



# SLOVENSKI STANDARD

## SIST ENV 1068:2003

01-oktober-2003

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### Medicinska informatika – Izmenjevanje informacij o zdravstvenem varstvu – Registracija kodirnih shem

Medical informatics - Healthcare information interchange - Registration of coding schemes

Medizinische Informatik - Informationsaustausch im Gesundheitswesen - Registrierung von Kodierungsschemata

Informatique médicale - Echange d'information dans le domaine de la santé - Enregistrement des systèmes de codification

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#### **ICS:**

35.040	Nabori znakov in kodiranje informacij	Character sets and information coding
35.240.80	Uporabniške rešitve IT v zdravstveni tehniki	IT applications in health care technology

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English version

**Medical informatics - Healthcare information  
interchange - Registration of coding schemes**

**iTeh STANDARD PREVIEW**

Informatique médicale - Echange d'information  
dans le domaine de la santé - Enregistrement  
des systèmes de codification

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This European Prestandard (ENV) was approved by CEN on 1993-06-01 as a prospective standard for provisional application. The period of validity of this ENV is limited initially to three years. After two years the members of CEN will be requested to submit their comments, particularly on the question whether the ENV can be converted into an European Standard (EN).

CEN members are required to announce the existence of this ENV in the same way as for an EN and to make the ENV available promptly at national level in an appropriate form. It is permissible to keep conflicting national standards in force (in parallel to the ENV) until the final decision about the possible conversion of the ENV into an EN is reached.

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**CEN**

European Committee for Standardization  
Comité Européen de Normalisation  
Europäisches Komitee für Normung

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## Foreword

The preparation of this standard was undertaken by Project Team 005 of CEN/TC 251 "Medical Informatics" and covered by the European Commission order voucher BC-IT-212.

The European Prestandard had been approved for submission to the formal vote by CEN/TC 251 during its 11th plenary meeting on 26th of January 1993.

This European Prestandard was submitted for formal vote by the CEN Central Secretariat to the members of CEN/CENELEC on 1993-03-29 with the deadline of 1993-06-01. The result of the formal vote was positive.

According to the CEN/CENELEC Internal Regulations, the following countries are bound to announce the existence of this European Prestandard: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom.

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## Introduction

The increased use of data processing and telecommunications capabilities has made possible the interchange of information in machine readable and machine processable formats. As automated interchange of information in health care increases it is essential to provide the appropriate information interchange standards. Representation of information in coded form facilitates its processing by computer and enables it to be expressed with a precision and independence from language that may be difficult to achieve in other forms. Coded representation is therefore frequently used in information interchange for all types of application.

There are many coding schemes in use in health care. In the development of this European Prestandard it was recognized that immediate international adoption of a single coding scheme for each type of health care information is impracticable. Therefore, when interchanging information, it is necessary to identify unambiguously the coding schemes used for its representation. This European Prestandard recognizes existing coding schemes and provides a means for using them in a uniform way in health care information interchange. It allows an occurrence of health care information to be represented by more than one coding scheme. However the registration procedure is also intended to discourage the unnecessary proliferation of coding schemes used for the interchange of health care information.

The use of the procedures in this European Prestandard will:

- a) facilitate the representation of health care information in coded form for all purposes;
- b) reduce the potential ambiguity of information in coded form;
- c) reduce the need for human intervention in information interchange between applications;
- d) diminish the time required for the introduction of information interchange agreements;
- e) provide independence from language;
- f) in consequence of the foregoing reduce the cost of information interchange.

## Health care information interchange - Registration of coding schemes

### 1 Scope

This European Prestandard specifies a procedure for the registration of coding schemes used in health care for any purpose. It also specifies the allocation of a unique Health Care Coding Scheme Designator (HCD) to each registered coding scheme. A code value can thus be given an unambiguous meaning by association with an HCD.

The method by which an HCD and a code value are associated is not defined by this standard. The association is achieved in any manner appropriate to the syntax used.

This European Prestandard does not specify the coding schemes to be used in health care, give guidance on their selection nor describe methods of representing information in coded form.

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### 2 Normative References

This European Prestandard incorporates by dated or undated reference, provisions from other publications. These normative references are cited in the appropriate places in the text and the publications are listed hereafter. For dated references, subsequent amendments and revisions of any of these publications apply to this European Prestandard only when incorporated in it by amendment and revision. For undated references the latest edition of the publication referred to applies.

ISO 2382-4, Information processing systems - Vocabulary - Part 04: Organization of data.

ISO 6523, Data interchange - Structure for the identification of organizations.

