

Group Therapy Format Description Form

Univera Healthcare requires preauthorization in order for members to participate in outpatient mental health groups. Please be aware that groups will only be preauthorized if they have been approved through Univera Healthcare's Behavioral Health department.

Please complete this form and return it via mail or fax to our Behavioral Health department. This form should be submitted with your credentials, along with evidenced-based literature that supports claim payment for this psychotherapy group.

Date submitted: _____

Facility name: _____

Contact person and phone number or email address: _____

Group title: _____

Please describe the core objectives of the group:

Group size (Maximum number): _____

Group cycle: Number of weeks: _____

Duration of session: Number of hours _____

Age/Gender: _____

Treatment Model (CBT, IPT, DBT, etc.) _____

Admission Criteria:

DSM diagnoses (please include all primary):

Presenting symptoms:

Discharge criteria:

Quantitative scales (measurable outcomes-must have at least 1):

Qualitative outcomes (member reports):

Return by mail to Univera Healthcare, Attn: Behavioral Health Department, 165 Court St., Rochester, NY 14647, or fax to 1-585-399-6640.

If you have questions, please call us at 1-800-277-2138.