



# Workers Compensation Claim State Environmental Guide – South Carolina

SOUTH CAROLINA – <http://www.wcc.sc.gov>

## Indemnity issues

Temporary Total Disability Benefits	<p>Min: \$ 75.00, unless the AWW is less than \$75, in which case the calculated rates will be the AWW.</p> <p>Max: \$963.37—changes annually in January</p> <p>Average Weekly Wage (AWW) is calculated by taking the gross wages from the 4 quarters preceding the quarter in which the injury occurred. Comp Rate equals 2/3 of the AWW.</p> <p>Waiting period (WP): 7-day waiting period</p> <p>Retro period: WP is owed after 14 consecutive loss days.</p> <p>Temporary Total Cap: Limited to 500 weeks except quadriplegia, paraplegia, and physical brain injury.</p> <p>Limited or unlimited benefits: Unlimited benefits</p>
Temporary Partial Disability Benefits	<p>Min: No Min.</p> <p>Max: Original Comp Rate</p> <p>Temp partial is owed when there is a difference between AWW at the time of the injury and current weekly wage. To calculate use the original AWW minus the new weekly wages and benefits are paid at 2/3 of the difference.</p> <p>Waiting period (WP): 7-day waiting period</p> <p>Retro period: WP is owed after 14 loss days.</p> <p>Limited or unlimited benefits: 340 weeks</p>
Permanent Partial Disability Benefits	<p>Min: No minimum (except for certain organs and systems as listed in SC Statute 67-1101).</p> <p>Max: No maximum</p> <p>Retro period: None</p> <p>Limited or unlimited benefits: Limited to scheduled ratings for specific loss. If more than one body part, 50% or more loss of use to the back or an unscheduled body part is involved, the max is no greater than 500 weeks. May also be awarded disfigurement up to 50 weeks. However, claimant is not entitled to both disfigurement <u>plus</u> the loss of use of that body part unless the scar is a burn scar or keloid scar.</p> <p>Permanent Partial Impairment based on AMA Guidelines: Yes. However, disability awards are determined by the commission</p>



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**Indemnity issues**

Permanent Total Disability Benefits	<p>Min: \$ 75.00, unless the AWW is less than \$75, in which case the calculated rates will be the AWW.                      Max: \$963.37                      Waiting period: 7 days                      Retro period: 14 days                      Limited or unlimited benefits: Limited to 500 weeks if deemed PT by treating physician and/or court order. (Any previously paid TT benefits are subtracted from the 500 week total). For injuries resulting in physical brain damage, paraplegia, or quadriplegia the claimant receives weekly compensation benefits for life and lifetime medical care.                      If 49% or less loss of use of back, can receive compensation up to 300 weeks; if 50% or more loss of use, can receive compensation up to 500 weeks (proportion to disability).</p>
Fatality Benefits	<p>Min: \$ 75.00, unless the AWW is less than \$75, in which case the calculated rates will be the AWW.                      Max: \$963.37                      Waiting period: N/A                      Retro period: N/A                      Limited or unlimited benefits: Limited to 500 weeks of compensation payable to the spouse and/or qualified dependents.                      Burial Expenses: Actual cost up to \$12,000.</p>
Vocational Rehabilitation	Is it required? No
Settlement Allowed	Yes. Indemnity and Medical
Cap on benefits, exceptions	500 weeks for permanent and total disability

**Medical issues**

Initial Choice of Provider	Employer/carrier designates treating provider (Section 42-15-80)
Ex-parte Communication	<p>Pre-7/1/2007: Health Care Providers can only disclose <b>written</b> records upon the request of an attorney, but other ex parte methods of communication are not allowed pursuant to Brown v. Bi-Lo, Inc.</p> <p>On or After 7/1/2007: Health Care Providers are permitted to communicate directly with employers, carriers or their representatives without the claimant's consent. However, the claimant must be notified of the discussion and be allowed to participate. There are different rules for written vs. verbal communication pursuant to SC Statute 42-15-95.</p>
Change of Provider	An employee may file a motion with the Commission for a change in provider. The employer/carrier may elect to transfer care to a new provider.
Medical Fee Schedule	Yes. Effective 10/1/06 healthcare facilities will be paid 40% more than what the Medicare program pays for inpatient and outpatient services.
Managed Care	
Utilization Review	There are no utilization review statutes or regulations.
Treatment Guidelines	The state does not mandate the use of evidence-based guidelines, nor are there any specific statutes or regulations requiring the development of treatment guidelines.
Generic Drug Substitution	The state mandates generic substitution.
Medical Mileage Reimbursement Rate	56.0 cents 2021 (effective January 1, 2019)

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**Medical issues**

Network Information	Coventry (primary) and CorVel (secondary).
Ability to Terminate Medical Treatment	If the employee refuses or in any way obstructs an examination requested and provided by the employer, his right to compensation shall be suspended until such refusal ceases. No compensation shall at any time be payable for the period of suspension unless the Commission deems the refusal or obstruction justified. (Section 42-15-80)
Settlement Allowed	Yes Medical can be settled Full & Final – Yes. However, hardware settlement with a pro se claimant is a significant exception.
Cap on benefits, exceptions	Fee Schedule Rates

**Other Issues**

WC Hearing Docket Speed	Estimated 2-3 months
Staff Counsel	None
Hearings require attorney or claim handler participation	Attorney must attend. Licensed adjusters may attend informal conferences that are not held before a commissioner.
Occupational Diseases	Chapter 11 Section 42-11-10 of the SC WC Law Defined as diseases arising out of and in the course of employment which are due to hazards in excess of those ordinarily incident to employment and are peculiar to the occupation in which the employee is engaged in. Last injurious exposure applies. Repetitive motion injuries subject to Section 42-1-172
Second Injury Fund availability	No. Effective 7/1/2013 the Second Injury Fund was terminated and closed its doors. The last date for injuries to be eligible for SIF reimbursement was June 30, 2008. All inquiries regarding Second Injury Fund claims should be made to the Budget and Control Board, and correspondence to the Uninsured Employer's Fund should be directed to the State Accident Fund.
Other Offset Opportunities	Subrogation
EDI	Claims EDI Release 3: FROI only (11/1/2012)
In-State Adjusting Required	No
License or Certification Required	Yes