AWARD OF DISPUTE RESOLUTION PROFESSIONAL

1. THE UNDERSIGNED DISPUTE RESOLUTION PROFESSIONAL (DRP), designated by the American Arbitration Association under the Rules for the Arbitration of No-Fault Disputes in the State of New Jersey, adopted pursuant to the 1998 New Jersey “Automobile Insurance Cost Reduction Act” as governed by N.J.S.A. 39:6A-5, et. seq., and, I have been duly sworn and have considered such proofs and allegations as were submitted by the Parties. The Award is DETERMINED as follows:

Injured Person(s) hereinafter referred to as: JP.

1. ORAL HEARING held on May 27, 2003.

2. ALL PARTIES APPEARED at the oral hearing(s).

NO ONE appeared telephonically.

3. Claims in the Demand for Arbitration were AMENDED and permitted by the DRP at the oral hearing (Amendments, if any, set forth below). STIPULATIONS were not made by the parties regarding the issues to be determined (Stipulations, if any, set forth below).

The Amount Claimed was amended from $2,478.25 to $1,327.17.

4. FINDINGS OF FACTS AND CONCLUSIONS OF LAW:

This matter arose out of a motor vehicle accident that occurred on May 9, 2002 and is, therefore, subject to AICRA.

Injured in the accident, JP underwent a course of dental treatment with Claimant from August 9, 2002 through November 8, 2002.
Respondent made partial, and in some instances no payments on various charges on Claimant's bills for treatment rendered to JP from August 9, 2002 through November 8, 2002.

Claimant seeks reimbursement in the amount of $1,327.17, as itemized for the following dates of service:

August 9, 2002

Claimant billed $213.00 under CPT 99245 for an office visit conducted on August 9, 2002. Explaining that the "[p]rocedure code has been changed to reflect the service performed," Respondent paid Claimant $64.00 for the office visit. Respondent does not indicate what CPT code was used to reimburse Claimant; nor does it reveal the identity, or credentials of the person(s) making the determination to downcode CPT 99245, or the authoritative basis upon which it was done.

Claimant is entitled to reimbursement in the amount of $149.00.

August 16, 2002, September 6, 2002 and September 13, 2002

Claimant billed $115.92 under CPT 99215 for each office visit conducted on August 16, 2002, September 6, 2002 and September 13, 2002. Explaining that the "[p]rocedure code has been changed to reflect the service performed," Respondent paid Claimant $38.00 for each office visit. Respondent does not indicate what CPT code was used to reimburse Claimant; nor does it reveal the identity, or credentials of the person(s) making the determination to downcode CPT 99215, or the authoritative basis upon which it was done.

Claimant is entitled to reimbursement in the amount of $233.76.

August 16, 2002

Claimant billed $92.00 under CPT D0470 for diagnostic casts. Respondent denied payment of those services based on a physician advisor review.

According to the physician advisor, Robert Federman DDS, Claimant "unbundles procedures such as range of motion, muscle testing, manipulation of the muscles, re-evaluations and adjustments of the TMJ orthotic. It is Dr. Federman's opinion that "a complex consultation includes the entire global fee schedule that would incorporate measurements, muscle testing, range of motion measurements, et cetera, and should not be unbundled, ..."

Neither Dr. Charles Krop (who conducted the initial physician advisor review), nor Dr. Federman addresses billing under CPT D0470 for diagnostic casts; nor does Respondent produce any authoritative documentary evidence which would support disallowing the billing for diagnostic casts.
Claimant is entitled to reimbursement in the amount of $92.00.

September 6, 2002

Claimant billed $1,275.00 under CPT 21110 for Apply/Remove Interdental (a TMJ appliance) on September 6, 2002. Explaining that "procedure code has been changed to reflect the service performed," Respondent allowed Claimant $714.00 for the TMJ appliance. Respondent does not indicate what CPT code was used to reimburse Claimant; nor does it reveal the identity, or credentials of the person(s) making the determination to downcode CPT 21110, or the authoritative basis upon which it was done.

