



CONSTANGY BROOKS, SMITH & PROPHETE LLP

110 W. North Street, Suite 150
Greenville, SC 29601
David Hill Keller (864) 990-1882
Facsimile (864) 242-9815
www.constangy.com

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 | Shoulder | | 300** |
| Mandible | 10 to 100 | Foot | | 140 |
| Palate | 25 to 250 | Leg | | 195 |
| Rectum | 10 to 250 | Hip | | 280** |
| Scapula | 10 to 200 | Rib | 1 ½ to 10 | 10** |
| Skin | 5 to 300 | Eye | | 140 |
| Nasal Passage | 10 to 75 | Degree of loss of vision | | See Reg. 67-1105 |
| Olfactory Nerve | 10 to 75 | Loss hearing one ear | | 80 |
| Sinus | 5 to 30 | Loss hearing both ears | | 165 |
| Sternum | 10 to 100 | Partial loss hearing | | See Reg. 67-1102 |
| Stomach | 25 to 250 | Back | 300 | |
| Thyroid Gland | 10 to 100 | Loss 50% or more of back | | up to 500 |
| Ureter | 10 to 100 | Coccyx | 1 to 10 | 10 |
| Urethra | 10 to 100 | Gallbladder | 10 to 75 | 75 |
| Uterus | 10 to 100 | Kidney | 25 to 250 | 400 |
| Fallopian Tubes | 10 to 100 | Spleen | 2 ½ to 25 | 25 |
| Ovaries | 10 to 100 | Lung | 25 to 250 | 400 |
| Vagina | 25 to 250 | Pancreas | 10 to 250 | 500 |
| Vulva | 25 to 250 | Tongue | 50 to 500 | 500 |
| Cervix | 10 to 100 | Tooth | ½ to 2 | 2 |
| Clavicle | 10 to 100 | Penis | 25 to 250 | 350 |
| Colon | 25 to 250 | Testicle | 10 to 75 | 75 |
| Disfigurement | 50* | Scrotum & Testicles | 30 to 300 | 350 |
| *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. | | Testicles | 25 to 250 | 250 |
| | | Breast | 10 to 75 | 75 |
| | | Breasts | 25 to 250 | 250 |
| | | Loss of both hands, arms, feet, legs or vision in both eyes or any two thereof | | 500 |
| | | **Note – Shoulder is 300 weeks w/DOI after 7/1/07 | | |
| | | **Note – Hip is 280 weeks w/DOI after 7/1/07 | | |
| | | **Note Maximum amount of 200 weeks for loss of 4 ribs | | |

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 |

Average Weekly Wage

To determine the Average Weekly Wage (AWW) and Compensation Rate (CR), use a Form 20. Determine the AWW from the **gross** wages from the **four (4) quarters preceding** the quarter in which the injury occurred (i.e., the quarter in which the injury occurred is not used). Then divide the total wages for all quarters by the actual number of weeks that the Claimant worked for those four quarters. The CR equals 2/3 of the AWW. To determine the CR, multiply the AWW by .6667. This form should be filed with the Commission.

Maximum Compensation Rates

| | | | | | |
|-----------------|----------|-----------------|----------|-----------------|----------|
| January 1, 1994 | \$410.26 | January 1, 2002 | \$549.42 | January 1, 2010 | \$689.71 |
| January 1, 1995 | \$422.48 | January 1, 2003 | \$563.55 | January 1, 2011 | \$704.92 |
| January 1, 1996 | \$437.79 | January 1, 2004 | \$577.73 | January 1, 2012 | \$725.47 |
| January 1, 1997 | \$450.62 | January 1, 2005 | \$592.56 | January 1, 2013 | \$743.72 |
| January 1, 1998 | \$465.18 | January 1, 2006 | \$616.48 | January 1, 2014 | \$752.16 |
| January 1, 1999 | \$483.47 | January 1, 2007 | \$645.94 | January 1, 2015 | \$766.05 |
| January 1, 2000 | \$507.34 | January 1, 2008 | \$661.29 | | |
| January 1, 2001 | \$532.77 | January 1, 2009 | \$681.36 | | |

Payment of Temporary Total Disability

No Temporary Total Disability (TTD) compensation due for the first seven (7) calendar days of disability. If the disability continues for more than fourteen days, TTD compensation at the Claimant's CR is owed from the date the disability began (§ 42-9-10; § 42-9-200)

Second Injury Fund

South Carolina no longer has a Second Injury Fund except for run-off claims effective July 1, 2013.

Mileage Reimbursement

The Claimant is entitled to mileage to and from the place of medical treatment which is more than five miles away from Claimant's residence (10 miles roundtrip). Mileage is 57.5 cents per mile effective 1/1/15.

Payment of Temporary Partial Disability

When the incapacity from is partial (the Claimant is able to work but cannot earn as much as before the accident), the Claimant is entitled to compensation equal to 66 2/3% of the difference between the employee's pre-injury AWW and the employee's post-injury AWW. (§ 42-9-20)

Death Benefits

If death results from an accident within 2 years of the accident or while the Claimant remains totally disabled and within 6 years after the accident, the Claimant's dependents are entitled to not less than 500 weeks of compensation at the Claimant's CR and payment of funeral expenses up to \$2,500 (§ 42-9-290)

Failure to File Required Forms/Reports Fines

of not less than \$10.00 and not more than \$100.00 per form/report. (§ 42-19-30) **(PLEASE NOTE EFFECTIVE 4/1/2009 ALL FINES ASSESSED WILL BE DOUBLED)**

*** 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.**