

Diagnostic exams

Definitions

Updated: September 2021

Diagnostic exams	<p>An exam is defined as a medical imaging session to study one (or more than one) body part that yields one or more views for diagnostic purposes.</p> <p>Data are collected for <i>Computed Tomography (CT) exams, Magnetic Resonance Imaging (MRI) exams, and Positron Emission Tomography (PET) exams.</i></p> <p>Data are collected for the <i>total</i> number of exams and for the breakdown between <i>hospitals</i> and <i>ambulatory care providers.</i></p> <p>a) Hospitals (HP.1): Establishments primarily engaged in providing medical, diagnostic, and treatment services to inpatients and the specialised accommodation services required by inpatients. Hospitals may also provide outpatient services as a secondary activity.</p> <p>b) Ambulatory care providers (HP.3): Establishments primarily engaged in providing health care services to patients who do not require inpatient services. These include establishments specialised in day cases and health practitioners in ambulatory health care, primarily providing services to patients visiting their office.</p>
Computed Tomography (CT)	<p>CT or CAT scanner is an x-ray machine which combines many x-ray images with the aid of a computer to generate cross-sectional views and, if needed, three-dimensional images of the internal organs and structures of the body.</p>
Magnetic Resonance Imaging (MRI)	<p>MRI is an imaging technique designed to visualise internal structures of the body using magnetic and electromagnetic fields which induce a resonance effect of hydrogen atoms. The electromagnetic emission created by these atoms is registered and processed by a dedicated computer to produce the images of the body structures.</p>
Positron Emission Tomography (PET)	<p>PET is a highly specialised imaging technique using short-lived radioactive substances. This technique produces three dimensional images which are used mainly for the assessment of cancer spread in a patient's body.</p> <p>Inclusion</p> <ul style="list-style-type: none"> - Modern PET-CT systems using image fusion (superposition of CT and PET images)

Country specific notes

[Belgium](#), [Bulgaria](#), [Czechia](#), [Denmark](#), [Germany](#), [Estonia](#), [Ireland](#), [Greece](#), [Spain](#), [France](#), [Croatia](#), [Italy](#), [Cyprus](#), [Latvia](#), [Lithuania](#), [Luxembourg](#), [Hungary](#), [Malta](#), [Netherlands](#), [Austria](#), [Poland](#), [Portugal](#), [Romania](#), [Slovenia](#), [Slovakia](#), [Finland](#), [Sweden](#), [Iceland](#), [Liechtenstein](#), [Norway](#), [Switzerland](#), [Montenegro](#), [North Macedonia](#), [Albania](#), [Serbia](#), [Turkey](#), [United Kingdom](#)

Belgium

Source of data: **INAMI** (Institut National d'Assurance Maladie-Invalidité).

Coverage:

- Total number of reimbursed cases for CT-Scans (nomenclature codes: 458673, 458684, 458710, 458732, 458743, 458813, 458824, 458835, 458846, 458850, 458861, 458872, 458883, 458894, 458905).
- Total number of reimbursed cases for MRI-examinations (nomenclature codes: 459395, 459406, 459410, 459421, 459432, 459443, 459454, 459465, 459476, 459480, 459491, 459502, 459513, 459524, 459524, 459535, 459546).
- Total number of PET-scans: estimation for the period 1999-2015, based on the consumption of the nomenclature code 442525. From 2016 onwards, data correspond to the specific PET-scan codes consumption of the nomenclature: 442536 - 442540.

Break in time series: 2016, for PET exams.

Bulgaria

Source of data: **National Centre for Public Health and Analyses at the Ministry of Health**

Coverage: From 2011 Exhaustive annual survey. Total number of exams in in-patient and outpatient health establishments.

Note: The number of PET exams is growing in 2018 due to the increase of number of PET scanners in hospital care and the year-round operation of the scanner in ambulatory care.

Czechia

Source of data: **Institute of Health Information and Statistics of the Czech Republic.** Survey on medical apparatuses in health establishments.

Coverage:

- The total number of diagnostic exams includes exams performed by hospitals and ambulatory care providers. However, because of the small number of medical equipment available in the ambulatory sector, there may be large variations over time in the number of exams performed with this equipment. Therefore, it has been decided not to show data by hospitals and ambulatory care providers in years 2004 and 2005.

Denmark

Source of data: **Danish Health Authority;** Based on data from The National Patient Register, maintained by 'Sundhedsdatastyrelsen'.

