Inpatient Psychiatric Facilities Patient Assessment Instrument (IPF-PAI) Version 1.0 - Discharge

Discharge assessment period is *the last seven (7) calendar days of the IPF stay (includes day of discharge and six [6] calendar days prior) unless otherwise noted.*

Section A Identification Information

A0050. Type of Record

Enter Code ☐

1. **Add new record**
2. **Modify existing record**
3. **Inactivate existing record**

A0100. Facility Provider Numbers

A. **National Provider Identifier (NPI)**

☐☐☐☐☐☐☐☐☐☐

B. **CMS Certification Number (CCN):**

☐☐☐☐☐☐■■■■■■

A0210. Assessment Reference Date

☐☐ – ☐☐ – ☐☐☐☐

Month Day Year

A0250. Reason for Assessment

Enter Code ☐

9. **Discharge**

A0260. Type of Discharge

Enter Code ☐

1. **Planned - Following court order**
2. **Planned - Not following court order**
3. **Against medical advice (AMA)**
4. **Unplanned**
5. **Expired**

A0270. Discharge Date

☐☐ – ☐☐ – ☐☐☐☐

Month Day Year

A0500. Legal Name of Patient

A. **First name:**

☐☐☐☐☐☐☐☐☐☐☐☐

B. **Middle initial:** ☐

C. **Last name:**

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D. **Suffix:**

☐☐☐

A0600. Medicare Number

B. **Medicare Number**

A0810. Sex

Enter Code

1. **Male**
2. **Female**

A0900. Birth Date

		–			–				

Month Day Year

A1405. Payer Information - Primary Payer

Enter Code

01. **Medicare - Part A** (traditional fee-for-service)
02. **Medicare - Part C** (Medicare Advantage)
03. **Medicaid fee-for-service**
04. **Medicaid - other** (e.g., managed care)
05. **Workers' compensation**
06. **Title Programs** (e.g., Title III, V, XX)
07. **Other government** (e.g., TRICARE, VA, etc.)
08. **Private insurance - not managed care**
09. **Private insurance - managed care** (e.g., PPO, HMO)
10. **Self-pay**
98. **Other payer**
99. **Unknown**

Section D Mood

D1000. Suicide Screening

Assessment period is *the entire IPF stay, excluding the first 3 calendar days of admission*.

Enter Code

Has the patient been screened for suicide risk?

1. **Yes**—using a standardized tool
2. **Yes**—through clinical assessment
7. Patient declined to respond
9. Patient unable to be assessed

Section I Active Diagnoses

I0060. Indicate the patient's primary medical condition category

Enter Code

Indicate the patient's primary medical condition category at discharge.

01. **Anxiety disorders**
02. **Delirium, dementia, and amnestic and other cognitive disorders**
03. **Eating disorders**
04. **Mood disorders**
05. **Schizophrenia and other psychotic disorders**
06. **Substance-related disorders including alcohol-related disorders**
09. **Other diagnosis—not included in one of the above categories**

Section OO | Special Services, Treatments, and Interventions

OO0115. Special Services, Treatments, and Interventions in the Inpatient Psychiatric Setting

Indicate all of the following services, treatments, and interventions received during *the entire IPF stay.*

	b. Discharge
	Check all that apply ↓
Psychiatric Treatments	
A1. **Medications**	☐
B1. **Brain Stimulation**	☐
B2. **Electroconvulsive Therapy (ECT)**	☐
B3. **Transcranial Magnetic Stimulation (rTMS)**	☐
B4. **Other**	☐
C1. **Non-Pharmacological Treatment (Other than Brain Stimulation)**	☐
C2. **Therapy (Individual or Group)**	☐
C3. **Therapeutic Activities**	☐
C4. **Other**	☐
Restrictive Interventions	
D1. **Seclusion**	☐
E1. **Restraint**	☐
E2. **Chemical Restraints**	☐
E3. **Physical Restraints**	☐
E4. **Other**	☐
F1. **Other Interventions**	☐
F2. **Unit Restrictions**	☐
F3. **Line of Sight Supervision**	☐
F4. **1:1 Observation**	☐
F5. **Other**	☐
None of the Above	
Z1. **None of the Above**	☐

Section Z | Record Administration

Z0510. IPF-PAI Completion Date

This date represents completion of the IPF-PAI for this patient record.

B. **Date**

☐☐ – ☐☐ – ☐☐☐☐

Month Day Year