

American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

Bialecki Chiropractic PC
(Applicant)

- and -

Liberty Mutual Fire Insurance Company
(Respondent)

AAA Case No. 17-26-1449-6943

Applicant's File No. N/A

Insurer's Claim File No. AB949616652

NAIC No. 36447

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 09/18/2026
Declared closed by the arbitrator on 09/18/2026

Ian Besso, Esq. from The Sigalov Firm PLLC participated virtually for the Applicant

Cheryl Krzywicki, Esq. from Law Offices Of Destin C. Santacrose participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **\$568.87**, 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 21 year old EIP reported involvement in a motor vehicle accident on December 26, 2024; claimed related injury and underwent an unlisted radiographic procedure, office and chiropractic treatment provided on February 3, 2025 and February 6, 2025.

The applicant billed for these services, for which the respondent made partial payment based on its calculation of the correct reimbursable amount pursuant to the New York Workers' Compensation Chiropractic 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 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 \$741.50 for which the respondent made partial payment of \$172.63 pursuant to its calculation of the correct reimbursable amount based on the New York Workers' Compensation Chiropractic Fee Schedule.

The amount claimed included \$475.00 for unlisted radiologic procedure which was billed under CPT code 76499 which is a BR code, that is not listed in the chiropractic fee schedule.

To prevail in a fee schedule defense, the respondent must demonstrate by competent evidentiary proof that applicant's claims were in excess of the appropriate fee schedules, or otherwise respondent's defense of noncompliance with the appropriate fee schedule cannot be sustained. Continental Medical, P.C. v. Travelers Indemnity Co., 11 Misc.3d 145(A) (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.)

Chiropractic Fee Schedule - effective 2020

Neither party submitted a fee coder to support its billing and defense. The respondent relied upon a plain reading of the chiropractic fee schedule.

The respondent made partial payment for CPT codes 99243, 98940 and 97012 based on the multiple procedure rule allowing 12.0 and 18.0 RVUs for the services at issue.

The respondent determined that CPT code 76499 was a "non-covered service" based on the radiology section of the New York Workers' Compensation Medical Fee Schedule which indicates that it is an "unlisted diagnostic procedure" with a "By Report" (BR) code and is not reimbursable.

Without a fee coder, the respondent cannot make this determination. However, Ground Rule 10 of the chiropractic fee schedule states:

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.

Based on the foregoing, since CPT code 76499 is not listed in the Radiology Section of the chiropractic fee schedule, I find that the respondent has established its fee schedule defense.

Accordingly, 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 claim is DENIED in its entirety

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.

09/19/2026
(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:
e85ed8c76c2529ff9e4f7e6378542bcf

Electronically Signed

Your name: Anne Malone
Signed on: 09/19/2026