

American Arbitration Association  
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

Precise Medical Solutions LLC  
(Applicant)

- and -

State Farm Mutual Automobile Insurance  
Company  
(Respondent)

AAA Case No. 17-24-1376-0982

Applicant's File No. BT24-292279

Insurer's Claim File No. 3267F429V

NAIC No. 25178

### **ARBITRATION AWARD**

I, Brett Haushor, 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: patient

1. Hearing(s) held on 10/14/2025  
Declared closed by the arbitrator on 10/14/2025

Heather Landeros, Esq. from The Tadchiev Law Firm, P.C. participated virtually for the Applicant

Ryan Waxon, Esq. from Sarah C. Varghese & Associates participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **\$1,209.59**, 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

In dispute are the Applicant's bills for intraoperative monitoring, an EEG, SSEP, neuromuscular junction testing and an EMG provided to the injured party on August 13, 2024 as a result of injuries sustained in a motor vehicle accident on April 15, 2024.

Respondent issued a partial payment and denied the balance based on fee schedule issues.

4. Findings, Conclusions, and Basis Therefor

Respondent has provided a certified professional coder report by Mercy Acuna, RN, BSN, CPC, dated February 14, 2025 which provides a detailed analysis of the disputed billing. The report indicates that code 95940 may not be billed by a technologist as per the CPT Assistant. The balance of the codes sought the technical component of each code and Respondent reduced the reimbursement accordingly as per fee schedule. Applicant has provided nothing to satisfactorily refute Respondent's calculations. Reimbursement as requested is hereby denied.

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 Queens

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

10/14/2025

(Dated)

Brett Hausthor

## **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:**  
e2f7b2d0d2c57108d68faeb25967b792

**Electronically Signed**

Your name: Brett Hausthor  
Signed on: 10/14/2025