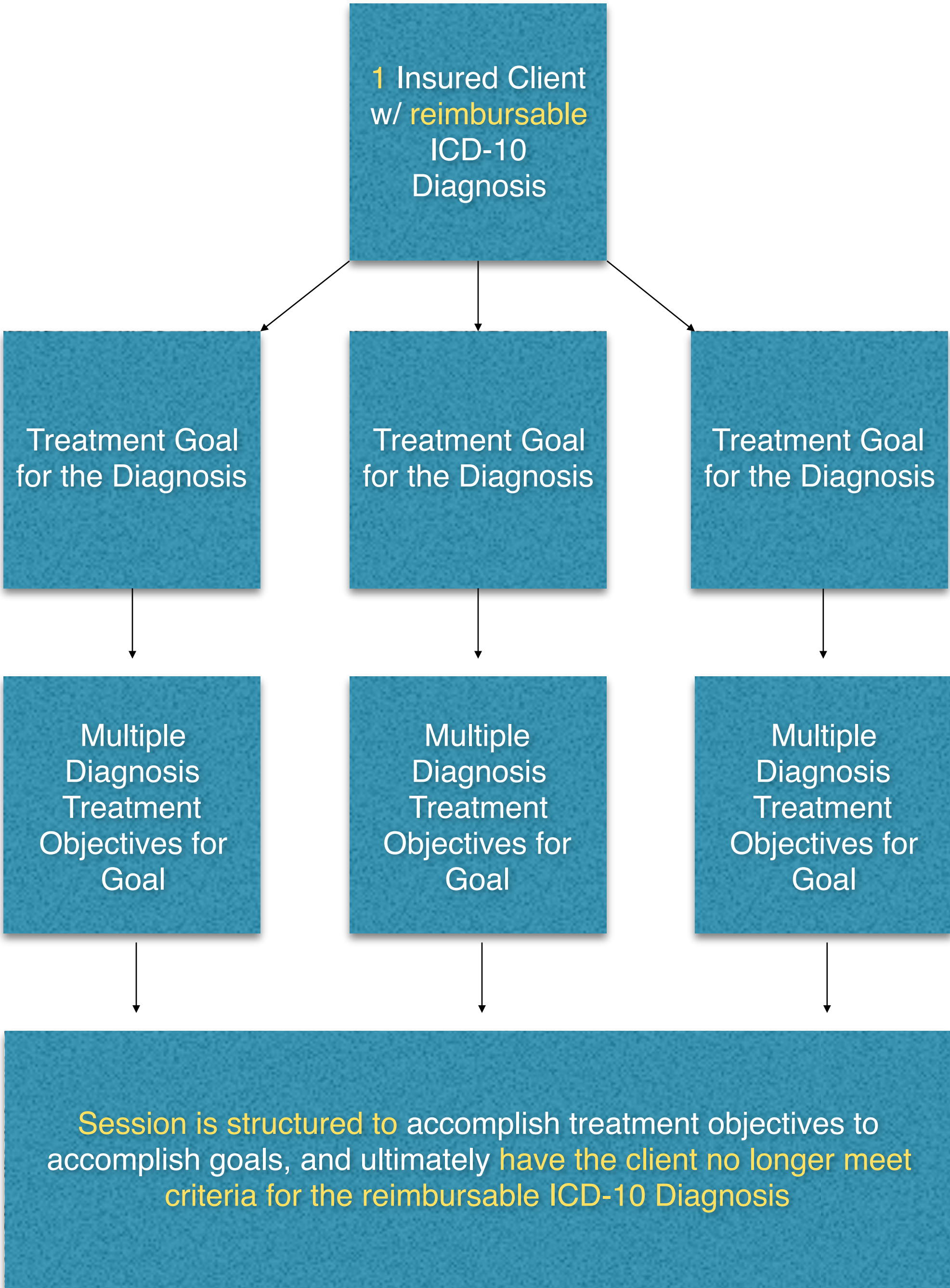
A Brief Guide to Using Insurance for Therapy



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Main Concepts:

- **Insurance recognizes one client's need: the insured named on the billed policy.**

- Couple conflict and "Other areas of clinical focus" are very rarely reimbursable ICD-10 diagnoses, meaning insurance won't pay for those services with that diagnosis as the main area for treatment.

- Almost always, a **mental health diagnosis is needed** rather than a family system diagnosis **for insurance to agree to pay for services under the medical mental health benefit** (Examples of mental health diagnoses include: PTSD, Depression, ADHD, etc.).

- Once the one insured named on the policy no longer meets criteria for a reimbursable ICD-10 diagnosis, the **medical behavioral health insurance will no longer pay for services**, as the services are **not medically necessary**.

- **Insurance-reimbursed sessions are oriented towards treating diagnoses** and restoring basic mental health function **because they are medically necessary**, rather than goals that are based in self-actualization and relational happiness.