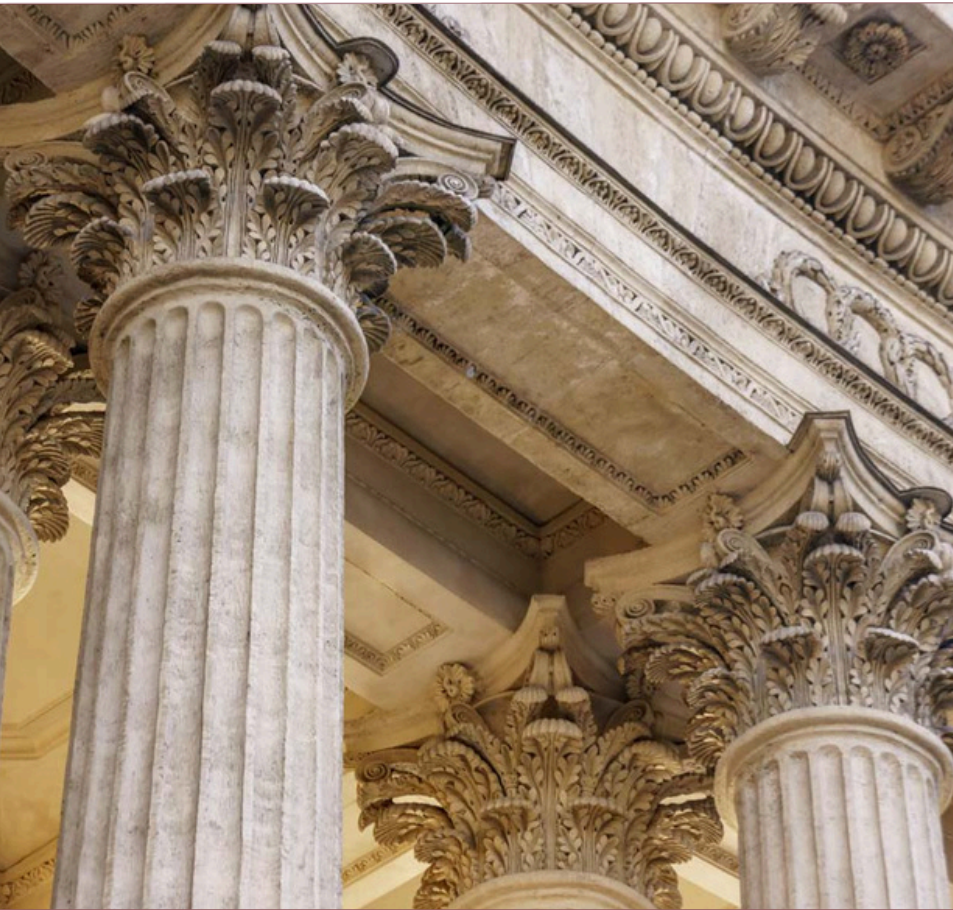




GALLIVAN WHITE BOYD



WORKERS' COMPENSATION DEFENSE GUIDE

2025

SOUTH CAROLINA | NORTH CAROLINA

Helpful Hints, Medicare Compliance, Net Present Value Tables
& Phases of Treatment Under the Opioid Utilization Rules

www.gwblawfirm.com

SOUTH CAROLINA HELPFUL HINTS



Scheduled Members

§42-9-30 provides compensation for the following scheduled members:

| Body Loss | Max. Weeks | Body Loss | Max. Weeks |
|---------------|------------|------------------------|----------------|
| Thumb | 65 weeks | Leg | 195 weeks |
| Index Finger | 40 weeks | Eye | 140 weeks |
| Second Finger | 35 weeks | Hip | 280 weeks |
| Third Finger | 25 weeks | Shoulder | 300 weeks |
| Little Finger | 20 weeks | Hearing (1 ear) | 80 weeks |
| Great Toe | 35 weeks | Hearing (2 ears) | 165 weeks |
| Other Toes | 10 weeks | Back * | 300 weeks |
| Hand | 185 weeks | Scarring | up to 50 weeks |
| Arm | 220 weeks | | |
| Foot | 140 weeks | Total Disability ** | 500 weeks |



* Rebuttable presumption 50% + PPD of back equals 500 week

** Unless brain damage, paraplegia or quadriplegia

Maximum Compensation Rates by Year

| | | | | | |
|-----------------|------------|----------|-------------------|-----------|-------------------|
| 01/01/14 | AWW | = | \$1,128.19 | CR | \$752.16 |
| 01/01/15 | AWW | = | \$1,149.02 | CR | \$766.05 |
| 01/01/16 | AWW | = | \$1,175.99 | CR | \$784.03 |
| 01/01/17 | AWW | = | \$1,210.32 | CR | \$806.92 |
| 01/01/18 | AWW | = | \$1,257.25 | CR | \$838.21 |
| 01/01/19 | AWW | = | \$1,286.55 | CR | \$845.74 |
| 01/01/20 | AWW | = | \$1,299.94 | CR | \$866.67 |
| 01/01/21 | AWW | = | \$1,355.03 | CR | \$903.40 |
| 01/01/22 | AWW | = | \$1,445.06 | CR | \$963.37 |
| 01/01/23 | AWW | = | \$1,553.67 | CR | \$1,035.78 |
| 01/01/24 | AWW | = | \$1,640.42 | CR | \$1,093.67 |
| 01/01/25 | AWW | = | \$1,701.56 | CR | \$1,134.43 |

Mileage Rate: 0.70 Cents per Mile

Effective January 1, 2025

Disability Compensation Formula

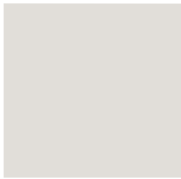
Number of Weeks for Member x Percentage of Disability x
Compensation Rate = Compensation

EXAMPLE:

If Commissioner finds Claimant has 10% permanent partial disability to his right upper extremity and Claimant has a compensation rate of \$200.00, then Claimant would be owed \$4,400.00: 220 Weeks (Arm) x .10 (Disability) x \$200 (C/R) = \$4,400.00



SOUTH CAROLINA HELPFUL HINTS (CONTINUED)



Termination of Temporary Compensation

Within 150 Days of Notice of Accident (§ 42-9-260, Reg. 67-505)

- Claimant has returned to work for at least 15 days and no temporary partial compensation is due.
- Claimant agrees that he/she is able to return to work and has signed a Form 17
- Based on good faith investigation, the claim is denied.
- Claimant has been released to return to work without restrictions and employment has been offered.
- Claimant has been released to return to work with limited duty restrictions and Employer has provided/offered work consistent with employment.
- Claimant has refused medical treatment, examination or evaluations.

