumps
	90708	M-R-VAX	N	MSD	04	Measles-Rubella	Measles and rubella live
		Measles-Rubella (MERU)					Measles and rubella

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)**

Appendix

Vaccine Group	CPT	Trade Name	Active?	MFG	Informational ONLY		
					CVX	Vaccine	CPT Description
	90707	MMR II		MSD	03	MMR	Measles, mumps and rubella live (will also accept 'MMR' as trade name)
	90710	PROQUAD		MSD	94	MMRV	Measles, mumps, rubella, varicella live
Smallpox		ACAM2000		ACA	75	Vaccinia	Vaccinia (Smallpox), dry
		Dryvax	N	WAL	75	Vaccinia	Vaccinia (Smallpox), dry
		Vaccinia-Diluted			105		Vaccinia (Smallpox), diluted
Td	90714	DECAVAC		PMC	113	Td-PF	Tetanus and diphtheria preservative free
	<i>Start 07/01/2005</i>	TENIVAC		PMC	113		
	90718	Td		GRF	09	Td	Tetanus and diphtheria adult
	90715	ADACEL		PMC	115	Tdap	Tetanus, diphtheria, acellular pertussis
		BOOSTRIX		SKB			
					139	Td (Adult), Unspecified Formulation	
Tdap	90715	ADACEL		PMC	115	Tdap	Tetanus, diphtheria, acellular pertussis
		BOOSTRIX		SKB			
					11	Pertussis	Pertussis
Tetanus	90703	TT		PMC	35	Tetanus	Tetanus
					112	Tetanus-Unspecified	Tetanus-Unspecified
Typhoid	90690	Vivotif Berna/Ty21a		BPC	25	Typhoid-oral	Typhoid oral (will also accept tradenames 'Vivotif Berna' or 'Ty21a')
	90691	Typhim Vi		PMC	101	Typhoid-ViCPs	Typhoid VI capsular polysaccharide
	90692	Typhoid		WAL	41	Typhoid-H-P	Typhoid heat and phenol inactivated
	90693	Typhoid-AKD			53	Typhoid-AKD	Typhoid acetone-killed, dried (military)
	90714				91	Typhoid-Unspecified	Typhoid-Unspecified
	<i>End 12/31/1999</i>						
Varicella	90716	Varivax		MSD	21	Varicella	Varicella live
	90710	PROQUAD		MSD	94	MMRV	Measles, mumps, rubella, varicella live
Yellow Fever	90717	YF-VAX		PMC	37	Yellow Fever	Yellow Fever vaccine, live, for subcutaneous use

Flat File Specification **Version 15.6.0 (Revised 03/25/2021)****Appendix**

Vaccine Group	CPT	Trade Name	Active?	MFG	<i>Informational ONLY</i>		
					CVX	Vaccine	CPT Description
	90717	Stamaril		PMC	183	Yellow Fever vaccine– alt	Yellow Fever vaccine, live, for subcutaneous use
	90717			PMC	184	Yellow Fever, unspecified formulation	Yellow Fever vaccine, live, for subcutaneous use