

PROVIDER PERSON CLASS/TAXONOMY FILE

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides policy for assigning VHA person class codes in the new person file.
- 2. SUMMARY OF MAJOR CHANGES:** This VHA directive will change the use of the term 'person class' to taxonomy. Taxonomy is a specific designation assigned to each clinical discipline. The taxonomy is used by the Allocations Resource Center (ARC), Managerial Cost Accounting Office (MCAO) and third party billing.
- 3. RELATED ISSUES:** None.
- 4. RESPONSIBLE OFFICE:** Health Information Management (10A7) is responsible for the content of this directive. Any questions may be addressed to 217-649-3691.
- 5. RESCISSIONS:** VHA Directive 2012-003, dated January 12, 2012, is rescinded.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of July 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

Carolyn M. Clancy, M.D.
Executive in Charge

DISTRIBUTION: Emailed to the VHA Publications Distribution List on July 20, 2018.

CONTENTS

PROVIDER PERSON/CLASS TAXONOMY FILE

1. PURPOSE 1

2. BACKGROUND 1

3. DEFINITIONS 2

4. POLICY 4

5. RESPONSIBILITIES 4

6. REFERENCES 5

APPENDIX A

FREQUENTLY ASKED QUESTIONS FOR ENTERING TAXONOMYA-1

PROVIDER PERSON CLASS/TAXONOMY FILE

1. PURPOSE

This Veterans Health Administration (VHA) directive redefines established policy for assigning Taxonomy codes to providers in the Veterans Health Information Systems and Technology Architecture (VistA) NEW PERSON File. **AUTHORITY:** Title 45 Code of Federal Regulations (CFR) 162.410.

2. BACKGROUND

a. As of October 1996, VHA facilities were required to report each ambulatory encounter and/or ancillary service. Provider, procedure, and diagnosis information is included in the minimum data set reported to the National Patient Care Database (NPCD). The provider information reported is the "Person Class" defined for all providers associated with ambulatory care delivery.

b. VHA began assigning Person Class codes in the provider domain during implementation of the Ambulatory Care Data Capture initiative in October 1996. The American National Standards Institute (ANSI) and the Health Care Financing Administration (HCFA) National Provider System Workgroup developed a Provider Classification System, Provider Taxonomy, which codified provider types and provider areas of specialization for all medical-related providers. **NOTE:** *HCFA is now known as the Centers for Medicare and Medicaid Services (CMS), and this taxonomy is currently overseen by the National Uniform Claim Committee (NUCC). This taxonomy was developed to codify providers for billing purposes. The taxonomy list incorporates many types of providers associated with medical care in various ways. Many classifications support equipment and machinery or repair, such as technologists and technicians. A number of the providers provide medical services in concert with others and do not, or cannot, bill independently.*

c. The focus of this taxonomy is on licensed health care providers who bill for health-related services rendered, and is inclusive for all those who appear on the CMS Provider Specialty listing. The taxonomy is hierarchical and begins by describing each broad grouping of specific providers to the most specific. Titles under the categories provide the level of detail to identify specialty information to support identifying credentialing information, yet are broad enough to support specialization information.

d. The provider classification system (or taxonomy) adopted by VHA, as a supplement to the Person Class, is hierarchical and classifies providers into aggregate groupings around services, provider types, and areas of specialization or focus. The taxonomy represents a one-to-many relationship to the individual provider. Many occurrences of the taxonomy may apply to a single provider. A provider who trains in Internal Medicine and specializes in Cardiology may appear with specialties in both Internal Medicine and Cardiology (two occurrences of the taxonomy relating to one provider). VHA assigns only one Taxonomy to each provider and in the preceding example, Cardiology would be the assigned Taxonomy as it is the more specific.