After 150 Days of Notice of Accident (§ 42-9-260, Reg. 67-506)

- If Claimant executes a Form 17, Receipt of Compensation, Carrier can immediately terminate temporary compensation.
- If Claimant returns to work for at least 15 calendar days and no temporary partial compensation is due, Carrier can suspend temporary total compensation but must refer to Defense Counsel to file a Form 21, Request for Hearing.
- Under all other circumstances, disability is presumed to continue until the issue of suspension/termination is addressed at a Form 21 hearing.

Most Commonly Used SC Forms

- Form 12A** Employer's First Report of Injury
- Form 14B** Physician's Statement
Required for settlement of cases involving a pro se claimant
- Form 15** Agreement for Compensation
File within the first 150 days of notice to suspend benefits
- Form 16A** Agreement for Permanent Disability
(DOI after 07/01/2007)
- Form 17** Receipt of Compensation
- Form 18** Periodic Report
File every 6 months
- Form 19** Status Report and Compensation Receipt
File to close claim
- Form 20** Statement of Earnings of Injured Worker
File within 30 days of Form 50 or within 30 days of beginning temporary compensation
- Form 21** Employer's Request For Hearing
File 150 days after accident to suspend or terminate benefits
- Form 27** Subpoena
- Form 50** Employee's Notice of Claim/Hearing Request
- Form 51** Employer's Answer to Form 50 File within 30 days

Note: Commission may issue a fine if certain forms are timely filed.



