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**Health informatics — Patient healthcard  
data —**

**Part 6:  
Administrative data**

*Informatique de santé — Données relatives aux cartes de santé des  
patients —*

**iTeh STANDARD PREVIEW**  
*Partie 6: Données administratives*  
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Published in Switzerland

## Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

International Standards are drafted in accordance with the rules given in the ISO/IEC Directives, Part 2.

The main task of technical committees is to prepare International Standards. Draft International Standards adopted by the technical committees are circulated to the member bodies for voting. Publication as an International Standard requires approval by at least 75 % of the member bodies casting a vote.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights.

ISO 21549-6 was prepared by Technical Committee ISO/TC 215, *Health informatics*.

ISO 21549 consists of the following parts, under the general title *Health informatics — Patient healthcard data*:

— *Part 1: General structure*

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— *Part 2: Common objects*

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— *Part 3: Limited clinical data*

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— *Part 4: Extended clinical data*

— *Part 5: Identification data*

— *Part 6: Administrative data*

— *Part 7: Medication data*

## Introduction

With a more mobile population, greater healthcare delivery in the community and at patients' homes, together with a growing demand for improved quality of ambulatory care, portable information systems and stores have increasingly been developed and used. Such devices are used for tasks ranging from identification, through portable medical record files, and on to patient-transportable monitoring systems.

The functions of such devices are to carry and to transmit person-identifiable information between themselves and other systems; therefore, during their operational lifetime they may share information with many technologically different systems which differ greatly in their functions and capabilities.

Healthcare administration increasingly relies upon similar automated identification systems. For instance prescriptions may be automated and data exchange carried out at a number of sites using patient transportable computer readable devices. Healthcare funding institutions and providers are increasingly involved in cross-region care, where reimbursement may require automated data exchange between dissimilar healthcare systems. Administrative data objects may require linkage to external parties responsible for their own domains which are not within the scope of this part of ISO 21549. For instance, cross-border reimbursement of healthcare services are usually regulated by law and intergovernmental agreements which are not subject to standardization.

The advent of remotely accessible data bases and support systems has led to the development and use of "Healthcare Person" identification devices that are also able to perform security functions and transmit digital signatures to remote systems via networks.

With the growing use of data cards for practical everyday healthcare delivery, the need has arisen for a standardized data format for interchange.

The person-related data carried by a data card can be categorised in three broad types: identification (of the device itself and the individual to whom the data it carries relates), administrative and clinical. It is important to realise that a given healthcare data card "de facto" has to contain device data and identification data and may in addition contain administrative, clinical, medication and linkage data.

**Device data** are defined to include:

- identification of the device itself;
- identification of the functions and functioning capabilities of the device.

**Identification data** can include:

- unique identification of the device holder (and not information of other persons!).

**Administrative data** can include:

- complementary person(s) related data;
- identification of the funding of healthcare, whether public or private, and their relationships, i.e. insurer(s), contract(s) and policy(ies) or types of benefits;
- identification of other persons as a part of the insurance contract (e.g. a family contract);
- other data (distinguishable from clinical data) that are necessary for the purpose of healthcare delivery.

**Clinical data** may include:

- items that provide information about health and health events;
- their appraisal and labelling by a healthcare provider;
- related actions planned requested or performed.

**Medication data** may include:

- a record of medications received or taken by the patient;
- copies of prescriptions including the authority to dispense records of dispensed medication;
- records of medication bought by the patient;
- pointers to other systems that contain information that makes up an electronic prescription and the authority to dispense.

Because a data card essentially provides specific answers to definite queries whilst having at the same time a need to optimize the use of memory by avoiding redundancies “high level” Object Modelling Technique (OMT) has been applied with respect to the definition of healthcare data card data structures.

Patient data cards may offer facilities to:

- a) communicate prescription information from one healthcare person to another healthcare person such as to a healthcare agent or healthcare organization;
- b) provide indexes and/or authority to access prescription information held other than on the patient data card.

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This part of ISO 21549 describes and defines the administrative data objects used within or referenced by patient held health data cards using UML, plain text and Abstract Syntax Notation (ASN.1).

This part of ISO 21549 does not describe and define the common objects defined within ISO 21549-2 even though they are referenced and utilized within this document.

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# Health informatics — Patient healthcard data —

## Part 6: Administrative data

### 1 Scope

This part of ISO 21549 is applicable to situations in which administrative data are recorded on or transported by patient healthcards compliant with the physical dimensions of ID-1 cards defined by ISO/IEC 7810.

This part of ISO 21549 specifies the basic structure of the data contained within the data object administrative data, but does not specify or mandate particular data sets for storage on devices.

The detailed functions and mechanisms of the following services are not within the scope of this part of ISO 21549, although its structures can accommodate suitable data objects elsewhere specified:

- the encoding of free text data;
- security functions and related services that are likely to be specified by users for data cards depending on their specific application, e.g. confidentiality protection, data integrity protection, and authentication of persons and devices related to these functions;
- access control services that may depend on active use of some data card classes such as microprocessor cards;
- the initialization and issuing process (which begins the operating lifetime of an individual data card, and by which the data card is prepared for the data to be subsequently communicated to it according to this part of ISO 21549).

The following topics are therefore beyond the scope of this part of ISO 21549:

- physical or logical solutions for the practical functioning of particular types of data card;
- how the message is processed further downstream of the interface between two systems;
- the form which data take for use outside the data card, or the way in which such data are visibly represented on the data card or elsewhere.

