

## WORKERS' COMPENSATION COMPARISON: NORTH & SOUTH CAROLINA

NORTH CAROLINA IMPORTANT FORMS	
Form 18	Filed by employee to report his claim to the commission.
Form 18M	Filed by employee to request for additional medical benefits beyond the statutory time limit.
Form 19	Filed by employer to report the alleged injury to the Commission.
Form 22	Reports wages earned in the 52 weeks prior to the employee's injury. Used to calculate Average Weekly Wage.
Form 23	Application by employee for reinstatement of indemnity benefits.
Form 24	Application by employer/carrier to terminate or suspend indemnity benefits.
Form 25R	Completed by a physician to report the employee's permanent impairment rating.
Form 26A	Filed for payment of permanent partial disability rating or disfigurement.
Form 28	Reports employee's return to work full duty.
Form 28C	Filed by employer/carrier to report final amount of benefits paid after a compromised settlement agreement has been approved by the IC.
Form 28T	Reports employee's return to work under restrictions.
Form 28U	Filed by employee to report an unsuccessful trial to return to work and to request indemnity benefits be reinstated.
Form 33	Requests full evidentiary hearing.
Form 33R	Response to the party's request for hearing.
Form 60	Accepts the compensability for a claim.
Form 61	Denies liability for a claim.
Form 62	Reports reinstatement or modification of indemnity payments.
Form 63	Pays benefits without prejudice or accepts a claim as medicals only.
Form 90	Report of an employee's earned wages after an injury.

SOUTH CAROLINA IMPORTANT FORMS	
Form 12A	First Report of Injury filed within 10 days after knowledge of injury when medical treatment exceeds \$2,500 or lost time benefits are paid (Sanctions \$200).
Form 14B	Physicians Statement filed prior to informal conference or clincher conference. Indicates MMI status, impairment rating, permanent work restrictions, retained hardware, and future medicals.
Form 15	Temporary Compensation Report filed when starting or stopping payment of temporary total benefits or changing compensation rate within 150 days after notice of injury (Sanctions \$200).
Form 15S	Supplemental Report of Varying Temporary Partial Payments filed when paying temporary partial payment benefits. (Commission will not close file until 15s are reconciled) (Sanctions \$200). Weekly Wage.
Form 16A	Agreement for Permanent Disability/Disfigurement Compensation filed after settlement has been reached. Allows the employee to re-open the claim should he/she experience a change in condition for the worse (as established by the ATP) within the one year of last payment of benefits.
Form 17	Receipt of Compensation filed when employee returns to work or agrees that he/she is able to return to work. Must be signed by employee. Must be filed if indemnity benefits are stopped after 150 days from notice of injury benefits.
Form 18	Periodic Report filed every 6 months after date of injury until closed. Must be filed within 30 days of a Form 50 or 52 (Sanctions \$200).
Form 19	Status Report filed when denying claim for benefits and after resolution of claim to obtain claim closure status. Must have employee's signature when used to close claim and filed within 16 days after final payment of all compensation and medical due (Sanctions \$50).
Form 20	Statement of Earnings of Injured Employee filed within 30 days of beginning compensation and within 30 days of Form 50 Request for Hearing.
Form 21	Employer's Request for Hearing filed to stop payment of temporary benefits after 150 days of injury. Also filed to pay permanency.
Form 30	Request for Commission Review filed for appeal to the full Commission within 14 days of receipt of Order from single Commissioner.
Form 51	Employer's Answer to Request for Hearing must be filed within 30 days after service of a Form 50.

NORTH CAROLINA MAXIMUM COMPENSATION RATE				
Year	2021	2022	2023	2024
Amount	\$1,102	\$1,184	\$1,254	\$1,330

SOUTH CAROLINA MAXIMUM COMPENSATION RATE				
Year	2021	2022	2023	2024
Amount	\$903.40	\$963.37	\$1,035.78	\$1,093.67

# WORKERS' COMPENSATION COMPARISON: NORTH & SOUTH CAROLINA

## NORTH CAROLINA PROCESSING FEES

Item	Deputy Commissioner Hearing	Full Commission Hearing	Clincher	Report of Mediator
Amount	\$120	\$220	\$400	\$200

## SOUTH CAROLINA PROCESSING FEES

Item	Form 15 Section III	Form 16A only if IW is represented	Clincher	Form 21	Form 30
Amount	\$50	\$50	\$50	\$50	\$150

## NORTH CAROLINA MILEAGE RATES

Year/Date	2021	1/1/2022	7/1/2022	2023
Amount	\$0.56	\$0.585	\$0.625	\$0.655

## SOUTH CAROLINA MILEAGE RATES

Year/Date	2021	1/1/2022	7/1/2022	2023
Amount	\$0.56	\$0.585	\$0.625	\$0.655

## NORTH CAROLINA TERMINATING INDEMNITY BENEFITS

May terminate benefits upon a claimant returning to work and the filing of a Form 28 or Form 28T, or upon order of the Commission. A Form 24 can be filed to obtain an order from the Commission.