T. Cory Ezzell
Group Leader
Partner | Greenville
cezzell@gwblawfirm.com
864.271.5345

2025

SOUTH CAROLINA WORKERS' COMPENSATION NET PRESENT VALUE TABLE

Revised 2025 | 2% Annum Weeks 1-100 / 4.38% Annum Weeks 101 - 500

| Week | Present Value | Week | Present Value | Week | Present Value | Week | Present Value | Week | Present Value |
|------|---------------|------|---------------|------|---------------|------|---------------|------|---------------|
| 1 | 0.9996 | 51 | 50.4934 | 101 | 97.7018 | 151 | 142.6157 | 201 | 185.6781 |
| 2 | 1.9988 | 52 | 51.4736 | 102 | 98.6187 | 152 | 143.4948 | 202 | 186.5210 |
| 3 | 2.9977 | 53 | 52.4535 | 103 | 99.5348 | 153 | 144.3732 | 203 | 187.3631 |
| 4 | 3.9962 | 54 | 53.4329 | 104 | 100.4502 | 154 | 145.2509 | 204 | 188.2046 |
| 5 | 4.9942 | 55 | 54.4120 | 105 | 101.3649 | 155 | 146.1278 | 205 | 189.0454 |
| 6 | 5.9919 | 56 | 55.3907 | 106 | 102.2787 | 156 | 147.0039 | 206 | 189.8854 |
| 7 | 6.9892 | 57 | 56.3690 | 107 | 103.1918 | 157 | 147.8794 | 207 | 190.7248 |
| 8 | 7.9862 | 58 | 57.3470 | 108 | 104.1041 | 158 | 148.7541 | 208 | 191.5634 |
| 9 | 8.9827 | 59 | 58.3245 | 109 | 105.0156 | 159 | 149.6281 | 209 | 192.4014 |
| 10 | 9.9789 | 60 | 59.3017 | 110 | 105.9264 | 160 | 150.5013 | 210 | 193.2386 |
| 11 | 10.9747 | 61 | 60.2785 | 111 | 106.8364 | 161 | 151.3738 | 211 | 194.0751 |
| 12 | 11.9701 | 62 | 61.2550 | 112 | 107.7457 | 162 | 152.2455 | 212 | 194.9110 |
| 13 | 12.9651 | 63 | 62.2310 | 113 | 108.6542 | 163 | 153.1166 | 213 | 195.7461 |
| 14 | 13.9597 | 64 | 63.2067 | 114 | 109.5619 | 164 | 153.9869 | 214 | 196.5805 |
| 15 | 14.9539 | 65 | 64.1820 | 115 | 110.4688 | 165 | 154.8564 | 215 | 197.4142 |
| 16 | 15.9478 | 66 | 65.1570 | 116 | 111.3750 | 166 | 155.7253 | 216 | 198.2472 |
| 17 | 16.9413 | 67 | 66.1315 | 117 | 112.2804 | 167 | 156.5934 | 217 | 199.0795 |
| 18 | 17.9344 | 68 | 67.1057 | 118 | 113.1851 | 168 | 157.4607 | 218 | 199.9112 |
| 19 | 18.9271 | 69 | 68.0796 | 119 | 114.0890 | 169 | 158.3274 | 219 | 200.7421 |
| 20 | 19.9195 | 70 | 69.0530 | 120 | 114.9921 | 170 | 159.1933 | 220 | 201.5723 |
| 21 | 20.9114 | 71 | 70.0261 | 121 | 115.8945 | 171 | 160.0585 | 221 | 202.4018 |
| 22 | 21.9030 | 72 | 70.9988 | 122 | 116.7961 | 172 | 160.9229 | 222 | 203.2306 |
| 23 | 22.8942 | 73 | 71.9711 | 123 | 117.6970 | 173 | 161.7866 | 223 | 204.0587 |
| 24 | 23.8850 | 74 | 72.9430 | 124 | 118.5971 | 174 | 162.6496 | 224 | 204.8862 |
| 25 | 24.8754 | 75 | 73.9146 | 125 | 119.4965 | 175 | 163.5119 | 225 | 205.7129 |
| 26 | 25.8655 | 76 | 74.8858 | 126 | 120.3950 | 176 | 164.3735 | 226 | 206.5389 |
| 27 | 26.8552 | 77 | 75.8566 | 127 | 121.2929 | 177 | 165.2343 | 227 | 207.3643 |
| 28 | 27.8444 | 78 | 76.8271 | 128 | 122.1900 | 178 | 166.0944 | 228 | 208.1889 |
| 29 | 28.8334 | 79 | 77.7971 | 129 | 123.0863 | 179 | 166.9538 | 229 | 209.0128 |
| 30 | 29.8219 | 80 | 78.7668 | 130 | 123.9819 | 180 | 167.8124 | 230 | 209.8361 |
| 31 | 30.8100 | 81 | 79.7362 | 131 | 124.8767 | 181 | 168.6703 | 231 | 210.6587 |
| 32 | 31.7978 | 82 | 80.7051 | 132 | 125.7707 | 182 | 169.5275 | 232 | 211.4805 |
| 33 | 32.7852 | 83 | 81.6737 | 133 | 126.6640 | 183 | 170.3840 | 233 | 212.3017 |
| 34 | 33.7722 | 84 | 82.6419 | 134 | 127.5566 | 184 | 171.2398 | 234 | 213.1222 |
| 35 | 34.7588 | 85 | 83.6098 | 135 | 128.4484 | 185 | 172.0948 | 235 | 231.9420 |
| 36 | 35.7451 | 86 | 84.5772 | 136 | 129.3395 | 186 | 172.9492 | 236 | 214.7611 |
| 37 | 36.7310 | 87 | 85.5443 | 137 | 130.2298 | 187 | 173.8028 | 237 | 215.5795 |
| 38 | 37.7165 | 88 | 86.5111 | 138 | 131.1193 | 188 | 174.6556 | 238 | 216.3972 |
| 39 | 38.7016 | 89 | 87.4774 | 139 | 132.0081 | 189 | 175.5078 | 239 | 217.2143 |
| 40 | 39.6863 | 90 | 88.4434 | 140 | 132.8962 | 190 | 176.3593 | 240 | 218.0306 |
| 41 | 40.6707 | 91 | 89.4090 | 141 | 133.7835 | 191 | 177.2100 | 241 | 218.8463 |
| 42 | 41.6546 | 92 | 90.3743 | 142 | 134.6701 | 192 | 178.0600 | 242 | 219.6613 |
| 43 | 42.6382 | 93 | 91.3391 | 143 | 135.5559 | 193 | 178.9093 | 243 | 220.4756 |
| 44 | 43.6215 | 94 | 92.3036 | 144 | 136.4410 | 194 | 179.7579 | 244 | 221.2892 |
| 45 | 44.6043 | 95 | 93.2678 | 145 | 137.3253 | 195 | 180.6058 | 245 | 222.1021 |
| 46 | 45.5868 | 96 | 94.2315 | 146 | 138.2089 | 196 | 181.4529 | 246 | 222.9143 |
| 47 | 46.5689 | 97 | 95.1949 | 147 | 139.0917 | 197 | 182.2994 | 247 | 223.7259 |
| 48 | 47.5506 | 98 | 96.1579 | 148 | 139.9738 | 198 | 183.1451 | 248 | 224.5367 |
| 49 | 48.5319 | 99 | 97.1206 | 149 | 140.8552 | 199 | 183.9902 | 249 | 225.3469 |
| 50 | 49.5129 | 100 | 98.0828 | 150 | 141.7538 | 200 | 184.8345 | 250 | 226.1564 |

