

South Carolina Workers' Compensation Law Overview

COMPENSATION - GENERAL

Waiting Period

No compensation paid for the first 7 calendar days of disability resulting from an injury. If out of work for more than 14 days, then employee is entitled to compensation back to the first day unable to work. S.C. Code §42-9-200.

Average Weekly Wage

Calculated based on the total amount of wages paid over the four quarters immediately preceding the quarter in which the accident occurred. In situations where employee did not work 4 quarters or it is impracticable to calculate due to the short duration of employment, the AWW may be computed using earnings of a similarly situated employee.

Compensation Rate

Calculate by multiplying the AWW by 66 2/3%, subject to the minimum compensation rate of \$75.00 per week. The current and past maximum compensation rates are:

2026.....	\$1,178.30
2025.....	\$1,134.43
2024.....	\$1,093.67
2023.....	\$1,035.20
2022.....	\$963.37
2021.....	\$903.40
2020.....	\$866.67

COMPENSATION - TEMPORARY

Temporary Total Disability (TTD)

An injured employee is entitled to TTD benefits if the inability to earn wages is due to or because of the injury, subject to the waiting period above.

Temporary Partial Disability (TPD)

Paid when able to work but earning less because of the injury (reduced hours). Calculate by taking 2/3 of difference of pre and post injury AWW.

Payment of TTD

Terminating TTD DURING First 150 Days after NOTICE of Accident

One of the following six (6) grounds must exist and be checked in Section II of the

Form 15: (1) Returns to work for at least 15 days; (2) agrees able to return to work and signs Form 17; (3) claim denied after good faith investigation; (4) Released to return to work without restrictions *and* comparable employment offered; (5) Released to work with restrictions and employment offered; or (6) refused or non-compliant with medical treatment. (Note: TTD must be restarted once Claimant complies with treatment.)

Terminating TTD AFTER 150 Days since Notice of Accident

The same grounds as above apply, but outside the 150 days benefits generally cannot be terminated without the Employer/Carrier requesting a Form 21 Hearing to approve unless the employee returns to work after the 150-day period, at which time TTD can be suspended while working. However, a Form 17 signed by the employee must be filed with the SCWCC before those benefits are officially terminated.

COMPENSATION - PERMANENT

Permanent Total Disability (PTD)

Benefits for up to 500 weeks may be awarded when an employee has suffered permanent injuries involving: (1) two or more body parts, AND proves wage loss; or (2) greater than 50% disability (loss of use) to their back or spine. Only entitled to lifetime benefits if the work-related injury results in paraplegia, quadriplegia or a permanent physical brain injury.

Permanent Partial Disability Benefits (PPD) - Wage Loss:

Still able to earn wages, but at a lower AWW than earning at the time of the accident because of the injury. Calculated by taking 2/3 of the difference between pre and post injury AWW for a total of 340 weeks.

Permanent Partial Disability Benefits (PPD) - Scheduled Member

Benefits when injured employee is assigned an impairment rating for a permanent injury involving either: (1) just

one body part; or (2) 49% or less disability (loss of use) of the back. Each body part is given a value per S.C. Code §42-9-30 or Reg. 67-1101. The impairment rating, along with several other factors, determines the level of disability, including: (1) age; (2) education level; (3) work history and skills; (4) permanent work restrictions given; etc.

Eye.....	140 weeks
Thumb.....	65 weeks
1st Finger.....	40 weeks
2nd Finger.....	35 weeks
3rd Finger.....	25 weeks
4th Finger.....	20 weeks
Great Toe.....	35 weeks
Toe Other.....	10 weeks
Hand.....	185 weeks
Arm.....	220 weeks
Shoulder.....	300 weeks
Foot.....	140 weeks
Leg.....	195 weeks
Hip.....	280 weeks
Back.....	300*/500** weeks

* If disability award is 49% or less

** If disability award is 50% or greater

Disfigurement (Scarring)

Serious permanent disfigurement to face, head, neck, or other areas normally exposed in employment is payable, not to exceed 50 weeks. Disfigurement is not payable in addition to other disability compensation unless keloidal or from serious burns. The South Carolina Workers' Compensation Commission usually does not award disfigurement for burn scars until one year from date of accident.