Coverage:

- Until 2013, data for CT and MRI exams has only been provided for public hospitals. For 2014, data from private hospitals and clinics has also been included (a total of 3632 CT exams and 55503 MRI exams).
- Some scans are performed in both public and private hospitals for outpatient cases, but they cannot be separated.

Break in time series: 2014.

Germany

Source of data: **Federal Statistical Office**, DRG-statistics 2019 (Diagnosis Related Groups, diagnoses and procedures of full-time patients in hospitals); Statistisches Bundesamt 2020, *Fallpauschalenbezogene Krankenhausstatistik (DRG-Statistik), Operationen und Prozeduren der vollstationären Patientinnen und Patienten in Krankenhäusern (4-Steller)*, table 1.3.1.

See <http://www.destatis.de> or <http://www.gbe-bund.de>.

Coverage:

- Included is the number of completed examinations with Computed Tomography scanners (CT) coded with OPS Version 2018 3-20...3-26, Magnetic Resonance Imaging units (MRI) coded with OPS Version 2018 3-80...3-84 and Positron Emission Tomography scanners (PET) coded with OPS Version 2018 3-74...3-75 in hospitals (HP.1).
- DRG-statistics extend to all hospitals that settle accounts according to the DRG-compensation system and that are subject to the scope of application of § 1KHEntgG. Facilities typically outside of the field of application of the new pay programme are primarily psychiatric and psychotherapeutic facilities.
- All significant operational interventions and medical procedures that are made from the time of the admission of a patient up to the time of the discharge and that are presentable in the official code of operations and procedures (OPS) are to be coded by the hospitals. The definition of a significant procedure is a procedure either of surgical nature, involving an interventional or anaesthetic risk, or requiring special facilities, special equipment or a special training.
- The official version of the operations and procedures key valid in the respective reporting year is relevant (OPS). The classification is published and provided by the German Institute of Medical Documentation and Information (DIMDI) pursuant to §§ 295 and 301 SGB V on behalf of the Federal Ministry of Health.
- Data before 2005 are not available.

Ambulatory care providers' data (CT and MRI)

Source of data: **Federal Office for Radiation Protection (BfS)**, Department SG "Radiation Protection and Health", Section AG-SG 2.1 "Diagnostic Radiology"; special evaluations by the Federal Office for Radiation Protection.

See <http://www.bfs.de>

Coverage:

- Data are estimates on Computed Tomography exams (CT) and Magnetic Resonance Imaging exams (MRI) performed in the ambulatory sector. 2015-16 data are rounded.
- The evaluations of the BfS are based on the billing data of radiological treatment delivered by the National Association of Statutory Health Insurance Physicians and the Association of Private Health Insurance.

Break in time series: 2017. Data are based on expanded sample as of 2017. It can be assumed that data prior to 2017 are overestimated.

Ambulatory care providers' data (PET)

Source of data: **Kotzerke J, Oehme L, Grosse J et al. Positron emission tomography 2013 in Germany – results of the query and current status.** *Nuklearmedizin* 2015, 54:53–59 and internal calculations by the **Federal Office for Radiation Protection (BfS)**, Department SG "Radiation Protection and Health", Section AG-SG 2.1 "Diagnostic Radiology" and the **Federal Statistical Office**.

Coverage:

- Data are estimates on Positron Emission Tomography exams (PET) performed in the ambulatory sector.
- The evaluations of the Federal Statistical Office and the BfS based on the results of a survey of the Positron emission tomography council of the German Society of Nuclear Medicine.

Estonia

Source of data: **National Institute for Health Development**, Annual statistical report of health care providers. See at:

https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas_03Tervishoiuteenused_04Diagnostika/?tablelist=true.

Coverage:

- Both public and private sector are included.
- Data are collected about hospitals and ambulatory care providers.

Deviation from the definition:

- Since 2015 data on MRI, CT and PET correspond to definition.

Break in time series: .

- Since 2015 data on MRI, CT and PET correspond to definition (counting one exam per medical imaging session).

Ireland

Data not available.

Greece

Source of data: Estimates based on National Organisation for Healthcare Provision (EOPYY), Public Hospitals, Ambulatory Care providers.

Coverage:

- The figures represent number of exams both in hospitals and in outpatient units (diagnostic centers).