### 2 Normative references

The following referenced documents are indispensable for the application of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 3166-1, *Codes for the representation of names of countries and their subdivisions — Part 1: Country codes*

## ISO 21549-6:2008(E)

ISO 20302, *Health informatics — Health cards — Numbering system and registration procedure for issuer identifiers*

ISO 21549-1, *Health informatics — Patient healthcard data — Part 1: General structure*

ISO/IEC 7816-6, *Identification cards – Integrated circuit cards — Part 6: Interindustry data elements for interchange*

ISO/IEC 8824-1, *Information technology — Abstract Syntax Notation One (ASN.1): Specification of basic notation — Part 1*

ISO/IEC 8825-1, *Information technology — ASN.1 encoding rules: Specification of Basic Encoding Rules (BER), Canonical Encoding Rules (CER) and Distinguished Encoding Rules (DER) — Part 1*

ISO/IEC 10646, *Information technology — Universal Multiple-Octet Coded Character Set (UCS)*

### 3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 21549-1 apply.

### 4 Symbols and abbreviated terms

ASN.1	Abstract Syntax Notation One
BER	Basic Encoding Rules
CRT	Cardholder Related Template
ID	Identifier
NET	National Extensions Template
UCS	Universal Multiple-Octet Coded Character Set
UML	Unified Modelling Language
UTF8	UCS Transformation Format 8

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### 5 Definition of the administrative data set

**5.1** In order to facilitate interoperability, whenever an application is built for use in the healthcare domain in compliance with this part of ISO 21549, data items required for that application shall be drawn from the list of objects (some of which are extensible) as provided in 5.2. These shall then be used in conjunction with other data defined in other parts of ISO 21549. To differentiate between the administrative data set of this part of ISO 21549 and other data sets of ISO 21549, the administrative data set should primarily contain data for identification of the funding institutions of healthcare and their relationships i.e. insurers, contracts and policies or types of benefits. The administrative data set should include data (distinguishable from clinical data) that are necessary for the purpose of healthcare delivery.

**5.2** Table 1 shows the definition of Administrative data in tabular form according to the ASN.1 basic notation and basic encoding described in ISO/IEC 8824-1 and ISO/IEC 8825-1, respectively. The corresponding ASN.1 definition is given in Annex A. In the ASN.1 definition the ASN.1 data type UTF8String is used for the coding of alphanumeric data elements. Since the UTF8 encoding uses 1 to 6 bytes for each character, the number of storage bytes which should be provided by the card may be greater than the denoted length in characters. The use of UTF8 should be restricted to a limited international character set, since it



does not make sense to provide each country with the unfamiliar character set of another country. The formation of this international character set as a subset of the Universal Character Set (UCS) is a subject for discussion. Figure 1 shows the UML class diagram. An overview of the template structure is given in Figure 2.

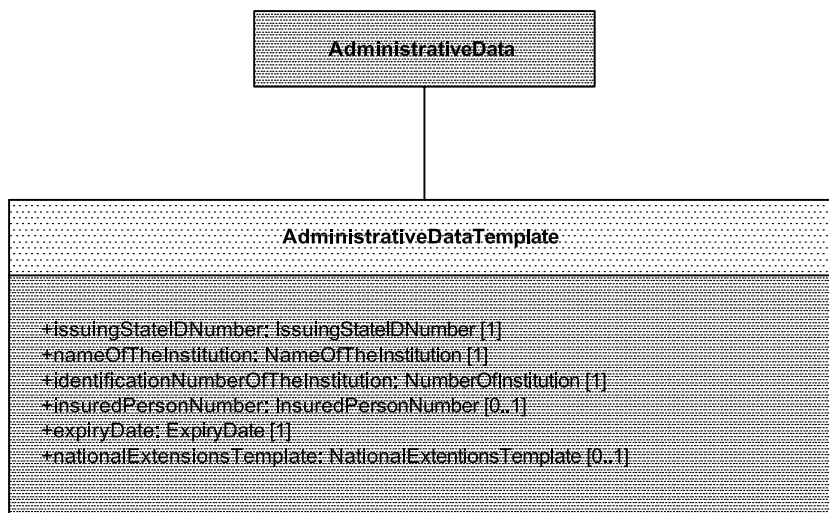


Figure 1 — UML class diagram

Table 1 — Specification of individual entities within the Administrative data set

Tag	L	Value			Data type	Notes
'65'	Var.	Cardholder related template			ISO 21549-6:2008	Tag of cardholder related data, defined in ISO 7816-6
Tag	L	Value	Data type	Notes		
'90'	2	Issuing state ID number (2 characters)	AN	Mandatory DO; Alpha-2-Code (see ISO 3166-1)		
'91'	x	Name of the institution (2-45 characters)	AN	Mandatory DO		
'92'	4-10	Identification number of the institution	N	Mandatory DO; definition according to national regulations The number should follow ISO 20302		
'93'	x	Insured person number (2-30 characters)	AN	Optional DO; only present, if this identification number of the person depends on the funding institution.		
'94'	8	Expiry date	N	Mandatory DO; basic date format (see ISO 8601): YYYYMMDD		
'73'	Var.	National extensions template		Optional; tag of discretionary data objects; the template should only be present if one or more additional data objects used by the issuing country follow. (see ISO 7816-6)		
Tag	L	Value	Data type	Notes		
				Additional country-specific data objects not defined in this standard.		