

INSURANCE GUIDE FOR NEW YORK PATIENTS

Using Your Insurance for Pelvic Pain Psychology Care

You deserve specialized care. Here's how to make your insurance pay for it.

What is a Network Gap Exception?

It's a request you make to your insurance company asking them to cover an out-of-network specialist — like a pelvic pain psychologist — at your lower, **in-network rate**. In New York, if your insurer cannot arrange an initial appointment with a qualified in-network behavioral health specialist within **10 business days**, they are legally required to cover out-of-network care at the same cost to you. For a pelvic pain psychologist — a highly specialized provider — that threshold is almost always easy to meet.

1. Why Pelvic Pain Is a Mental Health Condition — And Why That Matters for Insurance

This isn't just a philosophical point — it's a clinical and legal one, and it's the foundation of your insurance case.

What the Research and Official Classifications Say

DSM-5 Diagnosis: Genito-Pelvic Pain/Penetration Disorder (GPPPD)

Vaginismus, dyspareunia, and vulvodynia are formally classified in the DSM-5 as a mental health disorder (GPPPD). This means they are diagnosable, billable, and covered mental health conditions under New York's parity laws. [PMC Review \(2023\)](#)

ICD-10 Codes Recognize Psychological Components

ICD-10 code N94.2 (Vaginismus) explicitly states the condition "may be due to psychological conditions." Related codes include N94.1 (Dyspareunia) and N76.3 (Vulvodynia) — all legitimate for psychology billing. [ICD-10 N94.2](#)

Psychology Is a First-Line Treatment, Not a Last Resort

NICE (UK's National Institute for Health and Care Excellence) recommends CBT and ACT as first-line treatments for chronic primary pelvic pain — and explicitly advises against conventional analgesics, which have little evidence of benefit and significant potential for harm. [NICE Guidelines](#)

CBT and ACT Have Strong Evidence for Pelvic Pain

CBT for vulvodynia has demonstrated improved pain, dyspareunia, sexual function, and anxiety. ACT has been designated a "well established" treatment for chronic pain by the American Psychological Association. [APA / AUA Evidence](#)

Trauma History Is Common and Clinically Significant

Nearly half of women treated for chronic pelvic pain report a history of sexual, physical, or emotional trauma. Women with CPP have higher rates of psychological disorders than peers — requiring a psychologist, not just a physical therapist or OB/GYN. [PubMed: CPP & Psychology](#)

Multidisciplinary Care Including Psychology Is the Standard of Care

StatPearls (NCBI) states that management of GPPPD "necessitates an individualized, multidisciplinary approach" including clinical psychologists. [StatPearls: Dyspareunia](#)

2. New York Law Is on Your Side

DFS Regulation 11 NYCRR 38 / DOH 10 NYCRR 98 (Effective July 1, 2025)

New York's network adequacy regulations now require insurers to provide an initial behavioral health appointment within **10 business days of your request**. If they cannot meet this standard, they must cover out-of-network care at **no additional cost to you** — meaning your in-network deductible, copay, and coinsurance rates apply. [NY DFS Announcement](#)

For a pelvic pain psychologist — a specialty almost never represented in insurance networks — meeting the 10-business-day threshold is nearly impossible for insurers. This is your strongest legal lever.

Federal Mental Health Parity Act (MHPAEA)

Federal law requires insurers to cover mental health conditions on equal terms with physical health conditions. Because pelvic pain disorders are classified in the DSM-5, your insurer cannot apply more restrictive limits to this care than they would to a comparable physical condition.

Which agency to contact if things go wrong:

- **Commercial/PPO insurance:** NY Department of Financial Services (DFS) — dfs.ny.gov | 800-342-3736
- **HMO / Medicaid / Child Health Plus / Essential Plan:** NY Department of Health (DOH) — health.ny.gov

3. Step-by-Step: How to Request Your Gap Exception

1

Call Your Insurer and Request a Provider List

Call the member services number on the back of your insurance card. Ask for a list of in-network psychologists who specialize in pelvic pain, vaginismus, vulvodynia, dyspareunia, or chronic pain psychology. Write down the representative's name and call reference number.

WHAT TO SAY

"Hi, I need to find an in-network psychologist who specializes in treating pelvic pain, vaginismus, or vulvodynia. Can you provide me with a list of in-network providers who specifically treat this condition?"

2

Contact Each Provider on the List

Call every provider they give you. For each one, document:

- Do you specialize in pelvic pain psychology, vaginismus, or vulvodynia?
- Are you accepting new patients?
- What is your earliest available appointment? (You need one within 10 business days.)

Take notes. Write down each provider's name, what they said, and the date. This documentation is essential — it proves the network failed to meet New York's 10-business-day standard.

