

## **The complaint**

Mr and Mrs D have complained that BUPA Insurance Limited won't agree for Mrs D to see a particular therapist under a claim made on a private medical insurance policy.

As it is Mrs D leading on the complaint, I will mostly just be referring to her in this decision.

## **What happened**

Mrs D received a referral from her GP for CBT/talking therapy. She therefore made a claim on the policy which Bupa approved. However, it declined to cover sessions with the particular therapist that Mrs D wanted to see as that practitioner is not on Bupa's approved list.

Our investigator thought that Bupa had acted reasonably, in accordance with the policy terms and conditions. Mrs D disagrees with the investigator's opinion and so the complaint has been passed to me for a decision.

## **What I've decided – and why**

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

I've carefully considered the obligations placed on Bupa by the Financial Conduct Authority (FCA). Its 'Insurance: Conduct of Business Sourcebook' (ICOBS) includes the requirement for Bupa to handle claims promptly and fairly, and to not unreasonably decline a claim.

It's important to make clear that we're not the industry regulator. We have no power to regulate the financial businesses we cover, nor to direct them to change their processes or procedures. Our role is to investigate individual complaints made by consumers to decide whether, in the specific circumstances of that complaint, a financial business has done something wrong which it needs to put right.

The therapist that Mrs D wished to see was apparently formerly registered with Bupa but let that registration lapse. As I understand it, she has recently tried to re-register but hasn't been able to do so due to not meeting Bupa's criteria.

Whether or not the therapist should be allowed to re-register isn't something I can consider here. This service settles disputes between consumers and businesses that provide financial services. As the therapist is not a customer of Bupa, this service is unable to help in that respect, and neither is Mrs D able to use her position as a consumer to bring the complaint here on the therapist's behalf. Presumably the therapist has been made aware of the reasons why she doesn't meet Bupa's criteria and can appeal that decision via the appropriate channels or take steps to comply with the necessary requirements.

So, whilst I appreciate Mrs D feels strongly that Bupa should recognise the therapist as being more highly qualified than those on its list and that it should educate itself in relation to the professional bodies that the therapist is registered with, that isn't something that I can

reasonably consider. My role here is to decide whether, on the facts of this case, Bupa treated Mrs D fairly. It's open to Mrs D to raise wider concerns with the regulator should she wish to do so.

Looking at the policy terms, they state:

*'Exclusion 32 Unrecognised medical practitioners, providers and facilities*

*We don't pay for any of your treatment if the consultant who is in overall charge of your treatment isn't recognised by Bupa.*

*We also don't pay for treatment if any of the following apply:*

- *the consultant, medical practitioner, therapist, complementary medicine practitioner, mental health and wellbeing therapist or other healthcare professional is:*
  - *not recognised by Bupa for treating the medical condition you have and/or for providing the type of treatment you need, and/or*
  - *isn't in the list of healthcare professionals that applies to your benefits'*

It's not in dispute that Mrs D's favoured therapist isn't recognised by Bupa. Therefore, based on the above wording, it's clear that treatment by that therapist isn't covered.

I've seen the GP referral. It says that Mrs D would like input from talking therapies. I note it states that Mrs D would like to see a psychoanalyst who is registered with a particular professional body. So, the referral is very much just stating what Mrs D feels she needs. It's a confirmation of Mrs D's preference, rather than being a medical diagnosis or the recommendation of the GP themselves.

Bupa has offered to assist Mrs D to identify an alternative therapist. Whilst Mrs D has said that none of the therapists on its list would be able to help her, Bupa hasn't received any evidence in support of that. For example, it hasn't been provided with any clinical information, such as a medical report, setting out why psychoanalysis is the only treatment option. That being the case, I'm satisfied that it's reasonable for Bupa to suggest helping her find someone else who is on its approved list.

If Mrs D were able to provide clinical evidence of why psychoanalysis is the only treatment option, then I would expect Bupa to assess that evidence to potentially decide whether it would agree to fund an off-list practitioner. However, as things stand, I'm satisfied that Bupa has acted fairly and reasonably in declining cover with her preferred practitioner.

I've thought very carefully about what Mrs D has said and understand her strength of feeling about the type of therapy she wants. However, I'm unable to conclude that Bupa has done anything wrong. Based on the available evidence, I'm satisfied that it has acted reasonably in declining cover for a therapist who is not on its approved list.

### **My final decision**

For the reasons set out above, I do not uphold the complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr D and Mrs D to accept or reject my decision before 30 July 2025.

Carole Clark

**Ombudsman**