



MOTOR VEHICLE HOSPITALIZATION INDICATOR

Nonfatal Unintentional Motor Vehicle Traffic-related (MVT) Hospitalizations

Numerator:

- Nonfatal hospitalizations from the injury hospital discharge subset with any of the following ICD-10-CM external cause of injury codes in any field.

Codes* for Nonfatal Unintentional Motor Vehicle Traffic-related Injuries

V02.1, V02.9, V03.1, V03.9, V04.1, V04.9, V09.2, V09.3	MVT Pedestrian
V12-V14 (.3-.9), V19.4-V19.6, V19.9	MVT Pedal cycle
V20-V28 (.3-.9), V29.4-V29.9	MVT Motorcycle
V30-V79 (.4-.9), V83-V86 (.0-.3), V87.0-V87.8, V89.2	MVT Occupant
V80.3-V80.5, V81.1, V82.1	MVT Other

*7th character of A or missing (reflects initial encounter, active treatment)

Denominator:

- Midyear population for the calendar year under surveillance obtained from the U.S. Census Bureau or suitable alternative.

Measures of frequency:

- Annual number of hospitalizations, by age group and sex.
- Annual age-adjusted rates, overall and by sex, standardized by the direct method to the year 2000 standard U.S. population.^{2,11}

Period for case definition:

- Calendar year based on date of hospital discharge.

Indicator notes:

- The Injury Surveillance Indicator for use with hospitalization data are restricted to cases where the principal diagnosis is injury. An analysis of 2016 Health Care Utilization Project (HCUP) National Inpatient Sample (NIS) data identified that of nonfatal hospitalizations with a motor vehicle traffic code anywhere in the record, 11% did not have an injury diagnosis in the principal diagnosis field. Studies focused specifically on motor vehicle traffic incidents may want to explore these additional cases

Limitations of data source:

- Injuries that result in hospitalization only represent a portion of the overall burden of injury. These injuries should be considered in the context of both less- and more-severe injuries.
- The accuracy of indicators based on codes found in hospital discharge data are limited by the completeness and quality of coding. The overall completeness of external-cause-of-injury coding is of particular interest and should be reviewed in conjunction with the indicator.