Spain

Source of data:

- Up to 2009: **Ministerio de Sanidad** (Ministry of Health), **Estadística de Establecimientos Sanitarios con Régimen de Internado** (Statistics on Health Establishments providing Inpatient Care).

<http://www.mspsi.gob.es/estadEstudios/estadisticas/estHospiInternado/inforAnual/homeESCRI.htm>

- Since 2010: **Ministry of Health** from **Specialised Care Information System** (Sistema de Información de Atención Especializada - SIAE).

Coverage:

- Data are available for diagnostic exams performed by ambulatory care providers since 2010.

Break in time series: There is a decrease in "PET exams" performed outside hospitals (ambulatory care providers, HP.3) in 2011. In 2010, 13 PETS units were reported as ambulatory ones (HP.3), but in further years two of them have been reported as included in a hospital.

France

Hospitals

Source of data:

- Data extracted from the **SAE file** (Statistique annuelle des établissements de santé/Annual statistics of health institutions) compiled by Drees (Direction de la recherche, des études, de l'évaluation et des

statistiques) from the Ministère du Travail, de l'Emploi et de la Santé (Secteur Santé). http://www.sae-diffusion.sante.gouv.fr/Collecte_2013/.

Coverage:

- France (Metropolitan and D.O.M, i.e. overseas territory).
- Institutions included irrespective of their legal status, categories, financing (e.g. private financing contributing to public hospital services) or size.

Ambulatory care providers

Source of data:

- **CNAMTS**, résultats annuels d'activité CCAM (Classification commune des actes médicaux) de scanographie et d'IRM en secteur libéral, en quantités et montants remboursables (HSD), pour les actes et les forfaits techniques (CCAM results for CT, MRI and PET activity in ambulatory sector, unpublished).

Coverage:

- France (Metropolitan and D.O.M, i.e. overseas territory).

Break in time series: 2013. A new examination of the data showed that examinations practiced in private hospitals were wrongly compiled in ambulatory care, hence a double count in the total. This error has been corrected from 2013.

Croatia

Source of data: **Croatian Institute of Public Health**, Medical Procedures Database

Coverage: Data include all public and private health care institutions in Croatia, except prison hospital.

Italy

Source of data:

- **Ministry of Health** - General Directorate of digitalisation, health information system and statistics.
- **Office of Statistics** and **Office of National Healthcare Information System**.
- **Ministry of health – General Directorate of Health Planning**.
- National Hospital Discharge Data Base (NHDDB); Information system for outpatient care monitoring.

Reference period: during the year.

Coverage:

Data include diagnostics exams performed during the hospital stay for inpatients and for day cases (NHDDB) and diagnostics exams performed as outpatient cases outside and inside hospitals (Information system for outpatient care monitoring).

The first source of data (NHDDB) covers all hospitals (public and private) that is HP.1.1 and HP.1.3 (excluding Military hospitals).

According to the definition, it was counted all the diagnostic exams carried out for each inpatient case and day case, by considering both the main diagnostic exam and the secondary diagnostic exams. Until 2016, the NHDDB recorded for each discharge up to five fields for procedures and exams; since 2017 the NHDDB records for each discharge up to ten secondary fields for procedures and exams.

The latter source of data refers to facilities both public and private accredited by the National Health Service. Diagnostic exams provided by private facilities not accredited by the National Health Service are not available.

Currently the latter source of data does not permit to provide the breakdown between diagnostic exams performed by hospital and ambulatory care providers.

Note: The observed decrease in the number of diagnostic exams for the year 2020 is due both to the incompleteness of the data provided and to the COVID-19 pandemic, which caused a reduction in hospital activity.

Cyprus

Source of data: General and Rural Hospitals of the public sector.

Coverage: Public sector only. Included are the exams performed on outpatients, since they are provided by hospitals, even if the outpatients do not use inpatient services

Deviation from the definition:. Deviation due to incomplete coverage, public sector only.

Estimation method: The number of exams performed in Nicosia General Hospital during overtime are not included in the figures, due to the fact that their discrimination by type distinction was infeasible.

Break in time series: No break.

Latvia

Source of data: **Centre for Disease Prevention and Control**.

Coverage:

- Country total.

- In 2021, data for 2003-2019 have been recalculated according to the definition.

- The number of diagnostic exams performed at HP.3 institutions also include exams performed at HP.4.2 institutions.

Lithuania

Source of data: **Health Information Centre of Institute of Hygiene**; Data of annual report of health care establishments.