### A Form 24 may be filed where:

- Claimant has been released to work without restrictions.
- Claimant is incarcerated.
- Claimant was ordered to comply with medical treatment or vocational rehabilitation and has failed to do so.
- Claimant refuses to attend an IME scheduled pursuant to § 97-27.
- Claimant has unjustifiably refused to return to suitable employment approved by the treating physician.
- Claimant has failed to timely return a Form 90.
- For complicated questions on whether benefits should be terminated, a full evidentiary hearing may be required.

## NORTH CAROLINA DEADLINES AND STATUTES OF LIMITATIONS

Notice of Accident to Employer (§ 97-22) **30 DAYS**  
 Filing a Claim with IC (§ 97-24, § 97-58) **2 YEARS**  
 File a Form 19 (§ 97-92) **WITHIN 5 DAYS of allegation of injury if more than 1 day missed from work or \$4,000 in medical expenses**  
 Admit or Deny a Claim (§ 97-18) **SANCTIONS IF NOT FILED WITHIN 30 DAYS of acknowledgement from the NCIC of the Form 18 filing**  
 After Filing a Form 63 (§ 97-18) **MUST FILE A DENIAL WITHIN 90 DAYS from date of written or actual notice of injury or death or will waive the right to contest compensability; may request a single 30-day extension**  
 Change of Condition (§ 97-47) **2 YEARS**  
 Appeal to Full Commission **15 DAYS**  
 Appeal to NC Court of Appeals **30 DAYS**

## NORTH CAROLINA MEDIATION REQUIREMENTS

With a few exceptions, once a Form 33 has been filed, the parties will be required to participate in mediation.

**Exceptions:** If the employee is pro se; if the Form 33 is filed to appeal a medical motion or administrative decision; or if the parties agree mediation would be fruitless.

- Defendants pay the entire mediator's fee but can seek reimbursement of employee's share from any subsequent award.
- Parties can agree to voluntarily mediate.
- Either party can request a referral to mediation.

## NORTH CAROLINA MEDIATION TIMELINES

Once the claim has been referred into mediation, the parties have 55 days from the date of the Form 33 filing to designate a mediator. If the claim has been placed into mediation on a party's Motion and MSC2 Form, the parties have 21 days from the date of the filing of the Order referring the claim into mediation to designate a mediator.

The parties have 6 months in which to complete the mediation. The parties can request an extension of time. However, as of 7/1/2014, in cases where there is a pending request for hearing, the claim will be coded to be placed on the hearing docket no later than 5 months after the mediation regardless of whether the mediation has been completed

## SOUTH CAROLINA TERMINATING INDEMNITY BENEFITS WITHIN 150 DAYS FROM DATE OF NOTICE:

- When claimant returns to work for 15 days.
- When claimant agrees he/she is able to return to work and has signed a Form 17.
- When claim is denied (good faith investigation required).
- When claimant has been RTW without restriction and employment is offered.
- When claimant has been RTW limited duty and offered suitable employment.
- When claimant refuses medical treatment.

### AFTER 150 DAYS FROM DATE OF NOTICE:

- With signed Form 17. Must be filed within 31 days from RTW.
- With an Order from the SCWCC by filing a Form 21 Request for Hearing.

## SOUTH CAROLINA DEADLINES AND STATUTES OF LIMITATIONS

Notice of Accident to Employer (§ 42-15-20) **90 DAYS**  
 Employer's First Report of Injury (R. 67-411) **10 DAYS FROM OCCURRENCE**  
 File Initial Claim (§ 42-15-40) **2 YEARS**  
 Filing a Form 51 **30 DAYS AFTER FORM 50 FILING**  
 Establish Change of Condition (§ 42-17-90) **1 YEAR**  
 Appeal to Full Commission (R. 67-701) **14 DAYS**  
 Appeal to SC Court of Appeals (§ 42-17-60) **30 DAYS**

## SOUTH CAROLINA MEDIATION REQUIREMENTS

Reg. 67-1802 effective 6/28/2013—Mediation is mandatory for:

- Admitted cases involving total disability or lifetime benefits under § 42-9-10; and admitted claims alleging total disability for a 50% or greater loss of the back under § 42-9-30(21).
- Admitted claims involving occupational diseases, third-party lien reductions, mental injuries, and cases of concurrent jurisdiction with the Federal Longshore and Harbor Workers' Act.
- Any contested death claim and any claim involving a mass injury to multiple employees, whether admitted or denied, must be mediated.
- **Exceptions:** Pro se employees are never required to mediate unless they request a mediation order or are specifically ordered to do so by the Commissioner.

Any party required to mediate under the regulation and who fails to do so in good faith may be subject to penalties and fines up to the costs of the entire mediation.

## SOUTH CAROLINA MEDIATION TIMELINES

The mediator must be selected within 10 days after all pleadings are filed. Mediation process must be completed within 60 days after all pleadings are filed unless the parties mutually agree to extend the 60-day period for good cause.

### NORTH CAROLINA INDUSTRIAL COMMISSION

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### SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

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