



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, Maryland 20782**

June 5, 2023

Abid Rizvi, MD  
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West Virginia University School of Medicine  
Department of Behavioral Medicine and Psychiatry  
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304-269-1210, ext. 111

Dear Dr. Rizvi:

We have reviewed your Information Quality Request related to the National Center for Health Statistics Data Brief No. 463, “Emergency Department Visits with Suicidal Ideation: United States, 2016-2020, published on April 13, 2023. The request you submitted on April 25, 2023 states that the analysis in the report is incorrect because you were able to replicate the results using a broader set of ICD-10-CM codes than those reported used in the report. You concluded that the authors could not be showing emergency department (ED) visits only for suicidal ideation (ICD-10-CM code R45.851) but for the broader category of R45.8 (Other symptoms and signs involving emotional state) since only the first four ICD-10-CM codes are included in the National Hospital Ambulatory Medical Care Survey (NHAMCS) data set. Upon follow up, you stated that you used the broader set of codes (R45.8) and then eliminated some visits based on certain reason for visit codes.

The NCHS authors did not use the public use NHAMCS data set for this analysis, but instead used the restricted-use NHAMCS data set which is available to internal NCHS staff as well as to external researchers through the [NCHS Research Data Center](#). The restricted-use NHAMCS data set is not limited to the first four ICD-10-CM codes and therefore, longer, more specific codes can be examined from these data. The authors used the actual ICD-10-CM code for suicidal ideation (R45.851) and were not limited to the broader set of codes (R45.8) available in the public use file.

In NHAMCS, the estimated number of R45.8 visits is only slightly greater than the estimated number of R45.851 visits. Specifically, for R45.851, there were 1,286,555 (~ 1.3 million) visits per year, while for R45.8, there were 1,395,773 (~ 1.4 million) visits per year, so R45.851

accounts for approximately 92% of all visits under the broader R45.8 category. The report does state in the footnotes for Figures 1-4 that the number of visits is an average of 1.3 million per year which is consistent with the number cited above based only on R45.851 codes. It is possible that the estimates that you generated may have been very close to those reported in the report given that suicidal ideation accounted for over 90% of all visits under R45.8.

After consideration of your request, we propose to update the report by adding a statement to the Data Source and Methods section indicating that the restricted-use data file was used which provided the greater specificity of ICD-10-CM code to restrict visits to suicidal ideation. This will provide greater transparency to readers and ensure better replicability. We maintain otherwise that the analysis and results disseminated in the report are correct. Thank you for bringing this issue to our attention.

Sincerely,

Alex Strashny, Ph.D.  
Associate Director of Science, Division of Health Care Statistics  
National Center for Health Statistics