

American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

JTK Chiropractic Care PC
(Applicant)

- and -

State Farm Mutual Automobile Insurance
Company
(Respondent)

AAA Case No. 17-24-1370-1924
Applicant's File No. GTLJTK051424.007
Insurer's Claim File No. 3266M367N
NAIC No. 25178

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 03/28/2025
Declared closed by the arbitrator on 03/28/2025

George Lewis, Esq. from Law Offices of George T. Lewis, Jr., PC participated virtually for the **Applicant**

Jason Egielski, Esq. from Sarah C. Varghese & Associates participated virtually for the **Respondent**

2. The amount claimed in the Arbitration Request, **\$1,664.59**, 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

The 73 year old EIP reported involvement in a motor vehicle accident on April 23, 2024; claimed related injury and underwent thoracic, cervical, lumbar and SI ultrasound provided by the applicant on May 14, 2024.

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 Medical Fee Schedule.

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.

The applicant billed a total of \$1,759.16 for the services at issue, for which the respondent made partial payment of \$98.55 (\$94.57 + interest) pursuant to its calculation of the appropriate fee schedule, leaving a balance of 1,664.59.

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.)

The respondent supported its fee schedule defense, with the affidavit of Matthew Kenyon, CPC, CPMA a certified professional coder who submitted a comprehensive review and analysis and determined, based on the applicable New York Workers' Compensation Physical Medicine Fee Schedule that the correct reimbursable amount for the services at issue is \$144.95.

Mr. Kenyon stated the following:

Chiropractic Radiology Ground Rule 5 Miscellaneous 5C -

for diagnostic ultrasound procedures, use code 76999 and

submit the required report. Chiropractic Radiology Ground

Rule 5 Miscellaneous 5C does not say the Chiropractor can

utilize CPT codes outside the Chiropractic Fee Schedule to

formulate a reimbursement for By Report CPT 76999. This rule says to submit the required report only.

Chiropractic Medical Fee Schedule General Ground Rule 10 is clear; a Chiropractor may only use CPT codes contained in the Chiropractic Fee Schedule for billing of treatment.

This includes all CPT codes for listed and unlisted By Report services. The Chiropractic Fee Schedule and the CPT codes contained within, is the only Fee Schedule and CPT code set to be utilized for services performed by a Chiropractor and billed through NYS No Fault in compliance with the law set by the New York State Department of Financial

Services Thirty Fifth Amendment to 11 NYCRR 68
(INSURANCE REGULATION 83).

Based on the foregoing, Mr. Kenyon determined that, to insure relative consistency, in compliance with the chiropractic fee schedule Ground Rule 10, code 72084 (radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine) will be applied for the ultrasound at issue.

The applicant submitted the affidavit of Maureen Norman, RMC, a certified professional fee coder who determined that the correct reimbursable amount for the services at issue is \$1,759.16.

Ms. Norman relied upon an AMA notice which stated:

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use.

She further noted that:

In compliance and accordance with The NY Workmans'

Compensation Chiropractic Introduction and General

Guidelines and Ground Rules 5.c, 1B, 2, 10, 59, 2B, 8-Modifiers, Modifier 59; provider submitted separate

billing codes for the Cervical Region, Thoracic Region,

Lumbar region, and 2 separate and distinct Sacroiliac (SI)

Joints Ultrasound Studies.

The choice of The Unlisted Diagnostic Ultrasound code 76999

is correct because there are no dedicated CPT codes that adequately identify Chiropractic Diagnostic Ultrasound

Services or that require the same amount of wRV. Billing

is in accordance and in compliance with all Ground Rules,

Guidelines, and Regulations in The NYWC Fee Schedule

pertaining to Chiropractic Ultrasounds, beginning with 5.c.

Ms. Norman acknowledged that the New York Workers' Compensation Chiropractic Fee schedule specifically states that "[a] chiropractor may only use CPT codes contained in the chiropractic fee schedule for billing of treatment. A chiropractor may not use codes that do not appear in the chiropractic fee schedule."

She then determined that the respondent is not in compliance with chiropractic ground rules because it looked only to the chiropractic fee schedule to determine the correct reimbursable amount for the ultrasound services at issue.

After a review of all the evidence submitted an issue of fact remains as to the correct reimbursable amount for the services at issue. Conflicting opinions have been presented in the affidavit of Matthew Kenyon, CPC, CPMA and the affidavit of Maureen Norman, RMC who submitted an affidavit on behalf of the applicant. I find that the submission of Mr. Kenyon was more persuasive in this instance since his affidavit relied on the portion of the New York Workers' Compensation Chiropractic Fee Schedule which states that the correct reimbursable amount for treatment by a chiropractor must be determined based codes contained in that fee schedule.

Therefore, the respondent established its fee schedule defense and owes an additional \$50.38.

Accordingly, the applicant is awarded \$50.38 in disposition of this claim.

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	Status
	JTK Chiropractic Care PC	05/14/24 - 05/14/24	\$1,664.59	Awarded: \$50.35
Total			\$1,664.59	Awarded: \$50.35

- B. The insurer shall also compute and pay the applicant interest set forth below. 10/17/2024 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.

04/14/2025
(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:
409c3bde91e83400fc67034a958ba3d8

Electronically Signed

Your name: Anne Malone
Signed on: 04/14/2025