Coverage:

- All health care institutions should report, but quality and coverage of private health care institutions, especially having no contract with Compulsory Health Insurance Fund, reporting is not complete.

- The number of PET exams is very low in 2012 as in Lithuania the first PET scanner started to be used at the end of 2012.

Luxembourg

Source of data: **Fichiers de la sécurité sociale**. Data prepared by **Inspection générale de la sécurité sociale**.

Coverage:

- Data refer to all diagnostic exams performed in hospitals, including outpatient cases in hospitals.

- There is no equipment available in private medical practices, and there are no private diagnostic centres in Luxembourg.

- The data refer to the resident population covered by the statutory health insurance scheme and to reimbursed medical acts performed in Luxembourg.

- Data for 2019 should be considered as preliminary.

Hungary

Source of data:

- From 2000 Until 2017: **Hungarian National Health Insurance Fund** (OEP in Hungarian), Statistical Yearbook by the Hungarian National Health Insurance Fund. Further information at <http://www.oep.hu>.

-From 2018: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian) www.neak.gov.hu.

Coverage:

- From 2000 Until 2017: CT and MRI exams only includes the number of examinations performed at the expense of health insurance The National Health Insurance Fund (OEP) finances the patient examinations in the outpatient care as per item, whereas the examinations in the inpatient care are included in the Diagnosis-related group (DRG) fee.

Break in time series:

- 2004: The accounting rules of CT and MRI examinations went through basic changes from 1 April 2004; the multipliers based on the age of machines and the duration of examination have been abolished. The maximum performance of service providers has been determined according to the number of examinations possible to carry out (TVK in Hungarian).

- 2005: From 1 October 2005 the financing rules of outpatient specialty care are applied to the accounting of CT, MRI examinations.

Note: Data for MRI exams are not shown up to 2005 because they strongly deviate from the data since 2006.

Deviation from the definition: In Hungary, diagnostic exams are recorded by reimbursement category. The National Health Insurance Fund (OEP) finances examinations in the outpatient reimbursement category item by item directly to the patient care institutions, regardless of whether the hospital or outpatient care institution. Inpatient examinations are funded by the health insurance on a flat-rate basis for the inpatient DRG weight.

Malta

Source of data: The **Occupational Health & Safety Authority** (OHSA) and **Individual Institutions**

Coverage: CT scan data includes CT exams carried out in all hospitals and clinics. However, MRI data include MRI exams carried out in hospitals only. PET exams are only carried out in hospital.

2013: The number of CT Exams carried out in ambulatory care has decreased since a small private hospital is now being included under the hospital sector as it is licensed for overnight stays.

Netherlands

Source of data: **Statistics Netherlands**, data from survey Beeldvormende Diagnostiek, part of the annual reports of social accounting care.

Coverage: refers to publicly financed healthcare.

Austria

Source of data: **Austrian Ministry of Social Affairs, Health, Care and Consumer Protection**; Hospital statistics.

Reference period: 31st December.

Coverage:

- Privately paid examinations carried out in private hospitals and in the ambulatory sector are not included.

- Up to 2014 exams provided by hospitals (HP.1) were included. Excluded were exams provided by ambulatory care providers (HP.3).
- From 2015 onwards, services provided in hospitals (HP.1, inpatient and outpatient) as well as in the ambulatory sector (HP.3) are recorded.

Break in time series: 2015.

- Up to and including 2014, the number of exams was derived from the large-scale equipment statistics, where only services provided in hospitals are recorded. From 2015 onwards, the LKF system is used as the data source, which led to a break in time series, especially for PET examinations (in the large-scale equipment statistics, PET and CT exams performed by a PET device were counted, whereas in the LKF statistics only PET exams are recorded). From 2015 onwards, services provided in hospitals as well as in the ambulatory sector are documented. During the transition period of the data changeover, irregularities in the reports occurred in the first years (namely an undercoverage).

Poland

2014-2018:

Source of data: the **Ministry of Health**.

Coverage:

- Data on Diagnostic exams from the **Ministry of Health** were prepared on a basis of information received from the National Health Fund (NHF). These data came from healthcare providers that had contract with NHF (public payer).

Deviation from the definition: The questionnaire provides a number of outpatient tests that the National Health Fund financed as part of additional financing for outpatient specialist care. This way of financing the hospital does not require reporting by health care providers who have concluded a contract with the National Health Fund, the details of performed diagnostic tests, as long as it does not affect the correctness of the financial settlement, therefore given information concerning the number of tests performed during hospitalization may not reflect the actual number of diagnostic tests performed.

