

American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

Atlantic Medical & Diagnostic PC
(Applicant)

- and -

LM General Insurance Company
(Respondent)

AAA Case No. 17-25-1384-2558

Applicant's File No. 3423018

Insurer's Claim File No. 0580101390004

NAIC No. 36447

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 08/12/2025
Declared closed by the arbitrator on 08/12/2025

Marcy Cohen from Israel Purdy, LLP participated virtually for the Applicant

Michelle Randazzo from LM General Insurance Company participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **\$6,289.19**, 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

Were the claims for an office evaluation and trigger point injections with ultrasound guidance provided to the EIP on October 10, 2024 and November 11, 2024 properly billed and paid pursuant to the fee schedule? The 59-year-old female EIP was involved in a motor vehicle accident on October 8, 2024 and received treatment for injuries sustained in the accident.

4. Findings, Conclusions, and Basis Therefor

At issue is whether the claims for trigger point injections with ultrasound guidance administered to the EIP on October 10, 2024 and November 11, 2024 were properly billed and paid pursuant to the fee schedule.

I have reviewed the documents contained in the electronic case folder as of August 12, 2025. This decision is rendered based upon those documents and the parties arguments at the hearing conducted on August 12, 2025.

The EIP was involved in a motor vehicle accident on October 8, 2024. Thereafter, the EIP obtained treatment from multiple medical providers for injuries sustained in the accident.

The EIP presented to the applicant on October 10, 2024 of November 11, 2024, at which time the applicant conducted an office evaluation and administered trigger point injections with ultrasound guidance. The services were provided by a nurse practitioner. The applicant billed for an office evaluation under CPT code 99204, injections under CPT code 20553, and six units of ultrasound guidance billed under CPT code 76942.

The respondent denied the claims and made partial payment, asserting that the applicant is entitled to only one unit of CPT code 76942.

The applicant amended the claims to \$867.60 for each date of service, which reflects an additional five units of CPT code 76942.

The records reflect there were six injections into the musculature of the lumbar area on October 10, 2024 and November 11, 2024.

The respondent submitted the report of Gina Ball, a certified bill coder. She states that the applicant is entitled to reimbursement for CPT code 20553 injections (three or more muscles). She states that since only one unit of CPT code 20553 can be reported per session, the applicant is entitled to only one unit of ultrasound guidance under CPT code 76942 in the amount of \$231.36 (the nurse practitioner rate) as the ultrasound guidance was used in association with the one unit of trigger point injections. She cites CPT Assistant, December 2017 that: "Question: When reporting ultrasound guidance for trigger-point injections (20551, 20552), is it appropriate to report multiple units of code 76942 based on the number of injections? Answer: No, code 76942, Ultrasonic guidance for needle placement (eg. Biopsy, aspiration, injection, localization device), imaging supervision and interpretation, may only be reported once, irrespective of the number of trigger-point injections performed." She states that the applicant is entitled to only one unit of CPT code 76942. She states that trigger point injections are a single code based upon the number of muscles injected, not the number of injections.

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 applicant submitted the report of Jacqueline Thelian, a certified bill coder. She asserts that there is no prohibition or restriction to the number of units billed under CPT code 76942. She states that the determining factor in the amount of units of CPT code 76942 that may be billed is the amount of muscles injected, not the number of injections. She states regarding the billing of multiple units of CPT code 76942, citing CPT Assistant, April, 2005 the following Q & A: "Would it be appropriate to report code 76942, Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation, twice when there is more than one lesion in the breast? A: From a CPT coding perspective, code 76942 should be reported per distinct lesion that requires separate needle placement. Therefore, if several passes are made into two separate lesions in the same organ (i.e., two lesions in same breast), then code 76942 would be reported twice where there was more than one lesion in the breast of the patient and ultrasound guidance was utilized two times based upon reimbursement for each lesion which is examined". She further states that CPT Assistant, December, 2017 could be interpreted as restricting the use of multiple units of CPT code 76942 based upon the number of injections administered. She states based upon the CPT Assistant article from April, 2005, the controlling principle is the number of lesions, not the number of injections. He states that CPT guidelines attempt to place relative value units cognizant of the cost of equipment, skill, and time. She further states that there are many procedures in which the guidance costs extensively more than the procedure itself.

I find the respondent has demonstrated by a sufficient factual basis that the applicant billed in excess of the fee schedule by billing multiple units of CPT code 76942. I note the unambiguous National Correct Coding Initiative for the Centers of Medicare and Medicaid which as of January 1, 2022 unambiguously state, in section G .3 of the Radiological services section, that CPT code 76942 may only be billed once per patient encounter regardless of the number of needle placements performed. However, I recognize that the Centers of Medicare and Medicaid are not controlling with respect to no-fault reimbursement. I find the April, 2005 CPT Assistant article cited by Ms. Thelian to be of little import due to the fact that comparing breast biopsy to trigger point injections fails. The difference between trigger point injection codes and breast biopsy codes is that the biopsy codes specifically state that the code can be billed for individual lesions with an accompanying code for 76942. Each breast lesion is reported separately. That is not the case with trigger point injections as CPT code 20553 is for three or more muscles that are injected. In other words, for trigger point injections, one unit of the code is utilized as long as three or more muscles are injected. At one point I found the CPT Assistant of December, 2017 to be somewhat ambiguous in asserting that only one unit of ultrasound guidance may be billed irrespective of the number of injections performed (as opposed to muscles injected). I have found the article of December, 2017 to be sufficiently clear that only one unit of ultrasound guidance may be billed. Most importantly, I find the electronic inquiries and response by CPT Knowledge Base, dated December 28, 2023 and April, 29, 2024 that it is the intention of the CPT code that only one unit of ultrasound guidance is reimbursable for a treatment session to be dispositive. This unambiguous statement, I believe, clarifies the issue.

Accordingly, applicant's claims are denied in their 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.

08/14/2025
(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:
b2e0a22e7e5ab1cbfc95821375115a72

Electronically Signed

Your name: Lester Hill
Signed on: 08/14/2025