Department of Veterans Affairs **VHA DIRECTIVE 2012-003**
Veterans Health Administration
Washington, DC 20420 **January 12, 2012**

PERSON CLASS FILE TAXONOMY

1. PURPOSE: This Veterans Health Administration (VHA) Directive redefines established policy for assigning Person Class codes to providers in the Veterans Health Information Systems and Technology Architecture (VistA) NEW PERSON File.

2. BACKGROUND

a. VHA began assigning Person Class codes from the provider taxonomy during implementation of the Ambulatory Care Data Capture initiative in October 1996. Originally, the American National Standards Institute (ANSI) and the Health Care Financing Administration (HCFA) National Provider System Workgroup developed a Provider Classification System, 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.

b. 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.

c. The provider classification system (or taxonomy) adopted by VHA 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 Person Class to each provider and in the preceding example, Cardiology would be the assigned Person Class 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/codes/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 http://vaww.aac.va.gov/npcd/ (select "person class/taxonomy"). This Web site is not accessible to the public.

d. This Directive describes and outlines the provider classification system. 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.

e. **Definitions**

(1) **Person Class.** The Person Classification contains major groupings of providers, which are:

(a) Allopathic and Osteopathic Physicians;

(b) Behavioral Health and Social Service;

(c) Chiropractic; Dental; Dietary, and Nutrition and Food Service;

(d) Emergency and Medical Service;

(e) Eye and Vision Services;

(f) Nursing Services;

(g) Nursing Service-related providers;

(h) Other service providers;

(i) Pharmacy Service Providers;

(j) Physician Assistants (PA) and Advanced Practice Nursing Providers;

(k) Podiatric Medicine and Surgery Providers;

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

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

(2) **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:

(a) 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. 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.

(b) 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. Example: Dental Service Providers includes Dentists, Dental Hygienists, and Dental Laboratory Technicians.

(c) 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. 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:

1. Broad Category or Provider Type: Allopathic and Osteopathic Physicians.

2. Classification Code: Internal Medicine.

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

(d) Trainee Categories. The Person Class 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:

1. 144 V115500 Physicians (M.D.) Resident, Allopathic (includes Interns and Fellows);

2. 145 V115600 Physicians (D.O.) Resident, Osteopathic (includes Interns and Fellows);

3. 209 V030300 Dental Service, Dental Resident;

4. V060808 Optometry Service, Optometry Resident;

5. V120213 Podiatric Service, Podiatry Resident;

6. 333 V070802 Nursing Service and Other Nursing Services (non-RNs), Graduate Nurse; and

7. 396 V130405 Respiratory, Rehabilitative and Restorative Service, Rehabilitation Practitioner, Rehabilitation Intern.

NOTE: *Resident Person Class assignments (including interns) are limited to only two resident classifications, numbers 144 and 145, and are not reflective of the teaching physician specialty.*

3. POLICY: It is VHA policy that all VHA providers must be assigned an appropriate specific Person Class and that VHA utilize data definitions as published and maintained by NUCC in the determination of the appropriate Person Class. ***NOTE****: See http://vaww.aac.va.gov/npcd/, select 'person class taxonomy' for the mandated VA codes related to the provider classifications. This is an internal web site and is not available to the public.*

4. ACTION

a. **Facility Director.** Each facility Director is responsible for ensuring that:

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

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

(3) This Web site (http://vaww.aac.va.gov/npcd/) 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 Person Class taxonomy represent the listing VA uses to classify providers. This listing, which is within VistA, must be used to assign the Person Class to a provider.

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

(5) As providers enter or leave employment or change from one class to another, their respective Person Class 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 Person Class 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 Person Class reflective of their position. ***NOTE****: Facility Program Officers, responsible for assigning person class designation, need to be knowledgeable of the provider's credentials and privileges; they need to work in collaboration with credentialing and privileging staff (see Att. A).*

5. REFERENCES

a. NUCC, Provider Taxonomy: http://www.wpc-edi.com/codes/taxonomy .

b. VA Person Class Taxonomy: http://vaww.aac.va.gov/npcd/ .

6. RESPONSIBLE OFFICE: The Director, Health Information Management (10P2C), is responsible for the contents of this Directive. Questions may be directed to (217) 586-6082.

7. RESCISSIONS: VHA Directive 2005-059 is rescinded. This Directive expires January 31, 2017.

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ATTACHMENT A

FREQUENTLY ASKED QUESTIONS FOR ENTERING PERSON CLASS

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

Answer: Each provider must be assigned a Person Class 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 Person Class data:

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

(2) User Person Class Build Edit option.

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

b. Using the Person Class Edit option at the Select Person Class 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.

d. 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 Person Class designation.

e. 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 Person Class 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.

f. Review all the assignments and make sure they are as specific as possible. The assignment of the Person Class 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.

g. Once the Person Class has been entered for a provider, a new Person Class can be entered by using either the PERSON CLASS EDIT option or the Edit Existing User Option within VistA.

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

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

2. Question: Can more than one Person Class be assigned to an individual?

Answer: Yes, however, any patient care episode (encounter) that occurs automatically includes the active Person Class for the provider. Only one Person Class 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 Person Class.

3. Question: Does the provider information need to be reviewed after the initial Person Class is created?

Answer: Yes, the Person Class file must be reviewed at least annually. As providers leave or change responsibilities, such as a Registered Nurse becoming a Nurse Practitioner, the Person Class 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 Person Class 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 Person Class 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 Person Class designation.

6. Question: Can students be assigned a Person Class?

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.