Death Benefits

If Employee's death results from an accident and within two years of the accident, or while total disability still continues and within six years after the accident, the employer must provide death benefits to dependents wholly dependent on the decedent's earnings for support at the employee's compensation rate for a period of not less than 500 weeks. S.C. Code §42-9-290. Death benefits include burial expenses up to \$12,000.00

This overview is intended as a concise summary of South Carolina Workers' Compensation Law. It is not intended to be all-encompassing and does not cover all situations and exceptions to general rules. To discuss the applicability or interpretation of any provision of the law to a specific situation, please contact an attorney at Hedrick Gardner Kincheloe & Garofalo, L.L.P.



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MEDICAL BENEFITS

Medical Treatment

Workers' Compensation Act allows for medical treatment that tends to lessen the period of disability. This includes medical and surgical supplies as may reasonably be required to effect a cure or give relief until claimant reaches maximum medical improvement (MMI) and for such additional time as the Commission deems necessary. (Note: Providing treatment may be required after MMI if further treatment allows employee to continue working.)

Artificial Members and Prosthetic Devices

Artificial members and prosthetic devices as deemed reasonably necessary at the end of the healing process shall be provided by the employer. Once a prosthetic device has been provided, it shall be furnished during the life of the injured employee or so long as necessary. Damage to a prosthetic device as a result of an injury by accident entitles the employee to compensation ensuring the prosthetic device is repaired or replaced. S.C. Code §42-15-60 and 65.

Medical Records

Medical providers who treat WC patients must provide all information/documentation to the Employer/Carrier within 14 days of the request. Otherwise, payment for the provider's services may be withheld from the provider.

Fees for Medical Records

Providers who treat employees under the WC system are required to submit medical reports/documentation to Carrier when submitting claims, or upon request by the Carrier, and may not charge a fee for them. If for any other purpose, Providers may charge as follows:

Electronic format: \$0.65 per page for the first 30 pages, and \$0.50 per additional page, which may not exceed \$150.00 per request, inclusive of a clerical and handling fee of \$25 plus tax and actual postage costs.

Printed format: \$0.65 per page for the first 30 printed pages, and \$0.50 per printed page thereafter, which may not exceed \$200.00 per request, inclusive of a clerical and handling fee of \$25 plus tax and actual postage costs. Providers must respond to a request for copies within fourteen days of receipt or face a penalty of up to \$200 (S.C. Code Ann. § 42-15-95.)

Expenses Incurred in Receiving Medical Treatment

The expenses incurred for travel to receive medical attention which shall be reimbursed to the claimant are: (1) Mileage to and from medical treatment more than 5 miles away per mileage rates below; (2) Expenses incurred in using public transportation; and (3) reasonable overnight lodging and subsistence.

Recent Effective Mileage Rates Per Mile:

January 1, 2026.....	72.5 cents
January 1, 2025.....	70 cents
January 1, 2024.....	67 cents
January 1, 2023.....	65.5 cents
July 1, 2022.....	62.5 cents
January 1, 2022.....	58.5 cents
January 1, 2021.....	56 cents
January 1, 2020.....	57.5 cents

CONTACT US WITH QUESTIONS



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COMMONLY USED FORMS

Form 12A	Employer's First Report of Injury (ACORD 4)
Form 14B	Physician's Statement (must be submitted with settlement Form 16A)
Form 15, Section 1	Agreement for Compensation (to start temporary total disability)
Form 15, Section 2	Temporary Compensation Report (to start compensation and stop compensation within 150 days)
Form 15S	Supplementary Report of Varying Temporary Partial Payments
Form 16A	Agreement for Permanent Disability/Disfigurement Compensation
Form 17	Receipt of Compensation (to stop temporary benefits)
Form 18	Periodic Report (to report payments made/information provided to Commission) (fines for not filing at appropriate intervals)
Form 19	Status Report and Compensation Receipt (to close claim or to deny claim initially)
Form 20	Statement of Earnings of Injured Employee (to calculate average weekly wage and compensation rate for injuries occurring on or after June 18, 1996)
Form 21*	Employer's Request for Hearing (to request hearing to terminate temporary total benefits)
Form 50	Claimant's Request for Hearing
Form 52	Claimant's Request for Hearing in a Death Claim
Form 51	Defendant's Answer to Claimant's Request for Hearing
Form 53	Defendant's Answer to Claimant's Request for Hearing in a Death Claim

* Mandatory mediation applies in certain classes of cases.