American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

Atlantic Medical & Diagnostic PC (Applicant)	AAA Case No.	17-25-1428-7406
	Applicant's File No.	ACT25-238311
- and -	Insurer's Claim File No.	250761628
	NAIC No.	12130
National General Insurance Company f/k/a GMAC (Respondent)		

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 11/23/2026
   Declared closed by the arbitrator on 11/23/2026

   Rachel Stein, Esq. from The Licatesi Law Group, LLP participated virtually for the Applicant

   Esther Meyrov, Esq. from Law Offices Of Richard Schoenberg participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **$3,410.09**, was AMENDED and permitted by the arbitrator at the oral hearing.

   The amount claimed was amended by the applicant to $1,723.68 to conform to the appropriate fee schedule. The respondent did not agree to this amended amount.

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

3. Summary of Issues in Dispute

   The 24 year old EIP reported involvement in a motor vehicle accident on September 13, 2025; claimed related injury and underwent diagnostic ultrasound provided by the applicant on September 17, 2025.

The applicant submitted a claim for these chiropractic services, partial payment of which was timely made by the respondent 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 from 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 denial of this claim was late on its face. However effective April 1, 2013, 11 NYCRR 65-3.8(g)(1) has been amended so that the application of the New York State Worker's Compensation fee schedule is no longer a precludable defense and no payment is due on those claims in excess of the fee schedule. Per 11 NYCRR 65-3.8(g), where the services were rendered after April 1, 2013, a defense of excessive fees is not subject to preclusion Surgicare Surgical Associates v. National Interstate Ins. Co.,Misc.3d, N.Y.S.3d, 2015 N.Y. Slip Op. 25338 (App. Term 1st Dept. Oct. 8, 2015), , 46 Misc.3d 736, 997 N.Y.S.2d 296 aff'g (Civ. Ct. Bronx Co. 2014) (New Jersey fee schedule). The insurer is entitled to reduce the bills to the proper fee schedule amount.

In order 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.)

A fee schedule defense does not always require expert proof. There are two fee schedule scenarios. The first involves the basic application of the fee codes and simple arithmetic. The second scenario involves interpretation of the codes and

often requires testimony and evidence beyond that of a lay individual. I find that the fee schedule issue presented in this case is analogous to the latter scenario and requires an expert's opinion.

The respondent supported its fee schedule defense, with the affidavit of Becky Neve, RN, BSN, CPC, a medical professional and certified professional coder who submitted a comprehensive analysis and determined that the correct reimbursable amount for the services at issue is $582.26.

The applicant submitted an affidavit from Michael Miscoe, President and Senior Forensic Coding and Compliance Auditor/Expert of Practice Masters, Inc. who reviewed the New York Workers Compensation Fee Schedule and discussed in detail the fee schedule issued involved in this claim but did not include his opinion of the total reimbursable amount for the claim at issue.

After a review of all the evidence submitted, conflicting opinions have been presented by the respondent and the applicant.

The differences were in part the result of discrepancies between the Provider Bill Detail and Conclusions in the Professional Code Review submitted by the respondent and were resolved based on a plain reading of the New York Workers' Compensation Chiropractic Fee Schedule.

The total reimbursable amount for this claim included multiple allowances for guidance for the three different injections provided by the NP and additional allowances for injections billed under CPT codes 64445 and 64418 which were billed by the applicant in the NF3 as 2 units but only one unit was included the in the code review by Becky Neve, RN, BSN, CPC.

The applicant argued that the billing for the J codes was incorrect. However, there was no submission from a certified professional fee coder, medical professional or other expert to support this argument, which was discussed by Ms. Neve in her report.

The affidavit by Michael Miscoe, President and Senior Forensic Coding and Compliance Auditor/Expert of Practice Masters, Inc. did not address many of these issues.

After an extensive review of the NF3, NF 10, affidavits submitted by Ms. Neve and Mr. Miscoe and arguments presented by the representatives for the applicant and respondent, I have determined that, based on the submissions and the New York Workers' Compensation Chiropractic Fee Schedule, the correct total reimbursable amount for the claim at issue is $410.01. This is in addition to the partial payment of $643.25 previously paid by the respondent which was acknowledged at the hearing.

Accordingly, the applicant is awarded $410.01 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**	**Amount Amended**	**Status**
	Atlantic Medical & Diagnostic PC	**09/17/25 - 09/19/25**	**$3,410.09**	**$1,723.68**	**Awarded: $410.01**
Total			**$3,410.09**		**Awarded: $410.01**

B. The insurer shall also compute and pay the applicant interest set forth below. 11/17/2025 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 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.

11/24/2026
(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:
7ae3969f2b6f677b034b8e49a945d2b8

Electronically Signed

Your name: Anne Malone
Signed on: 11/24/2026