3

Request the Network Gap Exception

Call your insurer back and request a Network Gap Exception (also called an out-of-network exception or clinical gap exception). Have ready:

- **Your diagnosis:** vaginismus, dyspareunia, vulvodynia, GPPPD, or chronic pelvic pain
- **Your DSM-5 or ICD-10 code:** ask your referring provider or our office
- **Dr. Anna Yam's information:** Dr. Anna Yam, PhD | Bloom Psychology | 760-580-2358 | bloompsychologysd.com
- **Your documented calls from Step 2:** dates, provider names, what they said

WHAT TO SAY

"I'd like to request a network gap exception. I have a diagnosis requiring a psychologist who specializes in treating pelvic pain. I contacted every provider on the list you gave me — none specialize in this area [or: no one has availability within 10 business days]. Under New York DFS regulation 11 NYCRR 38, I'm requesting that Dr. Anna Yam at Bloom Psychology be covered at my in-network rate."

4

Ask for a Letter of Medical Necessity (Recommended)

Ask your OB/GYN, pelvic floor physical therapist, or primary care doctor to write a letter stating that you require psychological care as part of your pelvic pain treatment. The letter should include:

- Your diagnosis and how long you've had symptoms
- That CBT/ACT-based psychological treatment is part of the standard of care
- That no in-network psychologist with this specialty could be reached within the required timeframe

5

Wait for a Decision — Then Watch Your Claims

Your insurer must respond in writing. If approved, the exception will cover a specific time period and service type — note those dates. Once treatment begins, submit superbills to your insurer. Verify every claim is processed at in-network rates. If any claim comes through as out-of-network, call your insurer immediately to dispute it.

Our office can provide CPT codes, NPI, and provider information. Contact us at bloompsychology.clientsecure.me or 760-580-2358.

4. If Your Request Is Denied — Don't Give Up

You Have the Right to Appeal

Denials are common on first request. Here's what to do:

- **Read the denial letter carefully** — it must state the specific reason. Address that exact reason in your appeal.
- **If they claim in-network providers are available** — ask for their names. Research each one. Respond: "I contacted [name] and they do not specialize in pelvic pain" or "they cannot see me within 10 business days."
- **Write a formal appeal** — cite DFS Regulation 11 NYCRR 38 and your right to timely, medically necessary care.
- **Request an External Appeal** — New York offers a free, binding external appeal process. Ask your insurer for the form, or contact DFS.
- **File a complaint with DFS** — dfs.ny.gov | 800-342-3736 (commercial plans). Or contact DOH for HMO/managed care plans.

5. Information Checklist: Have This Ready When You Call

- Your insurance card and member ID number
- Your diagnosis name and code** (ask your referring provider or our office)
- Notes from calls to in-network providers: names, dates, what they said
- Dr. Anna Yam's details:** Dr. Anna Yam, PhD | Bloom Psychology | 760-580-2358 | NPI: [call our office]
- CPT codes for your sessions** (our office can provide these — typically 90837 or 90834)
- Requested date range for treatment
- Name and reference number for every insurance call you make
- Referral or letter of medical necessity from your OB/GYN or PCP (if available)

6. Know Your Plan Type

Different plan types have different odds of approval:

PPO (Preferred Provider Organization) — Most likely to approve

Allows out-of-network use and is most receptive to gap exceptions.

HMO (Health Maintenance Organization) — Possible with referral

May require a referral from your primary care doctor. Regulated by NY DOH.

EPO (Exclusive Provider Organization) — Harder but not impossible

NY law still requires OON coverage when the network cannot meet access standards.

Self-funded (ERISA) employer plans — May be exempt

If your employer self-insures, state law may not fully apply. Ask your HR department and consider consulting a patient advocate.

7. How New York Compares to California

If you are also a patient in California, or curious how these states compare, both have strong protections — with different triggers:

	California (SB 855)	New York (DFS 11 NYCRR 38)
Trigger	Network inadequacy / no qualified in-network specialist	Can't get appointment within 10 business days
Law	SB 855 (eff. Jan 1, 2021)	DFS 11 NYCRR 38 (eff. July 1, 2025)

Enforcement	CA Dept. of Insurance or DMHC	NY Dept. of Financial Services (DFS) or DOH
Complaint	insurance.ca.gov 800-927-4357	dfs.ny.gov 800-342-3736
Scope	All commercial plans	Commercial + managed care

Bloom Psychology | Dr. Anna Yam, PhD | Telehealth in California & New York

760-580-2358 | bloompsychologysd.com | [Client Portal](#)

This guide is for informational purposes and does not constitute legal or insurance advice. Laws and plan terms vary. For complex situations, consult a patient advocate or attorney. Self-funded employer plans may not be subject to state law.