SOUTH CAROLINA WORKERS' COMPENSATION NET PRESENT VALUE TABLE

Revised 2025 | 2% Annum Weeks 1-100 / 4.38% Annum Weeks 101 - 500

| Week | Present Value | Week | Present Value | Week | Present Value | Week | Present Value | Week | Present Value |
|------|---------------|------|---------------|------|---------------|------|---------------|------|---------------|
| 251 | 226.9653 | 301 | 266.5504 | 351 | 304.5038 | 401 | 340.8925 | 451 | 375.7812 |
| 252 | 227.7734 | 302 | 267.3253 | 352 | 305.2467 | 402 | 341.6048 | 452 | 376.4641 |
| 253 | 228.5809 | 303 | 268.0995 | 353 | 305.9889 | 403 | 342.3164 | 453 | 377.1464 |
| 254 | 229.3877 | 304 | 268.8730 | 354 | 306.7306 | 404 | 343.0275 | 454 | 377.8282 |
| 255 | 230.1938 | 305 | 269.6459 | 355 | 307.4716 | 405 | 343.7380 | 455 | 378.5093 |
| 256 | 230.9992 | 306 | 270.4181 | 356 | 308.2120 | 406 | 344.4478 | 456 | 379.1899 |
| 257 | 231.8039 | 307 | 271.1897 | 357 | 308.9517 | 407 | 345.1571 | 457 | 379.8700 |
| 258 | 232.6080 | 308 | 271.9606 | 358 | 309.6909 | 408 | 345.8658 | 458 | 380.5494 |
| 259 | 233.4114 | 309 | 272.7309 | 359 | 310.4294 | 409 | 346.5739 | 459 | 381.2283 |
| 260 | 234.2141 | 310 | 273.5005 | 360 | 311.1673 | 410 | 347.2814 | 460 | 381.9066 |
| 261 | 235.0162 | 311 | 274.2695 | 361 | 311.9046 | 411 | 347.9882 | 461 | 382.5844 |
| 262 | 235.8175 | 312 | 275.0378 | 362 | 312.6412 | 412 | 348.6945 | 462 | 383.2616 |
| 263 | 236.6182 | 313 | 275.8055 | 363 | 313.3773 | 413 | 349.4002 | 463 | 383.9382 |
| 264 | 237.4183 | 314 | 276.5725 | 364 | 314.1127 | 414 | 350.1053 | 464 | 384.6142 |
| 265 | 238.2176 | 315 | 277.3389 | 365 | 314.8475 | 415 | 350.8098 | 465 | 385.2897 |
| 266 | 239.0163 | 316 | 278.1047 | 366 | 315.5817 | 416 | 351.5138 | 466 | 385.9646 |
| 267 | 239.8143 | 317 | 278.8698 | 367 | 316.3153 | 417 | 352.2171 | 467 | 386.6389 |
| 268 | 240.6116 | 318 | 279.6342 | 368 | 317.0482 | 418 | 352.9198 | 468 | 387.3127 |
| 269 | 241.4083 | 319 | 280.3981 | 369 | 317.7805 | 419 | 353.6220 | 469 | 387.9859 |
| 270 | 242.2043 | 320 | 281.1612 | 370 | 318.5122 | 420 | 354.3235 | 470 | 388.6585 |
| 271 | 242.9996 | 321 | 281.9238 | 371 | 319.2433 | 421 | 355.0245 | 471 | 389.3306 |
| 272 | 243.7942 | 322 | 282.6857 | 372 | 319.9738 | 422 | 355.7248 | 472 | 390.0021 |
| 273 | 244.5882 | 323 | 283.4469 | 373 | 320.7037 | 423 | 356.4246 | 473 | 390.6730 |
| 274 | 245.3815 | 324 | 284.2075 | 374 | 321.4330 | 424 | 357.1238 | 474 | 391.3434 |
| 275 | 246.1742 | 325 | 284.9675 | 375 | 322.1616 | 425 | 357.8224 | 475 | 392.0132 |
| 276 | 246.9662 | 326 | 285.7268 | 376 | 322.8896 | 426 | 358.5204 | 476 | 392.6824 |
| 277 | 247.7575 | 327 | 286.4855 | 377 | 323.6170 | 427 | 359.2179 | 477 | 393.3511 |
| 278 | 248.5481 | 328 | 287.2436 | 378 | 324.3438 | 428 | 359.9147 | 478 | 394.0192 |
| 279 | 249.3381 | 329 | 288.0010 | 379 | 325.0700 | 429 | 360.6110 | 479 | 394.6867 |
| 280 | 250.1274 | 330 | 288.7578 | 380 | 325.7956 | 430 | 361.3066 | 480 | 395.3537 |
| 281 | 250.9161 | 331 | 289.5139 | 381 | 326.5206 | 431 | 362.0017 | 481 | 396.0202 |
| 282 | 251.7040 | 332 | 290.2694 | 382 | 327.2449 | 432 | 362.6962 | 482 | 396.6860 |
| 283 | 252.4914 | 333 | 291.0243 | 383 | 327.9687 | 433 | 363.3901 | 483 | 397.3513 |
| 284 | 253.2780 | 334 | 291.7785 | 384 | 328.6918 | 434 | 364.0834 | 484 | 398.0161 |
| 285 | 254.0640 | 335 | 292.5321 | 385 | 329.4144 | 435 | 364.7762 | 485 | 398.6803 |
| 286 | 254.8494 | 336 | 293.2851 | 386 | 330.1363 | 436 | 365.4684 | 486 | 399.3439 |
| 287 | 255.6340 | 337 | 294.0374 | 387 | 330.8576 | 437 | 366.1599 | 487 | 400.0070 |
| 288 | 256.4181 | 338 | 294.7891 | 388 | 331.5783 | 438 | 366.8509 | 488 | 400.6695 |
| 289 | 257.2014 | 339 | 295.5402 | 389 | 332.2984 | 439 | 367.5414 | 489 | 401.3314 |
| 290 | 257.9841 | 340 | 296.2906 | 390 | 333.0179 | 440 | 368.2312 | 490 | 401.9928 |
| 291 | 258.7662 | 341 | 297.0404 | 391 | 333.7368 | 441 | 368.9204 | 491 | 402.6537 |
| 292 | 259.5475 | 342 | 297.7896 | 392 | 334.4551 | 442 | 369.6091 | 492 | 403.3140 |
| 293 | 260.3283 | 343 | 298.5381 | 393 | 335.1728 | 443 | 370.2972 | 493 | 403.9737 |
| 294 | 261.1083 | 344 | 299.2860 | 394 | 335.8898 | 444 | 370.9847 | 494 | 404.6329 |
| 295 | 261.8877 | 345 | 300.0333 | 395 | 336.6063 | 445 | 371.6717 | 495 | 405.2915 |
| 296 | 262.6665 | 346 | 300.7799 | 396 | 337.3222 | 446 | 372.3580 | 496 | 405.9496 |
| 297 | 263.4446 | 347 | 301.5260 | 397 | 338.0375 | 447 | 373.0438 | 497 | 406.6071 |
| 298 | 264.2220 | 348 | 302.2714 | 398 | 338.7521 | 448 | 373.7290 | 498 | 407.2640 |
| 299 | 264.9988 | 349 | 303.0161 | 399 | 339.4662 | 449 | 374.4136 | 499 | 407.9204 |
| 300 | 265.7750 | 350 | 303.7603 | 400 | 340.1797 | 450 | 375.0977 | 500 | 408.5763 |

NORTH CAROLINA HELPFUL HINTS



Responding to Claims

Within 30 days of the Form 18 acknowledgment letter, Carrier or Employer must file a Form 60, 61 or 63 to admit, deny or pay the claim without prejudice. If this is not done, the IC will order a \$400* sanction against the Carrier. After the fine is assessed, Carrier or Employer, has an additional 30 days to file a Form 60, 61 or 63, or an additional fine of \$200 will be assessed and the claim will be placed on the enforcement docket. *Effective 2018

Responding to Motions

The Carrier has 10 calendar days after the Motion is served to file and serve a response. The Carrier must retain an attorney.