Since 2019:

Ministry of Health:

- MZ-11 - report on activity and workers in outpatient health care. Data as at 31st December.
- MZ-29 - report on activity of general hospital. Data as at 31st December.

Ministry of Interior and Administration:

- MSWiA- 32 Report on the outpatient activities of independent public health care units Data as at 31st December
- MSWiA - 43 Report on activities of a general hospital and specialistic hospital. Data as at 31st December

Break in time series:

- 2019: change in data source as described above. From 2019, the breakdown between “hospitals” and “ambulatory care providers” follows the definition, with a split between exams performed in hospital and exams performed outside hospital. (In 2021, the breakdown has been removed for 2014-2018, as it did not follow the definition).

Portugal

Source of data: **Statistics Portugal** - Health statistics (published annually).

Coverage:

- National coverage.
- The number of diagnostic exams is available only for hospitals (public and private sector) from 1999 onwards. Data regarding PET exams was collected for the first time in 2011.

Romania

Source of data:

2000-2004: **Ministry of Health -CT exams from hospitals and from ambulatory care**

2005-2009: National School of Public Health and Health Management – CT and MRI exams from hospitals

2008-2009: Ministry of Health – PET exams from hospitals and from ambulatory care units

Since 2010:

- National House of Health Insurance: CT and MRI exams from sanitary units which provide outpatient services, Number of PET exams represents the number of PET-CTs exams performed as part of the annual national oncology program.
- Ministry of Health - National Institute for Public Health: CT and MRI exams provided in inpatient care.
- Ministry of Health, National Institute for Public Health: PET exams for inpatient and outpatient care. In 2015 data on PET exams refers only to outpatient care.

Coverage:

2000-2004: data refers to procedures in sanitary units from the Ministry of Health network (public sector).

Since 2005: data refers to procedures in sanitary units from the public and private sector.

Slovenia

CT and MRI exams in hospital

Source of data: **National Institute of Public Health, Slovenia.** Hospital data: e-DRG data set.

Coverage:

- E-DRG statistics extend to all hospitals that report data through e-DRG application from April 2004 (all public acute hospitals and some acute private hospitals).
- All e-DRG discharges from April 2004 are now coded using ICD-10-AM.
- The ICD-10-AM/ACHI (2nd Edition) codes used for 2004-2012 data and the ICD-10-AM/ACHI (6th Edition) codes used for 2013-2019 data are as follows:

CT: Blocks 1952-1966.

MR: Blocks 1991 and 2015.

PET, CT and MRI exams in ambulatory care

Source of data: **Health Insurance Institute** (surveys of health care providers and contracts with health care providers).

Coverage:

- Health care providers of outpatient care (covered by compulsory health insurance).
- Clinics in Public Hospitals, Organizations licensed to practice and Health care professionals licensed to practice.

PET exams in hospitals:

- No specific code in classification (ICD-10-AM/ACHI 2nd Ed.) for this exam.

- ICD-10-AM/ACHI (6th Edition) codes used for 2013-2019 data are: 9090500, 9090501, 9090502, 9090503.

Slovakia

Source of data: **National Health Information Center (NHIC).** Annual Statistical Report K (MZSR) 4-01.

Coverage:

Data for 2009-2019 were recalculated as well as adjusted closer to OECD definition, i.e. to separate diagnostic exams performed in hospital (HP.1) (including exams for inpatient and outpatient cases) from diagnostic exams performed outside hospital in ambulatory health care facilities (HP.3).

However we would like to note that our data source Report K (MZSR) 4-01 divides data into data on the number of CT examinations of hospitalized patients and data on the number of CT examinations of outpatient patients.

Data for 2009-2018 were calculated in accordance with OECD definition, i.e. examinations have been divided into examinations carried out in institutional health care facilities, hospitals (HP.1) and in ambulatory health care facilities (HP.3).

The data cover both public and private sector.

Finland

Source of data: **THL Finnish Institute for Health and Welfare**; Hospital Discharge Register and **Social Insurance Institute (KELA)**: Reimbursements on the use of private health care services.

Reference period: During the year.

Coverage:

- Hospital Discharge Register *Inpatient and day cases in hospitals, codes for exams according to NOMESCO Classification for Surgical Procedures. Data before 2010 is not reliable.*
- Reimbursements on the use of private health care services: *Cases treated in private health care, mainly outpatient care outside hospital, codes for exams according to NOMESCO Classification for Surgical Procedures.*

Sweden

Data not available.

