



Utilization Review Clinician Companion Guide

A steady reference for commercial insurance utilization review

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Purpose of This Guide

This companion guide is designed to support clinicians during outpatient psychotherapy utilization review calls with U.S. commercial insurance plans. It is intended to help translate existing clinical work into functional, medical language that utilization reviewers are trained to recognize.

This guide does **not** replace clinical judgment, documentation, or payer-specific policies. It does **not** function as a script. It is a call-day reference to support clarity, accuracy, and nervous-system steadiness under time pressure.

What Utilization Review Is Actually Deciding

Utilization review is an evaluation of **coverage criteria**, not clinical worth.

Across commercial plans, reviewers are typically assessing:

- appropriateness for outpatient level of care
- medical necessity under plan criteria
- whether continued sessions are clinically justified at this time

They are not evaluating therapeutic depth, relational quality, or personal meaning. They are listening for structure, coherence, and functional impact.

What Reviewers Listen for First: Function

Utilization reviewers are trained to prioritize **functional impairment**, not narrative history.

Common functional domains include:

- sleep and energy
- work or school performance
- relationships and interpersonal functioning
- emotional regulation
- safety
- daily routines and self-care

One concrete example is usually sufficient. Extensive background is not required.

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Example:

“Symptoms of anxiety interfere with sleep and concentration, leading to reduced work performance during periods of stress.”

Progress Does Not Mean Resolution

Progress during treatment does **not** signal readiness for discharge.

Reviewers expect to hear:

- evidence of movement
- signs of stabilization or improvement
- ongoing symptoms that still require care

Acceptable indicators of progress include:

- reduced symptom intensity or frequency
- improved coping or regulation
- increased insight
- improved communication or boundaries

Plateaus and slower movement are clinically expected, particularly in trauma-informed and relational work. Concern arises when there is **no evidence of progress and no articulated plan**.

Progress may be reflected through behavioral change, self-report, functional improvement, and stabilization or improvement in standardized symptom measures over time.

Measures & Monitoring (When Clinically Indicated)

When clinically appropriate, progress is monitored using standardized symptom measures alongside clinical assessment and functional observation.

Measures may include the **PCL-5**, **PHQ-9**, and **GAD-7**, administered at baseline and reviewed at regular intervals, typically every three months, or monthly during periods of active symptom severity.

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Scores are interpreted in context and used to inform treatment pacing, session frequency, and readiness for step-down. Standardized measures support clinical judgment rather than replace it.

Thinking Ahead Without Rushing

Utilization review often includes questions about frequency, duration, or step-down. These questions are designed to assess appropriateness of care, not to pressure premature discharge.

Clear planning protects both clinician and client.

Step-down will be considered as symptoms stabilize and functional gains consolidate, supported by clinical observation and, when used, standardized symptom measures over time.

Step-down may include:

- weekly to biweekly sessions
- increased spacing with relapse-prevention focus
- planned check-ins during anticipated stress periods

Discharge is considered when gains are stable, symptoms are manageable without intensive support, and functional improvement is consistent across contexts.

Read-Aloud Language Reviewers Recognize

A reliable structure that aligns with payer criteria:

“The client continues to experience **X**, which impacts **Y**, and ongoing psychotherapy supports **Z**.”

Examples:

- “The client continues to experience emotional dysregulation, which impacts relationships, and ongoing therapy supports stabilization and consolidation of gains.”
- “The client continues to experience trauma-related symptoms under stress, which impacts daily functioning, and continued therapy supports regulation and relapse prevention.”

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What to Have Ready Before the Call

You will not be asked everything. Preparation reduces urgency and over-explaining.

Have ready:

- diagnosis or working diagnosis
- one or two functional impairments
- one sentence describing progress
- one sentence explaining why continued care is clinically appropriate

A Grounding Reminder

If utilization review feels activating, that does not mean you are unprepared or doing something wrong. It means you are translating human complexity into administrative language under time pressure.

This activation is common. The work remains the same. This guide exists to support clarity, steadiness, and ethical pacing while you communicate it.

Final Reframe

Utilization review is not a judgment of you or your work.

It is an evaluation of coverage criteria.

Preparation is not selling therapy.

It is **advocacy through translation**.

Therapy unfolds on psychological time.

This guide helps you name that truth in a language the system can hear.

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