Medical Treatment Termination

The right to medical treatment shall terminate 2 years after Carrier's or Employer's last payment of medical or indemnity compensation unless: 1) Employee files an application for additional medical treatment which is approved by the Commission, or 2) the Commission on its own Motion orders further medical treatment.

Death Claim

Where death results proximately from injury, payments to Decedent's beneficiaries must be made up to a maximum of 500 weeks to conform to N.C.G.S. § 97-29 (§ 97-38). Also, the Employer shall pay up to \$10,000.00 in burial expenses. (§ 97-40).

Electronic Document Filing Portal (EDFP)

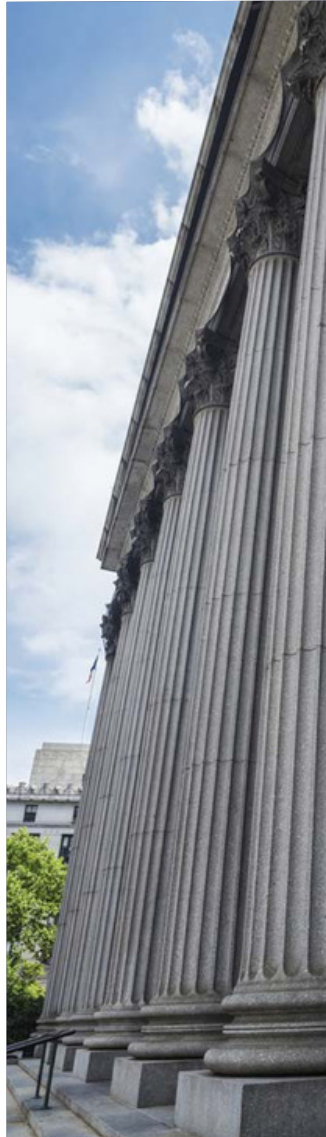
Information on how to register for and use EDFP is available at <http://www.ic.nc.gov/training.html>.

Clincher Payments

Payments made pursuant to a clincher agreement must be made within 10 days after the date of the IC approval order (§ 97-18(e)). Failure to make payments after a 14-day grace period shall result in a 10% penalty (§ 97-18(g)).

Time Periods

- Waiting Period (§ 97-28): 7 days before 1st TTD payment is due
- Waiting Period Recoverable after Disability (§ 97-28): 21 days
- Employer's First Report of Injury (§ 97-92) (Form 19) is due 5 days from knowledge of injury.
- Employer must Admit (Form 60), Deny (Form 61), or Pay Without Prejudice - Rule 601 (Form 63) within 30 days notice from Commission of filing of claim. If Defendants deny the claim, a Form 61 should be filed within 14 days of written or actual notice of the injury. (§ 97-18(c)).



If a Form 63 is filed, payments may continue for 90 days from date Employer has written or actual notice of injury. Defendants must file Form 61 to deny before expiration of the 90-day period or waive right to contest compensability of, and liability for, the claim. The IC may approve a 30-day extension when filed prior to the 90-day deadline.

Written Communication with Doctor:

Provide contemporaneous notice to Plaintiff; provide doctor's response to a Plaintiff within 10 business days (§ 97-25.6(c)(2)). If providing new information to the physician, provide a copy to Plaintiff and allow 10 business days to file a Motion for Protective Order. (§ 97-25.6 (d)).

Oral Communication with Doctor:

Provide Plaintiff prior notice of intended communication and invitation to participate; provide summary of communication within 10 business days if Plaintiff does not participate. (§ 97-25.6(c)(3)).

Statute of Limitations

- File Initial Claim (§ 97-24 and § 97-58)2 years
- Change of Condition (§ 97-47)2 years
- Appeal to the Full Commission (§ 97-85)15 days
- Appeal to NC Court of Appeals (§ 97-86)30 days

How do you Calculate Average Weekly Wage?

Compute wages for 1 year prior to injury, then divide by 52. Omit any period of time during which Employee missed more than 7 consecutive calendar days. If Employee worked less than 1 year, divide wages by number of weeks actually worked. (§ 97-2(5)).

Temporary Total Disability (TTD)

If disability exceeds 7 days, benefits of 66-2/3% of AWW (not to exceed the maximum compensation rate for the year in which the injury occurred) may be paid to Employee for an indefinite amount of time (DOI prior to 06/24/2011) or for a maximum of 500 weeks (DOI on or after 06/24/2011) from the date of first disability, unless an extension is properly requested and granted. (§ 97-29).

Temporary Partial Disability (TPD)

66-2/3% of the difference between the AWW before the injury and the amount able to earn after the injury for up to 300 weeks (DOI prior to 06/24/2011) or 500 weeks (DOI on or after 06/24/2011) from the date of first disability. (§ 97-30).

Loss of Vision

| Distance | Near | Efficiency | % Loss | Distance | Near | Efficiency | % Loss |
|----------|---------|------------|--------|----------|--------|------------|--------|
| 20/20 | 14/14 | 100.0% | 0.0% | 20/90 | 14/63 | 53.4% | 46.6% |
| 20/25 | 14/17.5 | 95.7% | 4.3% | 20/100 | 14/70 | 48.9% | 51.1% |
| 20/30 | 14/21 | 91.5% | 8.5% | 20/120 | 14/84 | 40.9% | 59.1% |
| 20/35 | 14/24.5 | 87.5% | 12.5% | 20/140 | 14/98 | 34.2% | 65.8% |
| 20/40 | 14/28 | 83.6% | 16.4% | 20/160 | 14/112 | 28.6% | 71.4% |
| 20/45 | 14/31.5 | 80.0% | 20.0% | 20/180 | 14/126 | 23.9% | 76.1% |
| 20/50 | 14/35 | 76.5% | 23.5% | 20/200 | 14/140 | 20.0% | 80.0% |
| 20/60 | 14/42 | 69.9% | 30.1% | 20/220 | 14/154 | 16.7% | 83.3% |
| 20/70 | 14/49 | 64.0% | 36.0% | 20/240 | 14/168 | 14.0% | 86.0% |
| 20/80 | 14/56 | 58.5% | 41.5% | | | | |

Injury to External or Internal Organ

Loss or permanent injury to any important external or internal organ or part of the body for which no compensation is payable under any other subdivision of the section, the Industrial Commission may award proper and equitable compensation not to exceed \$20,000.

