



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

David West DO

Respondent Name

Sentry Insurance Co

MFDR Tracking Number

M4-26-1367-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

January 15, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 29, 2025	99205-95	\$105.18	\$0.00
Total		\$105.18	\$0.00

Requester's Position

"The insurance carrier has not properly paid this claim in accordance with DWC Rules governing the specific services billed."

Amount In Dispute: \$105.18

Respondent's Position

"The provider's DWC 60 is inconsistent with the rest of the document attached to it. The DWC 60 claims that the date of service was on September 29, 2025, yet the provider's documents include two CMS 1500s with dates of service of February 18, 2025 and June 10, 2025. The documents attached to the DWC 60 do not include a CMS 1500 for a date of service of September 29, 2025. ...In response to the provider's date of service on his DWC 60, which is September 29, 2025, is the carrier's position that it has never received a medical bill for that date of service."

Response Submitted By: Flahive, Ogden & Latson

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.

Adjustment Reasons

Submitted explanation of benefits could not be identified for date of service September 29, 2025.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester meet the requirements of submitting complete request to MFDR?
3. Has DWC determined if the requester is due additional reimbursement?

Findings

1. The requester submitted a DWC 60 with date of service of September 29, 2025. The position statement from the requester indicates the date of service is February 18, 2025. The submitted explanation of benefits copies do not indicate the dates of service.
2. 28 TAC 133.307(2)(J)(K) states, ...The requester must send the request to the division in the form and manner prescribed by the division... ...The request must include:
 - (J) a copy of all medical bills related to the dispute, as described in §133.10 of this chapter (concerning Required Billing Forms/Formats) or §133.500 (concerning Electronic Formats for Electronic Medical Bill Processing) as originally submitted to the insurance carrier in accordance with this chapter, and a copy of all medical bills submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (concerning Reconsideration for Payment of Medical Bills);
 - (K) each explanation of benefits or e-remittance (collectively "EOB") related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB;

Review of the information submitted with the DWC 60 did not contain a copy of the medical bill for date of service September 29, 2025. None of the explanation of benefits submitted indicated the date of service or how the claim was adjudicated.

3. DWC finds the requester is not eligible for additional payment based on the information submitted and did not comply with requirements of what must be sent to the Division at the time of the MFDR request.

Conclusion

The outcome of this medical fee dispute is based on the evidence the requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 10, 2026
Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [133.307](#), which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit [DWC Form-045M, Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision \(BRC-MFD\)](#) and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 800-252-7031, option three or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of this Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.