

Charlotte Office 11440 Carmel Commons Blvd. Suite 206 Charlotte, NC 28226 Fax (704) 544-1719 Raleigh Office 4601 Six Forks Road Suite 100 Raleigh, NC 27609 Fax (919) 322-2754 Wilmington Office 3600 S. College Road Suite EPMB202 Wilmington, NC 28412 Fax (919) 322-2754

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NORTH CAROLINA WORKERS' COMPENSATION

WEEKS ALLOWED FOR SCHEDULED MEMBERS (§97-31
Bodily Loss Maximum Week
Thumb .75 Finger - Index (1st) .45 Finger - Middle (2nd) .40 Finger - Ring (3rd) .25 Finger - Little (4th) .20 Toe - Great .35 Toe - Other .10 Hand .200 Arm .240 Foot .144 Leg .200 Eye .120 Back .300*
* Laca of 750/ or make of the book is Total Industrial

* Loss of 75% or more of the back is Total Industrial Disability and compensated for 100% loss

NC MILEAGE RATES		
2019 2020 2021 2022 (January 1-June 30) 2022 (July 1-December 31) 2023 2024 2025	57.5 cents per mile 56 cents per mile 58.5 cents per mile 62.5 cents per mile 65.5 cents per mile 67 cents per mile	

Ellie Williams

MAXIMUM	COMPENSAT	ION RATE

Year	Comp Rate
2015	\$920.00
2016	\$944.00
2017	\$978.00
2018	\$992.00
2019	\$1,028.00
2020	\$1,066.00
	\$1,102.00
2022	\$1,184.00
2023	\$1,254.00
	\$1,330.00
2025	\$1,380.00

NC INDUSTRIAL COMMISSION 403 N. Salisbury St., Raleigh, NC 27603 Mail: 27699

PHONE (919) 807-2501 AND FAX (919) 715-0282

Ì	Claims Administration (919) 807-2506
	(including Ltr of Rep and IC File No. requests)
	Dockets Director(919) 807-2606
	(including hearing requests)
	Executive Secretary (919) 807-2575
	Medical Fees (919) 807-2503
	Information Specialist/ (919) 807-2501
	General Questions

Accident Report (Form 19) now available for e-file at http://www.ic.nc.gov/EDIFORM19.HTML

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NORTH CAROLINA WORKERS' COMPENSATION

IMPORTANT INFORMATION

IME PERIODS
Waiting Period (§97-28)
Time After Which Waiting Period is Recoverable (§97-28) 21 days
Employer's First Report of Injury (\$97-92) 5 days from knowledge of injury if absence of more than 1 day or medicals exceeding \$4,000.
Admit or Deny Employee's
Payment Without Prejudice (§97-18) Payments may continue for 90 days from date Employer has written or actual notice of injury/death (may apply for 30-day extension). Must file form to deny before expiration of 90-day period / extension or waive right to contest compensability of, and liability for, the claim.

Time for Filing of Form 33R	. 45 days^
Time for Selection of Mediator	. 55 days*
Time for Mediation of Claim	120 days*
* from filing of Employee's Form 33	

STATUTE OF LIMITATIONS

FILE INITIAL CLAIM - INJURY BY ACCIDENT (§97-24) FILE INITIAL CLAIM - OCCUPATIONAL DISEASE (§97-58)...2 years from diagnosis by competent medical authority

CHANGE OF CONDITION (§97-47)... _2 years

BENEFITS

AVERAGE WEEKLY WAGE (AWW)

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. (§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 up to 500 weeks, with credit for any weeks of TTD paid. (§97-30) TOTAL DISABILITY

Post-6/24/11: Total Disability limited to 500 weeks, except in certain, statutorily prescribed circumstances. (§97-29)

DEATH BENEFITS

66-2/3% of the AWW of 500 weeks is paid to the employee's dependants within 6 years of the accident or 2 years of the final determination of disability, whichever is later. Benefits are extended beyond 500 weeks in cases of (1) dependent widows or widowers who were physically or mentally disabled on the date of death and (2) dependent minors until the age of 18. Burial expenses of \$10,000 are also allowed (\$97-38). Rule 409 sets forth procedures for death claims.

COMMUNICATING WITH MEDICAL PROVIDERS

COMMUNICATION WITH MEDICAL PROVIDERS

Written Communications: An employer may communicate with the employee's authorized health care provider in writing, without express authorization, to obtain specified types of relevant medical information not available in the employee's medical records. Requires contemporaneous written notice to employee. Provider's response must be provided to employee within 10 business days. (§97-25.6(c)(2))

<u>Oral Communications:</u> An employer may communicate with an employee's <u>authorized</u> health care provider in certain circumstances. Requires prior notice to employee of purpose and an opportunity to participate. Summary of communication must be provided to employee within 10 business days if employee did not participate. (§97-25.6(c)(3))

Additional Information Submitted by Employer: An employer may submit additional relevant medical information not already contained in the employee's medical records to the employee's <u>authorized</u> health care provider and may communicate in writing with the health care provider, subject to notice, objection and IC review procedures. (§97-25.6(d))

COMMONLY USED NCIC FORMS (Not an exhaustive list)

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FORM	TITLE OF FORM	WHEN USED	WHO RECEIVES
Form 18	Notice of Accident	Sent to Claimant with Form 19	Employee/Attorney
Form 19	Employer's Report of Injury	Medicals exceeding \$4,000	NCIC
		or more than 1 day lost time	
Form 22	Employee's Wage Statement	To calculate benefits owed	Employee/Attorney
Form 24	Application to Terminate Benefits	Plaintiff non-compliance with medical/vocational	NCIC; Employee/Attorney
10111124	Application to reminate benefits	or Refusal to return to work	ivere, Employee// ittorney
Form 26A	Employee's Right to PPD	Plaintiff assigned PPD rating after MMI	NCIC; Employee/Attorney
Form 28	Return to Work Report	Plaintiff returns to work without restrictions	NCIC; Employee/Attorney
Form 28T	Trial Return to Work Report	Plaintiff returns to work with restrictions	NCIC; Employee/Attorney
Form 28B	Report of Compensation Paid	Final disability payments (including PPD) paid-	NCIC; Employee/Attorney
		No clincher agreement used	
Form 28C	Report of Compensation Paid-Clincher	Final payment issued pursuant to clincher agreement	NCIC; Employee/Attorney
Form 33	Request That Claim Be Assigned for Hearing	Requesting IC hearing on any issue	NCIC; Employee/Attorney
Form 33R	Response to Request for Hearing	To answer Form 33; Must be filed within 45 days	NCIC; Employee/Attorney
Form 60	Employer's Admission of Right to Compensation	When claim is accepted-Must be filed within 30	NCIC; Employee/Attorney
	2	days of notice of claim to avoid penalty	
Form 61	Denial of Worker's Compensation Claim	When claim is denied-Must be filed within 30	NCIC; Employee/Attorney
	•	days of notice of claim to avoid penalty	
Form 62	Reinstatement or Modification of Compensation	When employee taken out of work after return or	NCIC; Employee/Attorney
	·	Change in benefits owed for disability	
Form 63	Notice of Payment Without Prejudice	Unable to admit or deny claim within 30 days of	NCIC; Employee/Attorney
	,	notice of claim/Medical only claims	
Form 90	Report of Earnings	To verify plaintiff not earning income-can be used	Employee/Attorney
		once every six months	, ,