

American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

North Shore Family Chiropractic PC
(Applicant)

- and -

Geico Insurance Company
(Respondent)

AAA Case No. 17-24-1354-5416
Applicant's File No. AR24-24597
Insurer's Claim File No. 066811723600000007
NAIC No.

ARBITRATION AWARD

I, Anne Malone, 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 12/09/2024
Declared closed by the arbitrator on 12/09/2024

Alex Beynenson, Esq. from The Beynenson Law Firm, PC participated virtually for the Applicant

Jaime Drantch from Geico Insurance Company participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **\$1,225.68**, was AMENDED and permitted by the arbitrator at the oral hearing.

The amount claimed was amended by the applicant to \$533.99 to conform to the appropriate fee schedule. The respondent did not agree to this amended amount.

Stipulations WERE NOT made by the parties regarding the issues to be determined.

3. Summary of Issues in Dispute

The 43 year old EIP reported involvement in a motor vehicle accident on June 27, 2023; claimed related injury and underwent chiropractic treatment provided by the applicant from July 3, 2023 to May 28, 2024 and EMG/NCV studies provided on September 12, 2023.

The applicant submitted a claim for these medical services, partial payment of which was timely made by the respondent based upon its determination of the correct reimbursable amount pursuant to the New York Workers' Compensation Chiropractic Fee Schedule.

The parties agree that \$138.80 is due from the respondent for date of service September 12, 2013.

The issue to be determined at the hearing is whether the respondent established its fee schedule defense.

4. Findings, Conclusions, and Basis Therefor

This hearing was held on Zoom and the decision is based upon the documents reviewed in the Modria File as well as the arguments made by counsel and/or representative at the arbitration hearing. Only the arguments presented at the hearing are preserved in this decision; all other arguments not presented at the hearing are considered waived.

According to the AR-1 the applicant claims that the total amount of the claim at issue is \$2,421.98 and acknowledged payment by the applicant of \$1,196.30, leaving a balance of \$1,225.68.

At the hearing, the applicant amended the amount in dispute to \$533.99 and the respondent acknowledged that a total of \$138.30 was due for the EMG/NCV studies provided on September 12, 2023 and contended that no further reimbursement is due on this claim.

To prevail in its fee schedule defense, the respondent must demonstrate by competent evidentiary proof that the applicant's claims are in excess of the appropriate fee schedule. If the respondent fails to do so, its defense of noncompliance with the New York Workers' Compensation Medical Fee Schedule cannot be sustained. See Continental Medical, P.C. v Travelers Indemnity Co., 11 Misc. 3d 145A (App. Term 1st Dept. 2006.)

An insurer fails to raise a triable issue of fact with respect to a defense that the fees charged were not in conformity with the Workers' Compensation fee schedule when it does not specify the actual reimbursement rates which formed the basis for its determination that the claimant billed in excess of the maximum amount permitted. See St. Vincent Medical Services, P.C. v. GEICO Ins. Co., 29 Misc.3d 141(A), 907 N.Y.S.2d 441 (App. Term 2d, Dec. 8, 2010.)

A fee schedule defense does not always require expert proof. There are two fee schedule scenarios. The first involves the basic application of the fee codes and simple arithmetic. The second scenario involves interpretation of the codes and often requires testimony and expertise beyond that of a lay individual. I find that

the fee schedule issue presented in this case is analogous to the former scenario and does not require an expert opinion.

The respondent contends that Ground Rule 3 of the Physical Medicine subsection of the 2018 Chiropractic fee schedule sets forth the correct reimbursable amount for the services at issue and states in pertinent part:

When multiple physical medicine procedures and/or modalities are performed on the same day, reimbursement is limited to 12.0 RVU's per patient per day per accident or illness or the amount billed, whichever is less.

The respondent provided evidence that payment was made to Brooklyn Medical and Unicorn Acupuncture on the same days as the chiropractic treatment at issue was provided by the applicant in this matter. It also noted that none of these providers, including the applicant at issue individually billed the full amount allowed for 12.0 RVUs on any given day and therefore, none of these providers are due the maximum fee schedule amount since they did not bill the full amount allowed.

