

# Workers Compensation Claim State Environmental Guide – North Carolina

NORTH CAROLINA - http://www.ic.nc.gov/

#### **Indemnity issues**

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Temporary Total Benefits	Min: \$30.00
	Max: \$1,254.00 in 2023 Changes annually each January (usually announced in July of the previous year).
	Waiting period: 7 days
	Retro period: 21 days
	Temporary Total cap – For dates of loss prior to 6/24/2011, the injured worker is entitled to lifetime indemnity benefits if the injured worker cannot return to work or claim cannot be resolved. A 500-week cap applies for dates of loss after 6/24/2011 unless the injured worker qualifies for "extended compensation." Extended compensation is defined as TTD beyond 500 weeks and is allowed only if: 1. At the time the injured worker makes application to the commission for extended compensation, 425 weeks have passed since the date of first disability, and 2. The injured worker proves by preponderance of the evidence that they have sustained a total loss of wage-earning capacity.
Temporary Partial Benefits	Min: No minimum
	Max: \$1,254.00 in 2023– Changes annually each January.
	Waiting period: 7 days
	Retro period: 21 days
	Limited or unlimited benefits: For dates of loss prior to 6/24/2011 - 300 weeks from date of loss. For dates of loss after 6/24/2011, the temporary partial benefit cap is 500 weeks of total compensation, not necessarily from date of loss.



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The Travelers Indemnity Company and its property casualty affiliates. One Tower Square, Hartford, CT 06183

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# **Indemnity issues**

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Permanent Partial Benefits	Min: No minimum
	Max: \$1,254.00 in 2023
	Waiting period: No compensation is allowed for the first seven calendar days of disability resulting from an injury. However, if the injury results in disability of more than 21 days, the compensation shall be allowed from the date of the disability.
	Retro period: None
	Limited or unlimited benefits: Limited to schedule
	Scheduled v. whole body: Scheduled
	Permanent Partial. North Carolina Industrial Commission has published a rating guide for doctors to refer to in assessing PPD, but it is not binding based on AMA Guidelines (or similar objective Guidelines) – No state specific guidelines. Discretionary award for bodily disfigurement allowed up to \$10,000. Mandatory award for facial disfigurement up to \$20,000, but amount is discretionary. May be awarded Scarring or Disfigurement. Max is up to \$20,000.00 as awarded by NC Industrial Commission.
Permanent Total Benefits	Min: \$30.00
	Max: \$1,254.00 in 2023
	Waiting period: 7 days
	Retro period: 21 days
	Limited or unlimited benefits: Unlimited, lifetime benefits, but only for statutorily
	defined losses. These include total loss of two or more body parts and includes severe burn, spinal and head injuries under specified circumstances for dates of loss after 6/24/2011 or those that qualify for extended benefits after 425 weeks as discussed above. Possibility of unlimited benefits for dates of loss prior to 6/24/11.
Fatality Benefits	Min: \$30.00
r diamy Benefic	Max: \$1,254.00 in 2023
	Waiting period: N/A
	Retro period: N/A
	Limited or unlimited benefits: 66-2/3% of the AWW of 500 weeks is paid to the employee's dependents 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 claim.
Vocational Rehabilitation	Is it required? No, It is not automatically ordered but on the request of claimant or carrier.
	What are the benefits? May include educational and vocational assessment, job placement or retraining.
Settlement Allowed	Yes. Indemnity and Medical
Cap on benefits, exceptions	500 week cap on TTD and TPD for dates of loss after 6/24/11. Refer to above for guidelines.

# **Medical issues**

WC Reference 2 Rev. 4/23

# **Medical issues**

Initial Choice of Provider	Carrier/Employer
Change of Provider	Carrier/Employer. Injured worker may file for change of provider that might be allowed by Industrial Commission. In order for the Commission to grant an employee's request to change treatment or health care provider, the employee must show by a preponderance of the evidence that the change is reasonably necessary to effect a cure, provide relief, or lessen the period of disability. For dates of loss after 6/24/2011, the injured worker may also submit a written request for second opinion examination. If the employer/carrier does not authorize this request within 14 days, the injured worker may request a second opinion from the Commission.
Ex-parte Communication	An employer/carrier may communicate in writing with the authorized healthcare provider "without the express authorization of the injured worker, to obtain relevant medical information not available in the injured worker's medical records." The following information may be requested: the diagnosis, appropriate course of treatment, anticipated time out of work, causal relationship of injury to employment, work restrictions from the injury and anticipated time restrictions apply, kind of work employee may be eligible and permanent impairment. Injured worker must be simultaneously copied on the written communication and response must be provided to injured worker within 10 days of receipt of the same. If employer/carrier is unable to obtain relevant medical information in writing, oral communication is allowed (specific restrictions apply). Please refer to the NCIC website and reference G.S. 97-25.6(c)(3) for specific guidelines on oral communication with authorized healthcare providers. For specific requirements relating to submitting additional information not contained in the authorized healthcare provider's medical records to the authorized healthcare provider, including the requirement to provide the information to the employee and giving them an opportunity to object and file a request for a protective Order from the NCIC, please refer to the NCIC website and G.S. 97-25.6(d).
Medical Fee Schedule	There is one published by the NCIC
Managed Care	No.
Utilization Review	Not mandatory
Treatment Guidelines	Does the state mandate the use of evidence based guidelines? If so, which one? No
Generic Drug Substitution	The state allows generic substitution; however, it is not mandatory.
Medical Mileage Reimbursement Rate	\$0.655 per mile for 2023. Must travel more than 20 miles round trip. (Rate changes yearly).
Network Information	Coventry (primary) and CorVel (secondary).
Ability to Terminate Medical Treatment	Causally related treatment continues through settlement, Order of the Commission, or the running of the statute of limitations. Can deny treatment for causality. Generally involves litigation.
Settlement Allowed	Yes. Medical can be settled Full & Final – Yes
Cap on benefits, exceptions	None

# Other Issues

WC Hearing Docket Speed

Once hearing request is filed, mandatory mediation within 120 days. If the

#### Other Issues

mediation impasses, the hearing is typically set within one to two months of the mediation. Following the hearing, the parties are typically given sixty days to complete expert depositions and then an additional thirty days thereafter to submit proposed opinions and awards. The presiding Deputy Commissioner then has up to 180 days to issue a decision. Do

Not have control.

Staff Counsel N/A. Panel firms used.

Hearings require attorney or Attorney.

claim handler participation State has mandatory mediation that requires claim handler participation by

phone or in person.

Occupational Diseases Yes
Second Injury Fund availability No
Other Offset Opportunities N/A

EDI Claims EDI Release 3: FROI only (1/1/2013)

Medical EDI Release 2 (7/1/2014)

In-State Adjusting Required No.

License or Certification Required Requires license. 24 hours of continuing education every two years; rating

period depends on birth month and year.