



Why Couples Therapy is not Billable to Insurance:

We often get asked why we can't bill insurance for couples therapy. Here is a basic explanation of our practice policy:

Couples therapy is not provided under most insurance plans because it requires a medical necessity listed for treatment. This means that to use health benefits for treatment, an individual requires a diagnosable mental health disorder. The therapist needs to prove that the disorder is causing significant impairment in your life on a day-to-day basis. While you may have anxiety, a depressive disorder, or other mental health challenges, the focus of treatment in couple's therapy is to treat your relationship dynamic rather than your mental health condition. The insurance company does not see communication and relationship challenges as medically necessary. In couples therapy, the relationship IS the client and therefore not recognized by insurance companies. Insurance only covers the mental health of the individual who is insured.

If you call your insurance company and ask if they cover couple's therapy, they may say "yes." This is because they cover a procedure code that allows a person's family member or significant other to be present in therapy. However, this would only be used when counseling focuses not on your relationship but on treating an individual's diagnosable mental health condition where the partner may be included to learn strategies, similar to family therapy.

We also believe that labeling one person as the "identified patient" can unbalance the treatment and risk stigmatizing a partner. Seeking fairness and equal responsibility for contributing to the challenges and health of the relationship should be the primary goal in couple's therapy.

APS is dedicated to providing ethical treatment and not taking advantage of a medical diagnosis to justify treating a relationship issue.