Scarring

The IC shall award a proper and equitable amount for serious facial or head disfigurement not to exceed \$20,000. The IC shall award a proper and equitable amount for serious bodily disfigurement for which no compensation is payable under any other subdivision of the section not to exceed \$10,000.



2025

NORTH CAROLINA HELPFUL HINTS



SCHEDULED INJURIES

| Body Loss | Max. Weeks | Body Loss | Max. Weeks |
|------------|------------|-----------|------------|
| Thumb | 75 weeks | Hand | 200 weeks |
| 1st Finger | 45 weeks | Arm | 240 weeks |
| 2nd Finger | 40 weeks | Foot | 144 weeks |
| 3rd Finger | 25 weeks | Leg | 200 weeks |
| 4th Finger | 20 weeks | Eye | 120 weeks |
| Great Toe | 35 weeks | Back | 300 weeks |
| Other Toe | 10 weeks | | |

Hearing Loss

| Hearing Loss | Max. Weeks |
|--------------|------------|
| One Ear | 70 weeks |
| Two Ears | 150 weeks |

Loss of Teeth

| Age | Amount of Tooth (Crowns 50%) | Age | Amount of Tooth (Crowns 50%) |
|----------|------------------------------|-------------|------------------------------|
| Up to 23 | \$720.00 | 27 - 29 | \$540.00 |
| 24 - 25 | \$600.00 | 30 and over | \$420.00 |

Scheduled injuries occurring after January 1, 1996.



Maximum Compensation Rates

| Year | Rate | Year | Rate |
|------|----------|------|------------|
| 2009 | \$816.00 | 2017 | \$978.00 |
| 2010 | \$834.00 | 2018 | \$992.00 |
| 2011 | \$836.00 | 2019 | \$1,028.00 |
| 2012 | \$862.00 | 2020 | \$1,066.00 |
| 2013 | \$884.00 | 2021 | \$1,102.00 |
| 2014 | \$904.00 | 2022 | \$1,184.00 |
| 2015 | \$920.00 | 2023 | \$1,254.00 |
| 2016 | \$944.00 | 2024 | \$1,330.00 |

2025 \$1,380.00

Minimum Compensation Rate: \$30.00
 Mileage Rate: \$0.70 cents per Mile as of
 January 1, 2025

COMMONLY USED NORTH CAROLINA FORMS



Jared Simms
Partner | Charlotte
jsimms@gwblawfirm.com
704.227.1933

| | |
|-----------|---|
| Form 18 | Notice of Accident to Employer and Claim of Employee |
| Form 19 | Employer's Report of Injury to the Industrial Commission |
| Form 22 | Statement of Days Worked and Earnings of Injured Employee |
| Form 23 | Application to Reinstate Payment of Disability Compensation |
| Form 24 | Application to Terminate or Suspend Payment of Compensation |
| Form 25N | Notice to IC of Assignment of Rehabilitation Professional |
| Form 25R | Evaluation for Permanent Impairment |
| Form 25T | Itemized Statement of Charges for Travel |
| Form 26A | Employer's Admission of Employee's Right to Permanent Partial Disability |
| Form 28 | Return to Work Report |
| Form 128B | Report of Carrier of Compensation and Medical Compensation Paid Notice of Right to Additional Medical Compensation |
| Form 28C | Report of Carrier of Compensation and Medical Compensation Paid Pursuant to Compromise Settlement Agreement |
| Form 28T | Notice of Termination of Compensation (Trial RTW) |
| Form 28U | Employee's Request that Compensation be Reinstated After Unsuccessful Trial Return to Work |
| Form 29 | Supplemental Report for Fatal Accidents |
| Form 30 | Agreement for Compensation for Death |
| Form 33 | Request that Claim be Assigned for Hearing |
| Form 33R | Response to Request that Claim be Assigned for Hearing |
| Form 60 | Employer's Admission of Employee's Right to Compensation |
| Form 61 | Denial of Workers' Compensation Claim |
| Form 62 | Notice of Reinstatement or Modification of Compensation |
| Form 63 | Notice to Employee of Payment of Compensation without Prejudice or Payment of Medical Compensation without Prejudice |
| Form 90 | Report of Earnings |