Claimant has provided copies of EOB's showing payment of CPT 21110 at $1,200.00 by other insurance carriers; thereby establishing a UCR fee of $1,200.00 for CPT 21110.

Claimant is entitled to reimbursement in the amount of $486.00.

October 18, 2002

Claimant billed $115.92 under CPT 99215 for an office visit conducted, as well as $30.50 under CPT 95851 Range of Motion Test and $29.07 under CPT 95831 Manual Muscle Testing performed on October 18, 2002. Respondent denied payment of those services based on a physician advisor review.

According to the physician advisor, Robert Federman DDS, Claimant "unbundles procedures such as range of motion, muscle testing, manipulation of the muscles, re-evaluations and adjustments of the TMJ orthotic. It is Dr. Federman's opinion that "a complex consultation includes the entire global fee schedule that would incorporate measurements, muscle testing, range of motion measurements, et cetera, and should not be unbundled, ..."

Claimant has not produced any records to show that the Range of Motion Test and Manual Muscle Testing were not accomplished during the time allotted for an office visit under CPT 99215. The billing under CPT 95851 and 95831 is disallowed.

Inasmuch as those tests are included in the services performed during the office visit, and the office visit was, in fact, conducted, Claimant is entitled to reimbursement in the amount of $115.92 for the office visit conducted on October 18, 2002 and billed under CPT 99215.

November 8, 2002

Claimant produced treatment notes and a HICF showing a billing of $115.92 under CPT 99215 for an office visit conducted on November 8, 2002. Respondent has not produced an EOB for that particular date of service.
Claimant is entitled to reimbursement in the amount of $115.92.

Medical expense benefits are awarded in the amount of $1,192.60, as outlined hereinabove and set forth in Paragraph 5, hereinbelow.

With respect to attorney's fees in this matter, the Certification of Services submitted by Claimant's counsel has been reviewed. Respondent's argument that the attorney's fees being sought by Claimant's counsel are excessive has been taken into consideration, as well.

As set forth in RPC 1.5, consideration has been given, but not limited to, the novelty and difficulty of the questions involved, the skill requisite to perform the legal services properly, the fees customarily charged in the locality for similar legal services, the amount involved and the results obtained, as well as the experience, reputation and ability of the lawyer performing the service.

An attorney's fee of $1,200.00 is consonant with the amount of the Award and in keeping with the guidelines of RPC 1.5.

Costs are awarded in the amount of $361.66 (AAA filing fee - $325.00; postage - $34.42 and mileage - $2.24).

5. MEDICAL EXPENSE BENEFITS:

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<th>Provider</th>
<th>Amount Claimed</th>
<th>Amount Awarded</th>
<th>Payable to</th>
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</thead>
<tbody>
<tr>
<td>Dr. Joan VanRaalte,</td>
<td>$1,327.17</td>
<td>$1,192.60*</td>
<td>Dr. Joan VanRaalte,</td>
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<td>DMD</td>
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Explanations of the application of the medical fee schedule, deductibles, co-payments, or other particular calculations of Amounts Awarded, are set forth below.

*Subject to any applicable deductible and co-payments.

6. INCOME CONTINUATION BENEFITS: Not In Issue

7. ESSENTIAL SERVICES BENEFITS: Not In Issue

8. DEATH BENEFITS: Not In Issue
9. FUNERAL EXPENSE BENEFITS: Not In Issue


(A) Other COSTS as follows: (payable to counsel of record for CLAIMANT unless otherwise indicated): $361.66

(B) ATTORNEYS FEES as follows: (payable to counsel of record for CLAIMANT unless otherwise indicated): $1,200.00

(C) INTEREST is as follows: waived per the Claimant.

This Award is in FULL SATISFACTION of all Claims submitted to this arbitration.

July 11, 2003
Date

James H. Garrabrandt, Esq.