

American Arbitration Association  
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

814 Undercliff Medical PC  
(Applicant)

- and -

State Farm Mutual Automobile Insurance  
Company  
(Respondent)

AAA Case No. 17-23-1299-6362

Applicant's File No. 138956

Insurer's Claim File No. 30-41S7-43C

NAIC No. 43796

### **ARBITRATION AWARD**

I, Lester Hill, the undersigned arbitrator, designated by the American Arbitration Association pursuant to the Rules for New York State No-Fault Arbitration, adopted pursuant to regulations promulgated by the Superintendent of Insurance, having been duly sworn, and having heard the proofs and allegations of the parties make the following **AWARD**:

Injured Person(s) hereinafter referred to as: EIP

1. Hearing(s) held on 12/29/2023  
Declared closed by the arbitrator on 12/29/2023

Andy Jean-Pierre from Law Offices of Eitan Dagan (Woodhaven) participated virtually for the **Applicant**

Mikel Gjoni from James F. Butler & Associates participated virtually for the **Respondent**

2. The amount claimed in the Arbitration Request, **\$112.77**, was NOT AMENDED at the oral hearing.  
Stipulations WERE NOT made by the parties regarding the issues to be determined.
3. Summary of Issues in Dispute

Was the claim for injection therapy administered to the EIP on March 4, 2023 properly billed and paid pursuant to the fee schedule? The 34-year-old male EIP was involved in a motor vehicle accident on November 13, 2022 and received treatment for injuries sustained in the accident.

4. Findings, Conclusions, and Basis Therefor

At issue is whether the claim for injection therapy administered to the EIP on March 4, 2023 was properly billed and paid pursuant to the fee schedule.

I have reviewed the documents contained in the electronic case folder as of December 29, 2023. This decision is rendered based upon those documents and the parties arguments at the hearing conducted on December 29, 2023.

An Applicant establishes a prima facie showing of its entitlement to No-Fault benefits as a matter of law by submitting evidentiary proof that the prescribed statutory billing forms had been mailed and received and the payment of No-Fault benefits were overdue. *Westchester Medical Center v. Lincoln General Ins. Co.*, 60 A.D. 3d 1045, 877 N.Y.S.2d 340 (2d Dept. 2009).

New York's Comprehensive Motor Vehicle Insurance Reparation Act requires an insurance carrier to reimburse an injured party (or his or her assignee) for all "reasonable and necessary expenses" and "medical expenses" arising from the use and operation of the insured vehicle.

The EIP was involved in a motor vehicle accident on November 13, 2022. Thereafter, the EIP obtained treatment from multiple medical providers for injuries sustained in the accident.

The EIP presented to the applicant on March 4, 2023, at which time the applicant administered lumbar epidural steroid injections billed under CPT code 62323 with epidurography billed under CPT code 72275 and ultrasound guidance under CPT code 76942 and administered trigger point injections and lumbar spine under CPT code 20552.

The respondent denied the claim and made partial payment, fully reimbursing the applicant for the steroid injections with epidurography and ultrasound and reduce the claim for the trigger point injections. The applicant had billed for the trigger point injections under CPT code 20552 in the amount of \$177.62. The respondent reimbursed the applicant in the amount of \$64.85.

It is the burden of the respondent to demonstrate that the applicant's claims were in excess of the fee schedule. *St. Vincent's Medical Center PC v. GEICO*, 2010 NY Slip Op 5215(u), App. Term 2 Dept. 2010.

The respondent submitted the affidavit of Katheryn Moran, a certified bill coder. With respect to CPT code 20552, she states that this New Jersey procedure is fully reimbursed under the New Jersey fee schedule in the amount of \$129.69. Applying the 50% reduction rule for multiple procedures, the appropriate reimbursement is \$64.85.

The applicant submitted no evidence regarding the fee schedule.

I am satisfied by the proof submitted that the reimbursement for the trigger point injections was reduced to the appropriate reimbursement rate based upon the procedure being conducted in New Jersey and applying the 50% reduction for the multiple procedure rule.

Accordingly, applicant's claim is denied in its entirety.

5. Optional imposition of administrative costs on Applicant.  
Applicable for arbitration requests filed on and after March 1, 2002.

I do NOT impose the administrative costs of arbitration to the applicant, in the amount established for the current calendar year by the Designated Organization.

6. **I find as follows with regard to the policy issues before me:**

- The policy was not in force on the date of the accident
- The applicant was excluded under policy conditions or exclusions
- The applicant violated policy conditions, resulting in exclusion from coverage
- The applicant was not an "eligible injured person"
- The conditions for MVAIC eligibility were not met
- The injured person was not a "qualified person" (under the MVAIC)
- The applicant's injuries didn't arise out of the "use or operation" of a motor vehicle
- The respondent is not subject to the jurisdiction of the New York No-Fault arbitration forum

Accordingly, the claim is DENIED in its entirety

This award is in full settlement of all no-fault benefit claims submitted to this arbitrator.

State of NY  
SS :  
County of Nassau

I, Lester Hill, do hereby affirm upon my oath as arbitrator that I am the individual described in and who executed this instrument, which is my award.

12/31/2023  
(Dated)

Lester Hill

**IMPORTANT NOTICE**

*This award is payable within 30 calendar days of the date of transmittal of award to parties.*

*This award is final and binding unless modified or vacated by a master arbitrator. Insurance Department Regulation No. 68 (11 NYCRR 65-4.10) contains time limits and grounds upon which this award may be appealed to a master arbitrator. An appeal to a master arbitrator must be made within 21 days after the mailing of this award. All insurers have copies of the regulation. Applicants may obtain a copy from the Insurance Department.*

**ELECTRONIC SIGNATURE**

**Document Name:** Final Award Form  
**Unique Modria Document ID:**  
9b4241e82c467db15dd2eeb357645765

**Electronically Signed**

Your name: Lester Hill  
Signed on: 12/31/2023