BASIC OVERVIEW OF THE PHASES OF TREATMENT UNDER THE OPIOID UTILIZATION RULES

| Phase | Acute Phase (12 weeks of treatment) | | Chronic Phase (continued treatment after 12 weeks) |
|--|---|--|---|
| Rule Topic | First Prescription in Acute Phase | Prescriptions in Acute Phase after First Prescription | Prescriptions in Chronic Phase |
| Rule Citation | Rule 11 NCAC 23M .0201 | Rule 11 NCAC 23M .0202 | Rule 11 NCAC 23M .0203 |
| Timeline | 1 to 5-7 days | 6-8 to 84 days (12 weeks) | >84 days (more than 12 weeks) |
| Prerequisite to prescribing an opioid | Document provider's medical opinion that non-pharmacological and non-opioid therapies are insufficient to treat the employee's pain. | | |
| Number and type of opioids prescribed | Only one short-acting TCS* may be prescribed at a time. | | Only one short-acting TCS may be prescribed at a time without documentation of justification in medical record. If justification is documented in medical record, up to two TCS's may be prescribed at a time, to include only one short-acting opioid and one long-acting or extended-release opioid. |
| Number of days' supply | Lowest number of days' supply necessary to treat the pain. Maximum 5 days' supply for pain. Maximum 7 days' supply for post-operative pain. | Lowest number of days' supply necessary to treat the pain. | |
| Dosage | Lowest effective dosage necessary to achieve the clinical goal. Maximum 50 mg MED/day, using short-acting opioids only. May prescribe >50 MED per day if employee was taking TCS immediately prior to first prescription. Dosage limit applies to prescription issued pursuant to this Rule. | Lowest effective dosage necessary to achieve the clinical goal. Maximum 50 mg MED/day, using short-acting opioids only. If justification is documented in the medical record (see rule for details), provider may prescribe more than 50 mg MED/day, but not >90 mg MED/day. (See rule for details.) Dosage limit applies to prescription issued pursuant to this Rule. | Lowest effective dosage necessary to achieve the clinical goal, not to exceed 50 MED per day. If justification is documented in the medical record, provider may prescribe more than 50 mg MED/day, but not more than 90 mg MED/day. (See rule for details.) If necessary to prescribe >90 mg MED/day, provider must seek preauthorization from carrier. (See rule for details.) Dosage limit applies to prescription issued pursuant to this Rule. |
| Non-oral opioids | No Schedule II or III transcutaneous, transdermal, transmucosal, or buccal opioid preparations without documentation in medical record that oral opioids are medically contraindicated for employee. | | No Schedule II transcutaneous, transdermal, transmucosal, or buccal opioid preparations without documentation in medical record that oral opioids are medically contraindicated for employee. Schedule III non-oral preparations may be prescribed if appropriate. |
| Fentanyl | No fentanyl may be prescribed. | | A provider must seek preauthorization for transdermal fentanyl |
| Methadone | No methadone may be prescribed because only short-acting opioids may be prescribed. | | A provider must seek preauthorization for methadone. |
| Benzodiazepines | No benzodiazepines may be prescribed for pain or as muscle relaxers. | | |
| Carisoprodol | Carisoprodol may not be prescribed with a TCS in an acute phase. | | A provider must seek preauthorization before prescribing carisoprodol with a TCS. The provider must advise the employee of the risks of combining both medications. |
| Medications prescribed by other providers | If an employee is already taking benzodiazepines or carisoprodol prescribed by another provider, a provider must not prescribe a TCS without advising the employee of related risks and advising the other provider of the prescription of a TCS. | | |
| CSRS (Controlled Substances Reporting System) | Provider must check the CSRS and document the findings before the first prescription. | Provider must check the CSRS and document the findings every time an opioid is prescribed in the acute phase. | Provider must check the CSRS and document the findings at every appointment at which a TCS is prescribed or every three months, whichever is more frequent. |
| | Effective 11/1/18 or the date of application in S.L. 2017-74 (NC STOP Act), Section 15.(e), and any amendments thereto, whichever is earlier. | | |
| Urine Drug Testing | No requirement in rule. | Before prescribing a TCS beyond 35-37 days in the acute phase, the provider must administer and document the results of a presumptive urine drug test. If the results show inappropriate drug use or irregularities with the prescribed drug, the provider shall obtain a confirmatory urine drug test and document the results. (See rule for additional information.) | Before first prescribing a TCS in a chronic phase, the provider must administer and document the results of a presumptive urine drug test. After the first urine drug test, a provider must administer 2-4 presumptive urine drugs tests per year. Any additional testing must be authorized by the carrier. If the results of a presumptive urine drug test show inappropriate drug use or show irregularities with the prescribed drug, the provider shall obtain a confirmatory urine drug test and document the results. (See rule for additional information.) |
| Opioid risk evaluation tool | No requirement in rule. | Before prescribing a TCS beyond 35-37 days in the acute phase, the provider must administer and document the results of a tool for screening and assessing opioid risk. (See rule for examples.) | If an employee's care is transferred to a different health care practice than the one that administered an opioid risk tool in the acute phase, the new provider must administer and document the results of a tool for screening and assessing opioid risk. (See rule for examples.) |
| Review of increased opioid risk by provider | No requirement in rule. | If a CSRS check, urine drug test, or opioid risk tool indicates an increased risk of opioid-related harm and the provider prescribes an opioid, the provider must document in the medical record the reasons justifying the prescription. | |

* The abbreviation "TCS" used in this table stands for "targeted controlled substance" or Schedule II and III opioids. The table is provided for easy reference, but does not contain all the information in the Opioid Utilization Rules.

MEDICARE COMPLIANCE

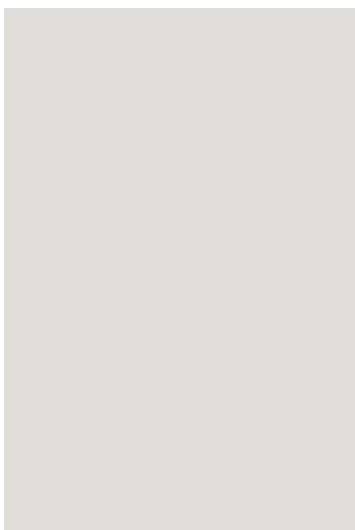
Medicare Definition

Medicare is health insurance provided by the federal government. Medicare acts as a secondary payor in the context of workers' compensation and liability claims involving bodily injury. The intent of Congress is to reduce federal spending and to protect Medicare's financial integrity by expanding its recovery rights.

Medicare Benefit Eligibility

An individual is eligible to receive Medicare benefits for certain medical and hospital expenses if they meet one of the following criteria:

- 65 years of age or older
- Receiving Social Security Disability benefits for at least twenty-four (24) months
- Suffering from end-stage renal disease or Lou Gehrig's disease



Medicare's Recovery Rights

Pursuant to 42 C.F.R. § 411.24(b), The Centers for Medicare and Medicaid Services (hereinafter "CMS") may initiate recovery upon learning that payment has been made or could have been made under workers' compensation, any liability or no-fault insurance or an employer's group health plan. As to the amount of recovery allowable, if CMS does not have to take legal action to recover, CMS can recover the lesser of the following:

- The amount of the Medicare primary payment
- The full primary payment amount that the primary payer is obligated to pay under this part without regard to any payment, other than a full primary payment that the primary payer has paid or will make, or in the case of a third-party payment recipient, the amount of the third-party payment.
- However, if legal action is undertaken by CMS, CMS may recover double the amount of the payment Medicare made as a primary payer.