NOTE: Information regarding NUCC can be found at <http://www.nucc.org/> and the latest provider taxonomy codes at <http://www.wpc-edi.com/> (select reference, provider taxonomy). These sites provide definitions for each category and sub-category of providers. These are public Web sites. The Department of Veterans Affairs (VA) version of this file can be found at NPCD Web site Content (select "taxonomy"). This Web site is not accessible to the public.

e. This directive describes and outlines the provider classification system. The term person class, previously used in this directive, will be referred to as Taxonomy. Taxonomy is a supplement to the person class maintained in VistA's new person file. NUCC maintains the Provider Taxonomy Code List, which is used in the transactions specified in the Health Insurance Portability and Accountability Act (HIPAA), and revises it periodically. This directive incorporates the updates to the taxonomy listing.

3. DEFINITIONS

a. **Provider Categories.** The hierarchy of provider categories incorporates four areas of provider classifications that, when used in concert with one another, create the capability to sort providers into broad and specific categories. The provider category hierarchy consists of the following:

(1) **Major Grouping or Provider Type.** A major grouping or provider type is a code identifying a major grouping of service(s) or occupation(s) of health care providers. For example, Allopathic and Osteopathic Physicians is a broad category grouping state licensed providers in allopathic or osteopathic medicine whose scope of practice is determined by education.

(2) **Classification Code.** The Classification Code is a code identifying more specific services(s) or occupation(s) within the health care provider type. The coding is based on licensed provider classifications. For example, Dental Service Providers includes Dentists, Dental Hygienists, and Dental Laboratory Technicians.

(3) **Area of Specialization Code.** The Area of Specialization code is a code identifying a provider's specialization, a segment of the population that a health care provider chooses to service, a specific medical service, a specialization in treating a specific disease, or any other descriptive characteristic about the provider's practice relating to the services rendered. For example, a provider who trained in Internal Medicine and specializes in Cardiology. In assigning the correct taxonomy, the most specific area of specialization within the category needs to be selected. In this example, the correct assignment is:

(a) Broad Category or Provider Type: Allopathic and Osteopathic Physicians.

(b) Classification Code: Internal Medicine.

(c) Area of Specialization: Cardiovascular disease (Cardiology).

(4) **Trainee Categories.** The Taxonomy File provides seven trainee categories. These categories may be added as secondary providers, and the supervising practitioner must be recorded as the primary provider for all patient care episodes. These categories are:

- (a) V115500 Physicians (M.D.) Resident, Allopathic (includes Interns and Fellows);
- (b) V115600 Physicians (D.O.) Resident, Osteopathic (includes Interns and Fellows);
- (c) V030300 Dental Service, Dental Resident;
- (d) V060808 Optometry Service, Optometry Resident;
- (e) V120213 Podiatric Service, Podiatry Resident;
- (f) V070802 Nursing Service and Other Nursing Services (non-RNs), Graduate Nurse; and
- (g) V130405 Respiratory, Rehabilitative and Restorative Service, Rehabilitation Practitioner, Rehabilitation Intern.

NOTE: *Medical Resident Taxonomy assignments (including interns) are limited to only two resident classifications, numbers V115500, V115600, and are not reflective of the teaching physician specialty.*

b. **Taxonomy.** The Taxonomy classification contains major groupings of providers, which are:

- (1) Allopathic and Osteopathic Physicians;
- (2) Behavioral Health and Social Service;
- (3) Chiropractic; Dental; Dietary, and Nutrition and Food Service;
- (4) Emergency and Medical Service;
- (5) Eye and Vision Services;
- (6) Nursing Services;
- (7) Nursing Service-related providers;
- (8) Other service providers;
- (9) Pharmacy Service Providers;
- (10) Physician Assistants (PA) and Advanced Practice Nursing Providers;

(11) Podiatric Medicine and Surgery Providers;

(12) Respiratory, Rehabilitative, and Restorative Providers; and

(13) Speech, Language, and Hearing Technologist, Technician, and other Technical Service Providers.

