

CONSTANGY

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SOUTH CAROLINA WORKERS' COMPENSATION GUIDE

Weeks Allowed for Scheduled Members (§§ 42-9-30 & Reg. 67-1101)

Body Part	Wks for Partial loss	Body Part	Wks for Partial loss	Wks for Total Loss
Spermatic Cord	10 to 100	Thumb		65
Prostate	10 to 100	1 st /Index finger		40
Biliary Tract	75 to 400	2 nd /Middle finger		35
Bladder	25 to 250	3 rd /Ring finger		25
Brain	25 to 250	4 th /Little finger		20
Bronchi or Bronchus	25 to 400	Great Toe		35
Esophagus	25 to 400	Other toes		10
Intestine, Small	10 to 400	Beyond 1 st joint		equals entire finger/toe
Diaphragm	25 to 250	Portion opposite nail bed		¼ weeks allowed
Duodenum	10 to 250	Base of nail to 1 st joint		½ weeks allowed
Heart	25 to 250	Hand		185
Larynx	25 to 400	Arm		220
Liver	25 to 250	Foot		140
Mandible	10 to 100	Leg		195
Palate	25 to 250	Rib	1 ½ to 10	10**
Rectum	10 to 250	Eye		140
Scapula	10 to 200	Degree of loss of vision		See Reg. 67-1105
Skin	5 to 300	Loss hearing one ear		80
Nasal Passage	10 to 75	Loss hearing both ears		165
Olfactory Nerve	10 to 75	Partial loss hearing		See Reg. 67-1102
Sinus	5 to 30	Back	300	
Sternum	10 to 100	Loss 50% or more of back		up to 500
Stomach	25 to 250	Coccyx	1 to 10	10
Thyroid Gland	10 to 100	Gallbladder	10 to 75	75
Ureter	10 to 100	Kidney	25 to 250	400
Urethra	10 to 100	Spleen	2 ½ to 25	25
Uterus	10 to 100	Lung	25 to 250	400
Fallopian Tubes	10 to 100	Pancreas	10 to 250	500
Ovaries	10 to 100	Tongue	50 to 500	500
Vagina	25 to 250	Tooth	½ to 2	2
Vulva	25 to 250	Penis	25 to 250	350
Cervix	10 to 100	Testicle	10 to 75	75
Clavicle	10 to 100	Scrotum & Testicles	30 to 300	350
Colon	25 to 250	Testicles	25 to 250	250
Disfigurement	50*	Breast	10 to 75	75
*Note Disfigurement must be serious, permanent, and in an area normally exposed in employment. Claimant not entitled to disfigurement for scars plus loss of use of that body part unless scar is a burn scar or keloid scar.		Breasts	25 to 250	250
		Loss of both hands, arms, feet, legs or vision in both eyes or any two thereof		500
		**Note Maximum amount of 200 weeks for loss of 4 ribs **Note – Shoulder is 300 weeks w/DOI after 7/1/07 **Note – Hip is 280 weeks w/DOI after 7/1/07		

Helpful SC Workers' Compensation Commission Numbers

SC Workers' Compensation Commission	(803) 737-5700	Commission Fax Number	(803) 737-5768
Claims Department	(803) 737-5723	Hearing Requests	(803) 737-5736
Accident Reporting	(803) 737-5722	Informal Conferences	(803) 737-5734
Request WCC File Number	(803) 737-5713	Letter of Representation	(803) 737-5675
Judicial	(803) 737-5734	Coverage and Compliance	(803) 737-5708

*** THIS IS AN INFORMAL GUIDE FOR YOUR CONVENIENCE, BEFORE ACTUALLY PAYING BENEFITS, YOU SHOULD CONSULT US OR THE APPLICABLE S.C. CODE SECTION IN TITLE 42.**

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