Medicare Set-Aside (MSA)

A Medicare Set-Aside (MSA) is an account that is created in the settlement of a claim that is used to pay for future medical expenses that are attributed to Claimant's work-related or litigation-related injury and would otherwise be payable by Medicare.

2025

MEDICARE COMPLIANCE

When Medicare Set-Aside Requires CMS Approval

When settling a workers' compensation claim, a Medicare Set-Aside must be submitted to CMS for approval if the future medical aspect of the claim is being settled and one of the following exists:

- Claimant is currently Medicare eligible and the total settlement amount is greater than \$25,000; or
- The settlement amount exceeds \$250,000 and there is a "reasonable expectation" of Medicare enrollment within thirty (30) months.

Funding a Medicare Set-Aside Account

Two methods can be used to fund a set-aside. Specifically, a Medicare Set-Aside can be funded via a lump-sum payment or a structured settlement annuity. Structured settlements are an effective tool in funding Medicare Set-Asides because the cost of an annuity provides a savings to either the insured or the employer. If the set-aside is exhausted between annuity payments, Medicare assumes payment for qualified medical expenses until the release of the next annuity payment disbursement.

Administration & Terms of a Medicare Set-Aside Account

A Medicare Set-Aside can be self-administered by Claimant, a custodian or a guardian. A Medicare Set-Aside can also be managed by a third-party administrator. The account must be an interest-bearing account and the administrator of the account should only allow distribution for those medical expenses related to the injury that would otherwise be covered by Medicare, thereby preventing a burden shift to Medicare after settlement. Also, the administrator must provide CMS with an annual accounting of the expenditures paid from the account. If there is a questionable expense, the administrator of the account should obtain approval from CMS before paying that expense.

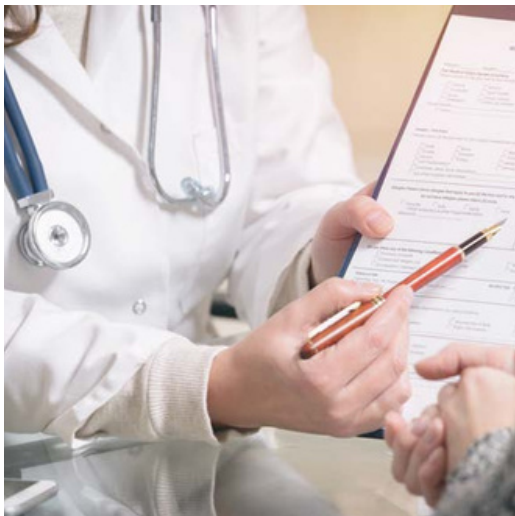
"Reasonable Expectation" Provision

A person can reasonably expect to become a Medicare beneficiary within thirty (30) months if, at the time of the settlement of their workers' compensation case, they:

- Are between the ages of 62 1/2 and 65
- Applied for or have been approved for Social Security Disability benefits
- Have been denied Social Security Disability benefits but anticipate appealing the decision
- Suffer from aforementioned renal disease or Lou Gehrig's but do not yet qualify for Medicare

Disclaimer:

In all settlements, the parties must consider Medicare's interests. CMS guidelines are "workload thresholds" and are not substantive "safe harbor" thresholds. While not required, Medicare Set-Asides are an effective mechanism for demonstrating that the parties considered Medicare's interests as a secondary payor.



OUR TEAM



T. Cory Ezzell
Group Leader
Partner | Greenville
cezell@gwblawfirm.com
864.271.5345



H. Mills Gallivan
Partner | Greenville
mgallivan@gwblawfirm.com
864.271.5341



Wesley J. Shull
Of Counsel | Greenville
wshull@gwblawfirm.com
864.271.5378



Christine Bosco
Associate | Charleston
cbosco@gwblawfirm.com
843.414.8100



Allison Galofaro
Associate | Greenville
agalofaro@gwblawfirm.com
864.271.5351



Jared Simms
Partner | Charlotte
jsimms@gwblawfirm.com
704.227.1933



Deborah Casey Brown
Partner | Greenville
dbrown@gwblawfirm.com
864.271.5346



Casey P. Gonyea
Partner | Greenville
cgonyea@gwblawfirm.com
864.271.5385



Mason S. Turner
Associate | Greenville
mturner@gwblawfirm.com
864.271.5392



Michael Coletta
Associate | Charlotte
mcoletta@gwblawfirm.com
704.227.1942



Christine C. Ormand
Partner | Charleston
cormand@gwblawfirm.com
843.414.8078



T.J. Twehues
Of Counsel | Greenville
ttwehues@gwblawfirm.com
864.271.5364



Matthew B. Covington
Of Counsel | Charlotte
mcovington@gwblawfirm.com
704.227.1924



Bubba Philpot
Associate | Greenville
bphilpot@gwblawfirm.com
864.241.7015



Michelle D. Yarbrough
Partner | Greenville
myarbrough@gwblawfirm.com
864.271.5349



Amity S. Edmonds
Partner | Greenville
aedmonds@gwblawfirm.com
864.271.5383



Jared M. Pretulak
Partner | Greenville
jpretulak@gwblawfirm.com
864.271.5354



Erika Fowler
Associate | Greenville
efowler@gwblawfirm.com
864.271.5417



OUR LOCATIONS

COLUMBIA
1201 Main Street, Suite 1200
Columbia, SC 29201
803.779.1833

GREENVILLE
55 Beattie Place, Suite 1200
Greenville, SC 29601
864.271.9580

CHARLESTON
40 Calhoun Street, Suite 315
Charleston, SC 29401
843.735.7600

CHARLOTTE
6805 Carnegie Blvd, Suite 200
Charlotte, NC 28211
704.552.1712

www.gwblawfirm.com

2025