4. POLICY

It is VHA policy that all VHA providers must be assigned an appropriate specific Taxonomy and that VHA utilize data definitions as published and maintained by NUCC in the determination of the appropriate Taxonomy. In addition, VHA should follow current industry standard practices and adopt the CMS taxonomy assigned through the acquisition and maintenance of individual provider National Provider Identifier (NPI) numbers. **NOTE:** See [NPCD Web site Content](#), select Taxonomy for the mandated VA codes related to the provider classifications. This is an internal VA Web site and is not available to the public.

5. RESPONSIBILITIES

a. **VA Medical Facility Director.** Each VA medical facility director is responsible for ensuring that:

(1) Each provider is assigned a code from the Taxonomy classification file according to the definitions provided in the taxonomy.

(2) Each provider is assigned a Taxonomy code according to the definitions provided at the NUCC Web site, which define each category and sub-category of provider.

(3) This Web site: [Person Class Taxonomy Codes](#) is used as the official source for: the taxonomy itself; the definitions of the taxonomy; and the VA numbers to be assigned to providers and other staff. VA numbers for each Taxonomy represent the listing VA uses to classify providers. This listing, which is within VistA, must be used to assign the Taxonomy to a provider.

(4) The Taxonomy assignments are reviewed and updated at least annually.

(5) As providers enter or leave employment or change from one clinical discipline to another, their respective Taxonomy must be edited to reflect the appropriate status.

NOTE: The specialty and credentials of the provider are required for VHA clinical encounter reporting and to meet CMS billing requirements.

b. **Facility Chief of Staff.** The facility Chief of Staff is responsible for ensuring that each health care provider is assigned a Taxonomy code according to the health care provider's credentials and privileges to the highest level of specificity, as outlined in this directive.

c. **Facility Program Officers.** Each organizational unit at the facility level must ensure that all providers are assigned to an appropriate Taxonomy reflective of their position. **NOTE:** *Facility Program Officers, responsible for assigning Taxonomy designation, need to be knowledgeable of the provider's credentials and privileges; they need to work in collaboration with credentialing and privileging staff (see Appendix A).*

d. **Health Care Providers.** Health care providers are responsible for registering themselves through the National Provider Identifier (NPI) website and utilizing this portal to obtain taxonomy and NPI numbers. Their information in the portal must be current and accurate at all times.

6. REFERENCES

a. NUCC, Provider Taxonomy: <http://www.wpc-edi.com/> (select reference at top of page and provider taxonomy)

b. VA Taxonomy: [NPCD Website Content](#)

FREQUENTLY ASKED QUESTIONS FOR ENTERING TAXONOMY

1. QUESTION: Why do providers need to be assigned a Taxonomy when they are entered into the NEW PERSON file prior to performing clinical duties?

Answer: Each provider must be assigned a Taxonomy in Veterans Health Information Systems and Technology Architecture (VistA) in order to exercise clinical privileges, pass workload to the Patient Care Encounter application, and for use in applicable third-party billing cases. Credentials of all new providers must be verified prior to appointment.

a. There are three option choices to edit Taxonomy data:

(1) **Taxonomy Edit option.** *NOTE: The Taxonomy Edit option needs to be utilized.* Once the Taxonomy has been entered for any provider, an additional or new Taxonomy can be entered by using the Taxonomy Edit option.

(2) **User Taxonomy Build Edit option.**

(3) **Edit Existing User option on the User Management Menu.**

b. Using the Taxonomy Edit option at the Select Taxonomy prompt: enter a “?” and the listing will be presented. It is recommended that copying and pasting the listing into a word document as the listing is lengthy and has about 500 entries for various providers. Example listings from VistA are:

(1) Physicians (M.D.) and Osteopaths (D.O.).

(2) Physicians (M.D.) and Osteopaths (D.O.): Addiction Medicine.

(3) Physicians (M.D.) and Osteopaths (D.O.): Allergy and Immunology.

(4) Physicians (M.D.) and Osteopaths (D.O.): Allergy and Immunology, Clinical and Laboratory.

