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**HEALTH INFORMATICS - REGISTRATION OF  
CODING SYSTEMS**

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EUROPEAN STANDARD  
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EUROPÄISCHE NORM

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English version

## Health informatics - Registration of coding systems

Informatique de santé - Enregistrement des systèmes de  
codage

Medizinische Informatik - Registrierung von  
Kodierungsschemata

This European Standard was approved by CEN on 17 April 2005.

CEN members are bound to comply with the CEN/CENELEC Internal Regulations which stipulate the conditions for giving this European Standard the status of a national standard without any alteration. Up-to-date lists and bibliographical references concerning such national standards may be obtained on application to the Central Secretariat or to any CEN member.

This European Standard exists in three official versions (English, French, German). A version in any other language made by translation under the responsibility of a CEN member into its own language and notified to the Central Secretariat has the same status as the official versions.

CEN members are the national standards bodies of Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland and United Kingdom.



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## **Foreword**

This European Standard (EN 1068:2005) has been prepared by Technical Committee CEN /TC 251, " Health Informatics", the secretariat of which is held by NEN.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by December 2005, and conflicting national standards shall be withdrawn at the latest by December 2005.

This European Standard supersedes ENV 1068:1993.

According to the CEN/CENELEC Internal Regulations, the national standards organizations of the following countries are bound to implement this European Standard: Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland and United Kingdom.

## EN 1068:2005 (E)

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

The use of the procedures in this European Standard will:

- a) facilitate the representation of health 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.

It has been produced by the European Body because, to date, there has been no successful implementation of an International Standard addressing the same needs, while it is urgently required to facilitate information interchange in health within Europe. It is nevertheless recognised that the subject is a matter for world-wide co-operation. This European Standard has therefore been written in conformance with the ISO/IEC Directives and every attempt has been made to avoid introducing regional bias.

In the situation resulting from the instatement of ISO/IEC 11179-6, this European Standard should be considered as providing a mean for a sectorial – for health –, and regional – at least for Europe – implementation of the International Standard. As a consequence, the Registration Authority meant by this European Standard should eventually refer to the Central Registration Authority planned in the International Standard.

As per this European Standard, a comprehensive international register of health coding systems will be created and will be made available to all those who may benefit from the information it contains. It might also occur that organisations outside Europe submit health coding systems for registration in accordance with it.

The role to be played by the Registration Authority as per this European Standard, (referred to in Clause 6, and elsewhere in this European Standard), and its basic rules of procedure, are the subject for a separate supporting document (“Health Informatics – Health Information Interchange – Registration of Coding Systems – The Registration Authority”).

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