

Leslie Whitten contact:
Direct – (843) 484-4604
lwhitten@chartwelllaw.com



4000 S Faber Place, Suite 300
North Charleston, SC 29405

Rachel Shipp contact:
Direct – (854) 843-1116
rshipp@chartwelllaw.com

2025 SOUTH CAROLINA WORKERS' COMPENSATION INFORMATION SHEET

Scheduled Members under § 42-9-30 and Regulation 67-1101

MEMBER	WEEKS	MEMBER	WEEKS	MEMBER	WEEKS
Arm	220	Foot	140	Nasal Passage	10-75
Back	300	Hand	185	Olfactory Nerve	10-75
If >50%, then 500		Hip	280	Pancreas	10-500
Brain	25-250	Hearing (1 ear)	80	Rib	1.5-10
Coccyx	1-10	Hearing (both)	165	Shoulder	300
Eye	140	Intestine (small)	10-400	Sinus	5-30
Fingers		Kidney	25-400	Skin	5-300
Thumb	65	Larynx	25-400	Stomach	25-500
Index	40	Leg	195	Toes	
Middle	35	Liver	25-250	Great Toe	35
Ring	25	Lung	25-400	All other toes	10
Little	20	Mandible	10-100	Tooth	.5-2

Compensation Rates

- ✚ 66 2/3 of Average Weekly Wage
- ✚ Minimum Comp Rate: \$75 unless AWW is less
- ✚ Maximum Comp Rates:

2020	866.67	2021	903.40	2022	963.37
2023	1035.78	2024	1093.67	2025	1,134.43

Statutes of Limitations

- ✚ 2 years from date of injury
- ✚ 2 years from date of diagnosis in occupational injury
- ✚ 2 years from when knew or should have known compensable in repetitive trauma injury
- ✚ 1 year from last payment for change of condition

Mileage

- ✚ 70¢ per mile
- ✚ Owed if over 5 miles one way/includes pharmacies

Medical Benefits

- ✚ Timing: Immediately, then 10 weeks, then thereafter as long as tends to lessen disability
- ✚ Prosthetic devices/hardware for life
- ✚ Employer directs treatment
- ✚ Records charges: 65¢/page 1st 30 pages; 50¢/page after; ≤ \$15 clerical + actual postage costs

Temporary Partial

✚ 66 2/3 of difference in AWW before and earnings after

✚ Counts the same as TTD for credit

Temporary Total

Timing

- ✚ Owed days 8-14 only, then back to day 1 if more
- ✚ Stop unilaterally within 150 days of notice of accident
- ✚ Need an Order, signed 17, or signed settlement/19 to stop after 150 days

Reasons to Stop TTD

- ✚ Claimant at MMI
- ✚ RTW at least 15 days
- ✚ Is released to work (and work offered)
- ✚ Claimant agrees can work (signed 17)
- ✚ Claimant refuses medical treatment

Permanent Partial

- ✚ 66 2/3 of difference in AWW before and earning capacity after
- ✚ 340 weeks
- ✚ Unscheduled injury or more than 1 scheduled member and totally disabled
- ✚ No credit for TPD/TTD paid

Forms

- ✚ 12a – First Report of Injury (w/n 10 days)
- ✚ 14b – Physician's Statement re MMI
- ✚ 15 – Start/Stop TTD
- ✚ 15S – TPD payments report
- ✚ 16A – Agreement to Settle/Change of Condition and Medicals Open
- ✚ 17 – Agreement to Stop TTD
- ✚ 18 – Carrier's 6 month report
- ✚ 19 – Closes File
- ✚ 20 – Calculation of AWW/CR
- ✚ 21 – Employer's Hearing Request
- ✚ 22 – Claimant's Answer to Form

Permanent and Total (500 weeks)

- ✚ Greater than 50% to back (rebuttable presumption)
- ✚ Total loss of both shoulders, hips, arms, legs or vision
- ✚ Unscheduled injury or more than 1 scheduled member and totally disabled
- ✚ Lifetime (no 500 week limit) for p&t and brain damage, paraplegia, or quadriplegia

- ✚ 50 – Claimant's hearing request
- ✚ 51 – Employer's Answer to Form 50
- ✚ 52 – Claimant's hearing request in death claim
- ✚ 53 – Employer's Answer to Form 52
- ✚ 58 – Pre-hearing brief
- ✚ 70 – Mediator's Report