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### 3 Definitions and abbreviations

For the purposes of this European Prestandard, the following definitions apply:

**3.1 bit; binary digit:** Either of the digits 0 or 1 when used in the pure binary numeration system.

(ref ISO 2382-4)

**3.2 character:** A member of a set of elements that is used for the representation, organization or control of data.

(ref ISO 2382-4)

**3.3 character set:** A finite set of different characters that is complete for a given purpose.

(ref ISO 2382-4)

**3.4 coding scheme:** A collection of rules that maps the elements of one set on to the elements of a second set.

(ref ISO 2382-4)

**3.5 coded set:** A set of elements which is mapped on to another set according to a coding scheme.

(ref ISO 2382-4)

### 3 Definitions and abbreviations (continued)

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**3.6 code meaning:** An element within a coded set.

**EXAMPLE:** "Paris Charles-De-Gaulle" which is mapped on to the three-letter abbreviation "CDG" by the coding scheme for three-letter abbreviations of airport names.

**3.7 code value:** The result of applying a coding scheme to a code meaning.

**EXAMPLE:** "CDG" as the representation of "Paris Charles-De-Gaulle" in the coding scheme for three-letter representations of airport names.

(based on ISO 2382-4, modified to use preferred terms defined above *coding scheme* for *code* and *code meaning* for an element of a *coded set*.)

**NOTE:** A diagrammatic illustration of the terms defined in 3.4, 3.5, 3.6 and 3.7 is provided in annex B.

**3.8 health care coding scheme:** Coding scheme used in health care.

**3.9 Health Care Coding Scheme Designator [HCD]:** Unique permanent identifier of a health care coding scheme registered for use in information interchange under the terms of this European Prestandard.

**NOTE :** A formal specification of the health care coding scheme designator is included in annex A.

**3.10 organization:** Unique framework of authority within which a person or persons act, or are designated to act, towards some purpose.

(ref ISO 6523)

**NOTE -** Groupings and subdivisions of an organization may also be considered as organizations where there is a need to identify these in information interchange.

**3.11 Register of Health Care Coding Schemes:** The register that is maintained in accord with the provisions of this European Standard.

**3.12 Issuing Organization (of a health care coding scheme):** Organization which assumes responsibility for the administration of a specific health care coding scheme.

**3.13 Registration Authority (for health care coding schemes):** Body responsible for assigning Health Care Coding Scheme Designators and for maintaining the Register of Health Care Coding Schemes as described in this standard.

**3.14 Sponsoring Authority (for health care coding schemes):** Body recognized by the requirements of this standard to receive requests for registration of health care coding schemes from Issuing Organizations and submit them to the Registration Authority.

**NOTE :** The definitions of Registration Authority, Sponsoring Authority and Issuing Organization for health care coding schemes are based on the generic definitions of these authorities and organizations in ISO 6523.

**3.15 health care coding scheme specification:** A source of information about a health care coding scheme maintained and made available by the Issuing Organization in accordance with the terms of this standard.



## 4 Identification of health care coding schemes

### 4.1 Purpose of the identification procedure

The procedure described in this clause provides for the unambiguous identification of registered health care coding schemes when they are used for the purpose of information interchange in health care. A code value is given an unambiguous meaning by association between:

- a) a Health Care Coding Scheme Designator (HCD), and
- b) the code value.

### 4.2 Health Care Coding Scheme Designator (HCD)

The HCD shall have a fixed length of six (6) characters and shall conform to the formal specification in annex A.

An HCD shall be allocated by the Registration Authority upon acceptance of a request for registration of a health care coding scheme in accordance with 6.4. An HCD once allocated shall be included in the Register of Health Care Coding Schemes and the same HCD value shall not be reallocated or deleted.

Instances of the HCD in which both the third and fourth characters are the digit "9" (nine) shall not be allocated by the Registration Authority but shall be reserved for identification of non-registered coding schemes within user agreements described in clause 5.

### 4.3 Code Value

The code value shall conform to the interchange format and character set specified, in the entry identified by the associated HCD, in the Register of Health Care Coding Schemes (see 7.1).

Code values not included in a registered health care coding scheme specification may be used in an information interchange that is subject to a user agreement as described in clause 5. Otherwise the code value shall represent a code meaning that can be ascertained by reference to the health care coding scheme specification for the coding scheme identified by the associated HCD (see 9.2).

### 4.4 Methods of Association

The method by which an HCD and a code value are associated in an information interchange is not specified by this standard. Possible methods include specification of the association:

- a) within a prior agreement between the parties to the information interchange;
- b) within message implementation guidelines applicable to all messages of a particular type;
- c) within an information interchange in such a manner that it is applicable to several messages;
- d) within individual messages;
- e) within the representation of the coded value.

## 5 User agreements

Health care coding schemes that have not been registered in accordance with this European Prestandard may be used in health care information interchange between parties who have entered into an appropriate agreement.

