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2020 Summary of South Carolina Workers' Compensation Provisions

Maximum Compensation Rates By Year:

Year	Max CR
2020	\$866.67
2019	\$845.74
2018	\$838.21
2017	\$806.92
2016	\$784.03
2015	\$766.05
2014	\$752.16

Mileage Reimbursement Rates

Year	Rate
January 1, 2020	57.5 cents per mile
January 1, 2019	58 cents per mile
January 1, 2018	54.5 cents per mile
January 1, 2017	53.5 cents per mile
January 1, 2016	54 cents per mile
January 1 ,2015	57.5 cents per mile
January 1, 2014	56 cents per mile
January 1, 2013	56.5 cents per mile

Scheduled Injuries §42-9-30

Member	Weeks	
Arm Foot	220 140	
Nasal Passage	10-75	
Back; if > 50%	300;500	
Hand	185	
Olfactory Nerve	10-75	
Brain	5-250	
Hip*	280	
Pancreas	10-500	
Соссух	1-10	
Hearing	80; 165	
Rib	1.5-10	
Eye	140	
Shoulder*	300	
Thumb	65	
Index Finger	40	
Middle Finger	35	
Ring Finger	25	
Little Finger	20	
Intestine (Small)	10-400	
Sinus	5-30 25-400	
Kidney	25-400 5-300	
Skin	25-400	
Larynx Stomach	25-400	
	195	
Leg Tooth	.5-2	
Liver	25-250	
Lung	24-400	
Mandible	10-100	
Great Toe	35	
Other Toes	10	













Claim Management

- Statute of Limitations (§42-15-40)
 Statute of limitations is tolled by payment of compensation or filing of Form 50.
- Injury by accident: 2 years from date of injury
- Occupational disease: 2 years from notice of diagnosis to Claimant
- Repetitive trauma injuries:
 - On or before 7/1/07: 2 years after claimant knew or should have known the injury was compensable, and no more than 7 years of last exposure
 - Before 7/1/07: 2 years after date of last exposure
- Change of Condition claim: 1 year from date of last payment of an award of compensation

Important Time Periods Employee's Notice to Employer 90 days (§42-15-20) Employee's First Report of 10 days from knowledge Injury (R 67-411) Waiting Period for TTD 7 days (§42-9-200) Answer to Form 50 30 days Request for Hearing Pay Order/Award 7 days (§ 42-9-240) Appeal to Full Commission 14 days (R 67-701)

Reg 67-1802 Mandatory Mediation Required in Following Cases

Third-Party Lien Concurrent Jurisdiction Occupational Disease Contested Death Mental/Mental Claim (§ 42-9-10) or P&T Claims

SC Commission Forms

Form	Title	Use
12A	First Report of Injury	10 days from knowledge of injury
15	Temporary Compensation Report	When TTD is started or terminated; to change CR
16A	Agreement for Permanent Disability/Disfigurement Compensation	Settle claim and pay permanent disability
17	Receipt of Compensation	Claimant returns/able to return to work; MUST be offered before filing Form 21
18	Periodic Report	Every 6 months; request informal conference; transmit message to WCC
19	Status Report and Compensation Receipt	Settlement; claim-denied (file with denial letter)
20	Statement of Earnings of Injured Employee	To compute AAW and CR
21	Employer's Request for Hearing	Request permisson to stop TTD; request hearing to pay compensation
50	Employee's Notice of Claim and/or Request for Hearing	File claim for benefits; request a hearing
51	Employer's Answer to Request for Hearing	To answer Form 50; Must be filed within 30 days to preserve affirmative defenses

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