Based on the amount billed in this claim for dates of service July 3, 2023 to May 28, 2024, the respondent contends that it made the correct payment pursuant to the applicable fee schedule based on the amount billed by North Shore Family Chiropractic PC and the other providers of services on the same dates and that no further reimbursement is due for the chiropractic treatment provided.

The respondent also acknowledged that the applicant is entitled to further reimbursement of \$138.30 for the EMG/NCV testing provided on September 12, 2023.

The applicant contends that it is entitled to additional reimbursement of \$395.64 for the chiropractic treatment at issue and \$138.30 for the EMG/NCV testing provided on September 12, 2023 for a total of \$533.99.

Based on a plain reading of Ground Rule 3 of the 2018 chiropractic fee schedule and the evidence of payment made to other providers on the same dates of service, I find that the respondent has established its fee schedule defense.

Accordingly, the applicant is awarded \$138.30 and the remainder of the claim is dismissed with prejudice.

Any further issues submitted in the record are held to be moot and/or waived insofar as they were not raised at the time of this hearing. This decision is in full disposition of all claims for no-fault benefits presently before this Arbitrator.

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 applicant is AWARDED the following:

A.

Medical		From/To	Claim Amount	Amount Amended	Status
	North Shore Family Chiropractic PC	07/03/23 - 07/25/23	\$250.98	\$98.03	Denied
	North Shore Family Chiropractic PC	08/02/23 - 08/28/23	\$371.16	\$237.70	Denied
	North Shore Family Chiropractic PC	09/05/23 - 09/21/23	\$190.60		Withdrawn with prejudice
	North Shore Family Chiropractic PC	09/12/23 - 09/12/23	\$138.30		Awarded: \$138.30
	North Shore Family Chiropractic PC	04/15/24 - 04/22/24	\$137.32	\$28.65	Denied
	North Shore Family Chiropractic PC	05/12/24 - 05/28/24	\$137.32	\$61.31	Denied
Total			\$1,225.68		Awarded: \$138.30

- B. The insurer shall also compute and pay the applicant interest set forth below. 07/01/2024 is the date that interest shall accrue from. This is a relevant date only to the extent set forth below.

Applicant is awarded interest pursuant to the no-fault regulations. See generally, 11 NYCRR §65-3.9. Interest shall be calculated "at a rate of two percent per month, calculated on a *pro rata* basis using a 30 day month." See 11 NYCRR §64-3.9(a). A claim becomes overdue when it is not paid within 30 days after a proper demand is made for its payment. However, the regulations toll the accrual of interest when an applicant "does not request arbitration or institute a lawsuit within 30 days after the receipt of a denial of claim form or payment of benefits" calculated pursuant to Insurance Department regulations. Where a claim is untimely denied, or not denied or paid, interest shall accrue as of the 30th day following the date the claim is presented by the claimant to the insurer for payment. Where a claim is timely denied, interest shall accrue as of the date an action is commenced or an arbitration requested, unless an action is commenced or an arbitration requested within 30 days after receipt of the denial, in which event interest shall begin to accrue as of the date the denial is received by the claimant. See, 11 NYCRR §65-3.9(c.) The Superintendent and the New York Court of Appeals has interpreted this provision to apply regardless of whether the particular denial was timely. LMK Psychological Servs. P.C. v. State Farm Mut. Auto. Ins. Co., 12 NY3d 217 (2009.)

C. Attorney's Fees

The insurer shall also pay the applicant for attorney's fees as set forth below

Applicant is awarded statutory attorney's fees pursuant to the no fault regulations. For cases filed after February 4, 2015 the attorney's fee shall be calculated as follows: 20% of the amount of first-party benefits awarded, plus interest thereon subject to no minimum fee and a maximum of \$1,360.00. See 11 NYCRR §65-4.6(d.)

- D. The respondent shall also pay the applicant forty dollars (\$40) to reimburse the applicant for the fee paid to the Designated Organization, unless the fee was previously returned pursuant to an earlier award.

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

State of CT

SS :

County of Fairfield

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

01/08/2025
(Dated)

Anne Malone

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:
208823e6d337cbfb780591bc4c2ac90c

Electronically Signed

Your name: Anne Malone
Signed on: 01/08/2025