Utilization Review Summary Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

A utilization review summary (concurrent or continued stay review; the OTR in outpatient care) is the clinical document a clinician or facility submits to a payer to justify continuing an authorized course of treatment or level of care. No US statute requires the document: the payer's criteria set defines the content, federal law sets the payer's decision clocks, and the payer's physician reviewer, not you, makes the determination.

Authorization and review header match the auth on file
Do: carry member ID, plan, auth number, level of care, auth period, units used against units approved, and the review type.
Pitfall: wrong dates, codes, or units produce administrative denials like CO-197; clinical writing cannot fix a clerical mismatch.

Diagnosis and current presentation today's picture, measured
Do: ICD-10 diagnoses, today's symptoms with severity and frequency, functional impairment, and scores with dates and direction.
Pitfall: restating admission. Reviewers compare against your last submission, and date-only updates get returned.

Current risk status dated and compared
Do: suicidality, self-harm, danger to others, withdrawal or medical risk, dated today and compared with the last review.
Pitfall: a risk section that never changes is an audit red flag, and it quietly argues the client could step down.

Treatment response since last review response, not attendance
Do: interventions, attendance, measurable response or non-response, and medications with adherence.
Pitfall: attendance proves the program happened; falling scores and widening function prove it works and is still needed.

Continued-stay rationale tied to criteria name the criterion
Do: name the criteria set (ASAM, LOCUS, InterQual, MCG), the specific criterion met, and why a lower level fails today.
Pitfall: "would benefit" is the wrong test; answer whether the member can be safely treated at a lower level right now.

Step-down plan and barriers make the stay finite
Do: state the target level, the measurable thresholds that will trigger step-down, and the specific barriers today.
Pitfall: no step-down plan reads as an open-ended stay, exactly what level-of-care criteria are built to end.

Request and sign-off specific and licensed
Do: days or sessions with dates that start after the current period; compiler named; licensed clinician attests the clinical content.
Pitfall: vague units or overlapping dates hand the plan an administrative reason to return the request unread.

Before it goes out

- [ ] Header matches the auth on file: dates, units, level
- [ ] Every score dated, with direction of change
- [ ] Risk status current and compared with last review
- [ ] Criteria set named; specific criterion or dimension met
- [ ] Why a lower level fails today, answered directly
- [ ] Step-down thresholds stated; request specific and dated

Drafting with AI

Bring the last review, current scores, attendance, medication changes, and the payer's criteria set; the structure mirrors what reviewers check.

"Draft an IOP concurrent review: PHQ-9 19 to 14, LOCUS 17, sertraline raised 07/08, request 10 more days from 07/27: …"

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

300 to 600 words	15 to 25 min by hand	Each review interval	Care managers · reviewers
or fixed portal fields	clinical team estimate	payer-set cadence	who reads it

Full guide, sample review, and compliance notes:
bastiongpt.com/template/utilization-review-summary

Utilization Review Summary Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Member / client: | ID: | DOB:

Payer / plan: | Auth #: | Review date / type:

Level of care: | Auth period (from / to): | Units used / approved:

Diagnosis and current presentation

ICD-10 diagnoses · symptoms today with severity and frequency · objective measures with dates and change · functional impairment

Current risk status (dated; compare with last review)

Suicidality / self-harm · danger to others · withdrawal or medical risk · change since last review

Treatment response since last review

Interventions and attendance · response or lack of response · medications and adherence

Continued-stay rationale

Criteria set and edition · criterion or dimension met · why a lower level of care is not appropriate today

Step-down plan and barriers

Target level · thresholds that trigger step-down · barriers today

Days / sessions requested: | Dates requested:

Compiled by (name / role): | Date:

Licensed clinician attestation (name, credential, signature, date):