(5) Physicians (M.D.) and Osteopaths (D.O.); Allergy.

c. Choose the most specific entry from the listing and ensure it represents that individual’s certification or licensure. The entry listing is used at the prompt to enter the Taxonomy designation.

d. If a general entry is used, i.e., “entry number 1” has been assigned for a provider, there is no specialization information, which is a key indicator that you need to review the assignment since the majority of Taxonomy listings have an area of specialization, as in “entry number 2.” In cases where there is no specialty information, check the licensure or certification for the M.D. or Provider, and determine if a more specific designation can be made as noted in the preceding. The most specific code must be assigned to represent a provider’s area of specialization.

e. Review all the assignments and make sure they are as specific as possible. The assignment of the Taxonomy is normally made when the individual is granted privileges and access to the computer system, VistA. The provider's classification needs to be checked and modified, if necessary, when re-privileging and re-credentialing are done.

f. Once the Taxonomy has been entered for a provider, a new Taxonomy can be entered by using either the TAXONOMY EDIT option or the Edit Existing User Option within VistA.

g. Previous entries need to remain on file for history; old entries cannot be deleted or replaced. Modifications cannot be made to the Taxonomy field itself. However, the effective or expired date may be changed.

h. When a new Taxonomy entry is added to a provider who already has a Taxonomy entered, it is not necessary to enter the expired date for the previous Taxonomy. The program automatically inserts the effective date of the new Taxonomy as the expired date of the previous Taxonomy, since only one Taxonomy can be active at any given time for a provider.

2. QUESTION: Can more than one Taxonomy be assigned to an individual?

Answer: Yes, however, any patient care episode (encounter) that occurs automatically includes the active Taxonomy for the provider. Only one Taxonomy can be active for a provider at one time. A provider, who trains in Internal Medicine and is specializing in Cardiology, would be assigned to the Cardiology Taxonomy.

3. QUESTION: Does the provider information need to be reviewed after the initial Taxonomy is created?

Answer: Yes, the Taxonomy file must be reviewed at least annually. As providers leave or change responsibilities, such as a Registered Nurse becoming a Nurse Practitioner, the Taxonomy file must be edited. This is required for Veterans Health Administration (VHA) clinical encounter reporting and to meet the Centers for Medicare and Medicaid Services (CMS) billing requirements.

4. QUESTION: Who should be responsible for assigning and reviewing and updating Taxonomy assignment for credentialed staff and review upon receipt of any changes?

Answer: Several groups need to be involved since taxonomy covers most providers. The staff responsible for medical staff credentialing and privileging or the service or product line administrative officers may be the best to assist in the identification of the appropriate taxonomy code(s) for independent providers, just as offices like Nursing, Ancillary Services, or others may be the best in assisting with the identification of the appropriate Taxonomy code for those individuals within their programs. The assignment needs to be maintained and accurate for each provider and is a required field in order to pass workload and other functions.

5. QUESTION: Are there trainee categories for the Taxonomy file?

Answer: Yes.

a. There are seven trainee categories, which are:

- (1) Physicians (Medical Doctor) Resident, Allopathic (includes Interns and Fellows);
- (2) Physicians (Doctor of Osteopathy) Resident, (includes Interns and Fellows);
- (3) Dental Service Resident;
- (4) Podiatry Resident;
- (5) Optometry Resident;
- (6) Nursing Service and other Nursing Services (non-RNs), Graduate Nurse; and
- (7) Respiratory, Rehabilitative, and Restorative Service, Rehabilitation Practitioner, Rehabilitation Intern.

b. These categories of providers are to be added as secondary providers within an encounter, and the supervising practitioner needs to be recorded as the primary provider for all patient care episodes. No other trainees are to be given a Taxonomy designation.

6. QUESTION: Can students be assigned a Taxonomy?

Answer: No, students or trainees other than those listed in Question 5 cannot be providers. The supervising practitioner must be recorded as the primary provider for all patient care episodes.