A non-registered coding scheme shall be identified by an HCD conforming to layout specification in annex A, in which both the third and fourth characters are the digit "9" (nine) and the values of the fifth and sixth characters are agreed between the parties to the agreement. (ie the HCD shall have the form XX99YY in which the characters represented by YY are agreed between the parties to the agreement).

The coding schemes associated with HCD values in this series shall be determined by prior agreement between the parties using them. It shall be the responsibility of these parties to ensure that, in the environment in which they are operating, ambiguities do not occur.

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## 6 The Registration Authority

### 6.1 Designation of the Registration Authority

A Registration Authority shall be designated to undertake the functions required by this European Prestandard. The designation shall be in accordance with annex N of the ISO/IEC Directives part 1. If the Council of ISO/IEC decline to act the designation will be made by CEN. In this event all the provisions of the annex shall apply with CEN assuming the responsibilities placed upon ISO/IEC and their constituent bodies.

### 6.2 Responsibilities of the Registration Authority

The Registration Authority shall receive and process requests for additions or amendments to the Register of Health Care Coding Schemes, shall assign HCD values and shall maintain the Register in accordance with the requirements of this European Prestandard.

The Registration Authority shall determine the form(s) in which requests shall be submitted. Annex D suggests a suitable format for requests. The Registration Authority shall also provide Sponsoring Authorities with guidance notes on the submission of requests.

The Registration Authority shall handle all aspects of the registration process in accordance with good business practice and in particular it shall take all reasonable precautions to safeguard the Register.

### 6.3 Evaluation of requests

Before acting upon a request for the addition or amendment of an entry in the Register of Health Care Coding Schemes the Registration Authority shall evaluate the request against the following criteria:

- a) the request has been endorsed by an organization that is recognized as an appropriate Sponsoring Authority under 8.1;
- b) the request includes all the information described in 7.1 a);
- c) compliance with the request does not result in the allocation of more than one HCD to the same coding scheme. This provision shall not preclude:

the issue of a new HCD to a coding scheme which has been revised in a way that prevents the acceptance of an amendment under the terms of 6.5;

the issue of an HCD to a coding scheme which is composed of several separate registered coding schemes covering different types of information as provided for by the terms of 9.3.

### **Evaluation of requests (continued)**

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- d) the request indicates that the Sponsoring Authority has complied with its responsibilities described in 8.2 and has successfully applied the evaluation criteria described in 8.3;
- e) the request indicates that the Issuing Organization understands and accepts its responsibilities described in 9.1;
- f) the request does not require the amendment of an existing entry in the Register in respect of any of the items marked by an asterisk (\*) in 7.1.

#### **6.4 Processing of requests for new registrations**

As soon as practicable, and normally within 30 days of receipt of a request from a Sponsoring Authority, the Registration Authority shall decide whether a request for a new registration is acceptable.

If the request is acceptable the Registration Authority shall allocate an HCD value determined in accordance with 4.2 and add the HCD and the information provided in the request to the Register of Health Care Coding Schemes. The Sponsoring Authority shall be sent a copy of the register entry and requested to check the entry and advise the Registration Authority immediately if any errors are detected.

If the request is not acceptable it shall be returned to the Sponsoring Authority with a clear statement of the reasons for rejection. If possible constructive advice shall be given as to the manner in which the request could be rendered acceptable.

#### **6.5 Processing of requests for amendment**

As soon as practicable, and normally within 30 days of receipt of a request from the appropriate Sponsoring Authority, the Registration Authority shall decide whether a request for an amendment to the Register of Health Care Coding Schemes is acceptable.

The appropriate Sponsoring Authority for the purpose of requesting amendments to the Register will normally be the Sponsoring Authority that supported the original request for registration. If a request for amendment is received from any other source the Registration Authority shall refer the request to the appropriate Sponsoring Authority for confirmation before taking any further action. If reference to the appropriate Sponsoring Authority is impracticable the Registration Authority shall identify an alternative appropriate Sponsoring Authority to which it shall refer the request.

If the requested amendment is acceptable the Registration Authority shall record the amendment in the Register of Health Care Coding Schemes. The Sponsoring Authority shall be sent a copy of the amended register entry and requested to check the entry and advise the Registration Authority immediately if any errors are detected.

If the requested amendment is not acceptable it shall be returned to the Sponsoring Authority with a clear statement of the reasons for rejection. If possible constructive advice shall be given as to the manner in which the request could be rendered acceptable.

If the request is rejected on the grounds that acceptance would require the amendment of any of the items marked by an asterisk (\*) in 7.1 the Issuing Organization shall submit, via the Sponsoring Authority, a requests for:

- a new registration in accordance with 6.4;
- and
- amendment of the information described in 7.1 d) of the old entry.