Iceland

Source of data: **Statistics Iceland**.

- Data since 2006 collected by **Statistics Iceland** from the institutions which have MRI and/or CT machines for all years except 2008.

- 2008 data were collected by the **Icelandic Radiation Safety Authority** (IRSA collects the data on diagnostic exams from the institutions every five years).

Coverage:

- The use of one MRI and one CT machine is dedicated to research, so part of the total number of tests are for scientific purposes (2%-3% of MRI exams and less than 1% of the CT exams in 2006-2007; 3%-5% of MRI exams and 2% or less of CT exams in 2009-2011. In 2012, these figures are 0.5% for MRI and 1.5% for CT).

Liechtenstein

Source of data: data report from hospital. The MRI started in August 2009, therefore data is available from 2010 on.

Coverage: 100%

Norway

Source of data:

- The Norwegian Health Economics Administration (HELFO) under The Norwegian Directorate of Health. <https://www.helfo.no/english/information-in-english>

Coverage:

- Only data from ambulatory care providers (HP.3) are available.
- Exams in outpatient establishments in both public and private sector are included.

Deviation from the definition:

- Totals include only HP.3, as data from HP.1 is not available

Estimation method:

- Aggregation of number of refund claims to The Norwegian Health Economics Administration (HELFO)
- The classification system NCRP (Norwegian Classification of Radiological Procedures) is used
- CT exams: include CT, CTA, CTV
- MRI exams: include MR, MRA, MRV
- PET exams: include PET, PET/CT, PET/MR

Further information:

As regulations give limitations for how many exams that can be refunded per patient per day, the total number of exams to some extent can be underestimated.

Switzerland

Source of data:

- Federal Statistical Office, Neuchâtel. Hospital Statistics, yearly census.

Coverage:

- Full coverage of hospitals (HP.1), inpatient and outpatient services (for data 2013, coverage of 95% of hospitals).
- No data yet from ambulatory care providers.
- The number of PET exams in 2015 may be under-reported.

Montenegro

Data not available.

North Macedonia

Source of data: Health Insurance fund – DRG.

Reference period: 31st December.

Coverage: public health sector

Note: the data are from publicly owned hospitals, outpatient departments in hospitals, emergency departments, outside hospitals. The private hospitals, private outpatient departments in hospitals, private emergency departments, and private outside hospitals are not included.

Albania

Data not available.

Serbia

Source of data: National Health Insurance Fund, Data as of December 31, <http://www.rfzo.rs/>

Coverage: Data for Kosovo-Metohija province are not included in the coverage of data for the Republic of Serbia. Data from private health sector are not included. Data refer to services provided to insured citizens.

Break in time series: From 2014 onwards the new nomenclature of health services is applied (including CT exams) where multiple procedures are merged in one service (CT exam).

Turkey

Source of data: **General Directorate for Health Services, Ministry of Health.**

Coverage:

- Data include Ministry of Health-affiliated health care facilities, universities and private hospitals. MoND-affiliated health care facilities are included since 2012.
- The number of diagnostic tests refers to both outpatient and inpatient totals.
- Diagnostic tests given by outsourcing are included.

Note: the data on MRI exams are under further investigation; hence they are not shown in database.

United Kingdom

Source of data:

- *England:* **NHS England.**
- *Wales:* **NHS Wales.**
- *Scotland:* **NHS National Services Scotland**, Information Services Division (ISD).

Coverage:

- Data are for financial years, i.e. 2008 data is 2008/09.
- 2012-onwards is based on England, Wales & Scotland data but provided as a UK estimate.
- The England and Wales sets of data are based on numbers of sets of scans and not individual body part scans. No data based on the new methodology was available prior to 2012 so a break in series has been indicated.

Estimation method:

- Up to 2010: Data provided to the OECD for England only. The raw numbers of exams for 1995-2010 have been increased pro-rata by the OECD Secretariat to provide appropriate numbers for the UK, enabling the correct computation of rates using the UK population data stored within the database.
- From 2012 onwards: Data provided are based on England, Wales & Scotland only but are given as UK level estimates based on a pro rata basis.

Break in time series: 2012. Data up to 2010 refer to "individual body part scans" while data from 2012 onwards refer to "numbers of sets of scans".