

INSURANCE GUIDE FOR CALIFORNIA 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**. You can do this when no in-network provider in your area has the specialized training to treat your condition. **In California, your insurer is legally required to arrange this coverage if they can't meet your needs in-network.**

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 California's parity laws.

→ [PMC: Female GPPPD 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), R10.2 (Pelvic/Perineal Pain), and N76.3 (Vulvodynia) — all legitimate diagnostic codes for psychology services.

→ [ICD-10 N94.2 Vaginismus](#)

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

Leading clinical guidelines — including NICE (UK's National Institute for Health and Care Excellence) — recommend CBT and ACT as first-line treatments for chronic primary pelvic pain, noting that conventional analgesics have little evidence of benefit and significant potential for harm.

→ [PMC: NICE Chronic Primary Pain Guidelines](#)

CBT and ACT Have Strong Evidence for Pelvic Pain Specifically

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. A landmark NIH-funded trial (EPPIC) is investigating CBT specifically for urologic pelvic pain.

→ [AUA: CBT for Chronic Pelvic Pain](#)

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 compared to peers — requiring a psychologist, not just a physical therapist or OB/GYN.

→ [PubMed: CBT for Chronic Pelvic Pain Syndrome](#)

Multidisciplinary Care Including Psychology Is the Standard of Care

StatPearls (NCBI) states that management of GPPPD "necessitates an individualized, multidisciplinary approach" including clinical psychologists, and that psychological comorbidities such as anxiety "frequently compound the clinical presentation."

→ [StatPearls: Dyspareunia Clinical Review](#)

When you request a network gap exception, you are asking for coverage of a recognized, evidence-based, medically necessary mental health service for a condition with a DSM-5 diagnosis. This is exactly what California's parity laws were designed to protect.

2. California Law Is on Your Side

California has some of the strongest mental health insurance protections in the country.

Senate Bill 855 (Effective January 1, 2021 — Strengthened April 1, 2024)





SB 855 requires all California commercial health insurers to cover **all** DSM-5 mental health conditions — including pelvic pain disorders — on the same terms as physical health conditions. It also requires insurers to arrange and pay for out-of-network care when their network can't adequately provide medically necessary mental health services. Insurers cannot limit mental health benefits to short-term or acute treatment.

[SB 855 Fact Sheet \(Cal BHB Coalition\)](#) | [Full Bill Text](#)

DMHC Regulations (CCR Title 28, Sections 1300.74.72 et al.)

Health plans regulated by the Department of Managed Health Care must maintain networks sufficient to provide all medically necessary behavioral health services within geographic and timely access standards. If they cannot, they must authorize and pay for out-of-network care.

[CA Dept. of Insurance Enforcement Announcement \(2025\)](#)

 Insurer must respond Your insurer is legally required to evaluate your gap exception request and respond in writing.	 In-network cost-sharing If approved, you only pay your in-network copay/deductible — not out-of-network rates.
 Right to appeal If denied, you have the right to appeal and to file a complaint with the CA Dept. of Insurance or DMHC.	 No balance billing When approved, your costs are capped at in-network levels — the insurer cannot require you to pay more.

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

1

Call Your Insurance 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, chronic pain psychology, sexual health, or vaginismus/vulvodynia. Write down the representative's name and a call reference number — every time.

WHAT TO SAY

"Hi, I'd like to request a list of in-network psychologists who specialize in pelvic pain, vaginismus, or vulvodynia treatment. I have a diagnosis requiring a specialist in this area and I'm having trouble finding one in your network."

2

Contact Each Provider on the List

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

- Do you have experience treating vaginismus / vulvodynia / pelvic pain using CBT or ACT?
- Are you currently accepting new patients?
- Do you have availability within a reasonable timeframe?

Take notes. Write down each provider's name, what they said, and the date you called. This documentation is essential if your request is denied.

3

Request the Network Gap Exception

Call your insurer back and say you'd like to request a Network Gap Exception (also called an out-of-network exception or clinical gap exception). Have the following information ready:

- **Your diagnosis:** e.g., vaginismus, dyspareunia, vulvodynia, GPPPD, chronic pelvic pain
- **Your DSM-5 or ICD-10 code:** your doctor or referring provider can supply this

- **Dr. Anna Yam's information:** Dr. Anna Yam, PhD | Bloom Psychology | 760-580-2358 | NPI: [call our office]
- **Notes from Step 2:** showing in-network providers could not meet your needs

WHAT TO SAY

"I'd like to request a network gap exception for out-of-network psychological services. I have a diagnosis of [condition] that requires a psychologist specializing in pelvic pain. I contacted every provider on the list you gave me, and none of them have this specialization [or: none have availability / none are accepting new patients]. I've identified a qualified out-of-network specialist, Dr. Anna Yam at Bloom Psychology in San Diego, and I'm requesting she be covered at my in-network rate under California SB 855."

4

Ask for a Letter of Medical Necessity (Optional but Helpful)

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

- Your diagnosis and duration of symptoms
- That psychological treatment (CBT/ACT) is part of the standard of care
- That no in-network specialist with this expertise could be identified

5

Wait for a Decision — Then Verify Claims Are Processed Correctly

Your insurer is required to respond in writing. If approved, the exception covers a specific time period and service type — make note of this. Once treatment begins, submit superbills to your insurer at the address or portal they specify. Verify each claim is processed at in-network rates. If any claim comes through as out-of-network despite your approved exception, call immediately to dispute.

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 reason directly in your appeal.





- **If they say "in-network providers are available,"** ask for their names. Research each one. Respond: "I contacted [name] and they do not specialize in pelvic pain psychology" or "they have a waitlist of [X weeks]."
- **Write a formal appeal letter** citing California SB 855 and your right to medically necessary out-of-network care when the network is inadequate.
- **Request an Independent Medical Review (IMR)** through the California DMHC — it's free and legally binding on your insurer.
- **File a complaint** with the CA Department of Insurance at insurance.ca.gov or call 800-927-4357. For HMO plans, file with DMHC at dmhc.ca.gov.

Which agency to contact? If you have a PPO through an employer or the individual market (regulated by the CA Dept. of Insurance), contact CDI. If you have an HMO through an employer, contact DMHC. If unsure, call both.

5. Information Checklist: Have This Ready When You Call

- Your member ID number and insurance card
- Your diagnosis name and code** (ask your referring provider or our office)
- List of in-network providers you contacted and 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)
- Dates of service you are requesting to be covered
- 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 — It Affects Your Chances

<p> PPO — Most likely to approve</p> <p>Preferred Provider Organizations allow out-of-network use and are most receptive to gap exceptions.</p>	<p> HMO — Possible with referral</p> <p>Health Maintenance Organizations may require a referral from your primary care doctor first. Regulated by DMHC.</p>
<p> EPO — Harder, but not impossible</p> <p>California law still requires OON coverage when the network cannot adequately meet your needs.</p>	<p> Self-funded (ERISA) plans</p> <p>If your employer self-insures, state law may not fully apply. Ask your HR department and consider consulting a patient advocate.</p>

Dr. Anna Yam, PhD | 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.