

Utilization Review Call-Day Preparation Template

Outpatient Psychotherapy | Commercial Insurance

(Preparation and reference tool. Not a script.)

Clinician & Call Snapshot

Client initials: _____

Client age: _____

Plan / Payer: United / Optum Anthem Aetna Cigna / Evernorth Other:

Level of care: Outpatient psychotherapy

Session format: In-person Telehealth Hybrid

Current frequency: _____

Start of treatment: _____

Requested sessions (if applicable): _____

1. Diagnosis & Clinical Presentation

(Reviewers start here)

Primary diagnosis / working diagnosis:

Secondary diagnoses (if any):

How symptoms present clinically

(Functional language, not narrative history)

Read-Aloud Script

“The primary diagnosis is _____. Symptoms present as _____, which show up functionally as _____.”

Jen Hyatt, LMFT

Licensed Marriage and Family Therapist #99355

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Sample Response

“The primary diagnosis is generalized anxiety disorder. Symptoms present as excessive worry and physiological arousal, which show up functionally as disrupted sleep and difficulty sustaining focus at work.”

2. Functional Impact

(This is what they listen for most)

Primary functional domains impacted *(check all that apply)*

- Sleep / energy
- Work / school
- Relationships / interpersonal functioning
- Emotional regulation
- Safety
- Daily routines / self-care

One concrete example of functional impairment

“When symptoms increase, the client _____, which impacts _____.”

Read-Aloud Script

“When symptoms increase, the client _____, which impacts _____.”

Sample Response

“When symptoms increase, the client experiences emotional dysregulation, which impacts interpersonal relationships and daily routines.”

3. Baseline vs Current Presentation

(Brief contrast, no narrative)

At start of treatment:

Current presentation:

Jen Hyatt, LMFT

Licensed Marriage and Family Therapist #99355

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Optional Framing Sentence

“Compared to the start of treatment, the client is now _____, though _____ remains present.”

Sample Response

“Compared to the start of treatment, the client is now more aware of emotional triggers and uses coping strategies more consistently, though reactivity remains present during periods of stress.”

4. Progress to Date

(Progress ≠ resolution)

Observable progress made (check all that apply)

- Increased insight
- Reduced symptom intensity or frequency
- Improved coping / regulation
- Improved boundaries or communication
- Increased engagement in previously avoided situations
- Other: _____

One-sentence summary of progress**Read-Aloud Script**

“The client has shown progress including _____, though _____ remains present, particularly under stress.”

Sample Response

“The client has shown progress including improved insight and increased use of regulation skills, though anxiety symptoms remain present during interpersonal conflict.”

5. Ongoing Symptoms / Clinical Need

(Why therapy is still needed now)

Symptoms or vulnerabilities still present:

Jen Hyatt, LMFT

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Impact on functioning:

Optional Clarifying Sentence

“While progress has been made, these symptoms continue to impact daily functioning.”

Sample Response

“While progress has been made, ongoing anxiety and emotional reactivity continue to impact sleep and relational stability.”

Optional: Environmental Stressors

(Brief, functional, no narrative)

Current stressors impacting symptoms (if applicable):

- Caregiving strain
 - Work demands
 - Housing or financial stress
 - Ongoing relational stress
 - Other: _____
-

6. Treatment Provided & Current Focus

Modalities used

- CBT-informed
- Trauma-informed
- DBT-informed
- Psychodynamic / relational
- Other: _____

Current treatment focus:

(e.g., stabilization, trauma processing, consolidation of gains, relapse prevention)

Read-Aloud Script

“Treatment includes _____ approaches, with current focus on _____.”

Sample Response

“Treatment includes trauma-informed and CBT-informed approaches, with current focus on emotional regulation and consolidation of coping skills.”

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Optional: Care Coordination

(Only if applicable)

Care coordination status:

- None indicated
- Primary care involved
- Psychiatry involved
- Other: _____

Optional Script:

“Care coordination is not indicated at this time / in place with _____.”

7. Measures & Monitoring

(Demonstrates organization and time awareness)

Progress is monitored using a combination of:

- Clinical interview
- Functional assessment
- Behavioral observation
- Standardized symptom measures (when clinically indicated)

Measures used (if applicable):

- PCL-5
- PHQ-9
- GAD-7
- Other: _____

Monitoring cadence:

- Every 3 months at minimum
- Monthly during periods of moderate to severe symptoms or active treatment

Optional Script

“Progress is reviewed at regular intervals using clinical assessment and standardized measures to guide pacing, frequency, and readiness for step-down.”

8. Medical Necessity Statement

Jen Hyatt, LMFT

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(Anchor question – read-aloud ready)

Script

“The client continues to experience _____, which impacts _____, and ongoing psychotherapy is medically necessary to support _____.”

Sample Response

“The client continues to experience trauma-related anxiety, which impacts emotional regulation and relationships, and ongoing psychotherapy is medically necessary to support stabilization and prevent regression.”

9. Risk & Safety Check

(Answer briefly and directly)

Suicidal ideation: None Passive Active

Self-harm history: No Yes

Homicidal ideation: No Yes

Substance use concerns: No Yes

Protective factors present:

Read-Aloud Script

“There is no current suicidal or homicidal ideation. Protective factors include _____.”

10. Frequency / Intensity Justification

(If asked)

Standard Script

“Current frequency is clinically indicated due to symptom intensity and the need for regulation support. Step-down will be considered as symptoms continue to stabilize.”

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Licensed Marriage and Family Therapist #99355

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11. Step-Down & Discharge Planning

(Shows direction without rushing)

Indicators for considering step-down (when clinically appropriate):

Why discharge would be premature at this time:

Standard Script

“Discharging at this stage would increase risk of symptom regression. Continued therapy supports consolidation of gains and long-term functional stability.”

12. Ultra-Short Backup Summary

(If time is tight)

Script

“This is ongoing outpatient psychotherapy where measurable progress has been made, but clinically significant symptoms continue to impact functioning, making continued treatment medically necessary at this time.”

Grounding Reminder (For You)

If utilization review feels activating, that does not mean you are unprepared or doing something wrong.

You are translating human complexity into administrative language under time pressure.

This is not about selling your work.

It is about accurate translation.

Final Anchor

Authorization decisions reflect coverage criteria, not clinical value or therapeutic effectiveness.

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Good utilization review preparation does not speed therapy up.
It protects the conditions that allow meaningful change to unfold at the pace it actually requires.

Disclaimer

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