

American Arbitration Association  
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

CitiMed Complete Medical Care PC  
(Applicant)

- and -

Progressive Casualty Insurance Company  
(Respondent)

AAA Case No. 17-24-1338-7764

Applicant's File No. RB-204-400347

Insurer's Claim File No. 23-5353869

NAIC No. 32786

**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 04/25/2025  
Declared closed by the arbitrator on 04/25/2025

Elyse Ulino, Esq. from Baker & Narkolayeva Law P.C. participated virtually for the Applicant

Alice Downing from Progressive Casualty Insurance Company participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **\$1,113.91**, was AMENDED and permitted by the arbitrator at the oral hearing.

The amount claimed was amended by the applicant to \$154.72 to conform to the appropriate fee schedule and to reflect payments made by the respondent.

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

3. Summary of Issues in Dispute

The 46 year old EIP reported involvement in a motor vehicle accident on January 16, 2023; claimed related injury and underwent office visits, physical therapy, chiropractic treatment and range of motion and muscle testing, (ROM/MMT) provided by the applicant from February 2, 2023 to March 29, 2023.

The charges for physical therapy provided the applicant from February 6, 2023 to February 22, 2022, chiropractic treatment from March 13, 2023 to March 29, 2023 and ROM/MMT provided on February 21, 2023 were withdrawn at the hearing based on payments made by the respondent pursuant to the appropriate fee schedule.

The applicant billed \$103.68 for physical therapy treatment provided to the EIP on March 13, 2023. At the hearing, the applicant amended the amount due to \$93.58. The respondent contends that the bill was timely paid in full, pursuant to the appropriate fee schedule.

**The issues to be determined at the hearing are:**

**Whether the respondent established its fee schedule defense for services rendered on February 2, 2023.**

**Whether the respondent established that the bill for date of service March 13, 2023 was timely paid in full.**

#### 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.

##### Fee Schedule

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 1<sup>st</sup> 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 applicant billed \$203.76 under CPT code 99204 for an office visit provided to the EIP on February 2, 2023. The respondent down-coded this charge to \$142.62 under CPT code 99203.

The respondent did not an affidavit from a certified professional fee coder, medical professional or other expert to support its fee schedule defense.

According to the Explanation of Benefits the respondent applied the \$142.62 to the deductible under the policy which provided no fault coverage for the subject accident, leaving a balance of \$61.14 for this date of service.

Based on a plain reading of the appropriate no fault fee schedule the applicant is entitled to additional reimbursement of \$61.14 for the services rendered to the EIP on February 2, 2023.

Under these circumstances, the respondent failed to establish its fee schedule defense for date of service February 2, 2023.

**Therefore, the applicant is awarded \$61.14 for services rendered on February 2, 2023.**

Payment of bill for date of service March 13, 2023

The applicant billed \$102.68 for physical therapy treatment rendered to the EIP on March 13, 2023. The amount in dispute for these services was amended by the applicant to \$93.58 pursuant to the appropriate fee schedule. The applicant contends that it did not receive payment for these charges.

I allowed the respondent one week to provide proof of payment of this bill. The respondent submitted a copy of the cancelled check for \$93.58 for physical therapy treatment provided on March 13, 2023.

Based on the foregoing, the respondent established that it made timely payment for the physical therapy treatment provided on March 13, 2023.

**Therefore, the claim for date of service March 13, 2023 is dismissed with prejudice.**

**Accordingly, the applicant is awarded \$61.14 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
	CitiMed Complete Medical Care PC	02/02/23 - 02/02/23	\$203.76	\$61.14	Awarded: \$61.14
	CitiMed Complete Medical Care PC	02/06/23 - 02/06/23	\$109.48		Denied
	CitiMed Complete Medical Care PC	02/15/23 - 02/22/23	\$90.78		Denied
	CitiMed Complete Medical Care PC	02/20/23 - 02/20/23	\$66.48		Denied

	<b>CitiMed Complete Medical Care PC</b>	<b>02/21/23 - 02/21/23</b>	<b>\$311.53</b>		<b>Denied</b>
	<b>CitiMed Complete Medical Care PC</b>	<b>03/13/23 - 03/13/23</b>	<b>\$102.68</b>	<b>\$93.58</b>	<b>Denied</b>
	<b>CitiMed Complete Medical Care PC</b>	<b>03/13/23 - 03/29/23</b>	<b>\$229.20</b>	<b>\$67.04</b>	<b>Denied</b>
<b>Total</b>			<b>\$1,113.91</b>		<b>Awarded: \$61.14</b>

- B. The insurer shall also compute and pay the applicant interest set forth below. 03/04/2024 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 30<sup>th</sup> 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.

05/10/2025  
(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:**  
3613a0ba3b6090139145a34c7c2742a1

### **Electronically Signed**

Your name: Anne Malone  
Signed on: 05/10/2025