State of South Carolina

1333 Main Street, 5th Floor
P.O. Box 1715
Columbia, S.C. 29202-1715

TEL: (803) 737-5700
www.wcc.sc.gov

Workers' Compensation Commission

Advisory Notice

2025 Medical Services Provider Manual

January 13, 2025

At the Business Meeting on January 13, 2025, the Commission received the Summary of Proposed Changes, the Analysis of Anesthesia Conversion Factor and the Fee Schedule Analysis to update the Medical Services Provider Manual for 2025. The Commissioners scheduled a Hearing to receive public comment on the proposed changes at the Business Meeting, on Monday, February 10, 2025, in Hearing Room A at the Commission's office, 1333 Main Street, Suite 500, Columbia, SC 29201.

To access the documents, please click here.

Interested parties may submit written comments by email to Gary Cannon at gcannon@wcc.sc.gov.

The Commission will consider final approval of the 2025 Medical Services Provider Manual at the March 17, 2025 Business Meeting. The effective date of the 2025 Manual will be April 1, 2025.

For additional information contact:

Gary M Cannon
Executive Director
Gcannon@wcc.sc.gov

Fee Schedule Analysis

January 9, 2025

FAIR Health appreciates the opportunity to assist the South Carolina Workers' Compensation Commission in updating the Medical Services Provider Manual (MSPM). This analysis uses medical call data (2023 dates of service) provided by the National Council on Compensation Insurance, Inc. (NCCI) and South Carolina maximum allowable payment (MAP) amounts to review conversion factors and propose MAP values for the 2025 fee schedule.

FAIR Health received paid amounts from NCCI for the 2023 calendar year, aggregated at the procedure code/modifier level. FAIR Health used the data to:

1. Compare 2023 actual spending to projected amounts based on 2023 fee schedule MAPS.
2. Project spending for 2024.
3. Project spending for 2025 based on multiple conversion factor alternatives.

2023 Paid Data and Frequencies

The following is a summary of the 2023 data received from NCCI:

NCCI Data – 2023 Calendar Year (Before Validation)

Service Type	Total Paid	Total Charged	Transactions	Units
Ambulance*	$2,830,907	$6,089,293	16,265	381,128
Anesthesia**	$1,292,730	$7,928,795	4,644	524,122
CPT (Less Anesthesia)	$58,288,846	$132,261,644	680,845	941,227
HCPCS (Less Ambulance)	$21,596,586	$32,374,058	73,479	629,011
Total	**$84,009,069**	**$178,653,790**	**775,233**	**2,475,488**

*Assumes most units are miles
**Assumes most units are minutes

Data Used in the Analysis

FAIR Health used the following methodology to analyze the NCCI data and project future payments based on fee schedule MAPs:

- The NCCI paid data from 2023 were used to determine the number of occurrences (frequency) for each service.
- Services were reviewed at the procedure code/modifier level to account for differences in paid amounts based on fee schedule MAP amounts and policies. For example:
    - Codes reported with modifiers 26 and TC were projected separately, based on the occurrences in the NCCI data and MAP amounts in the fee schedule.
    - HCPCS Codes reported with modifiers NU (new), UE (used) and RR (rental) were projected separately based on the occurrences in the NCCI data and fee schedule MAP values.

- Records with other modifiers or with modifiers NU, UE and RR appended to codes where these modifiers are not applicable and/or expected were considered as though the records did not contain modifiers.
- Services containing modifiers that are paid at adjusted amounts according to South Carolina policies (e.g., assistant surgeon modifiers 80-82 and AS) were projected based on 2023 occurrences and adjusted MAP amounts.

2023 Spending

Actual spending from 2023 based on the NCCI data was compared to projected spending based on 2023 fee schedule MAP values.

Category	Frequency	Payments (NCCI)	2023 Fee Schedule Projections
Evaluation and Management	114,061	$14,886,338	$17,434,589
HCPCS Level II	317,329	$5,319,523	$6,928,803
Medicine and Injections	11,716	$1,223,748	$1,287,750
Pathology and Laboratory	10,583	$369,903	$415,084
Physical Medicine	717,480	$24,604,226	$34,530,514
Radiology	45,376	$4,484,168	$4,443,673
Special Reports and Services	865	$43,529	$47,655
Surgery	29,626	$11,459,855	$12,546,226
Total	**1,247,036**	**$62,391,290**	**$77,634,294**

2024 Projections

- Total dollar amounts were projected based on 2023 occurrences and 2024 relative value units (RVUs).
- Using these frequencies and RVUs, FAIR Health projected the estimated spending based on 2024 fee schedule MAP values, including the 9.5% cap on MAP increases and decreases compared to the prior year, where applicable.
- Ambulance data is paid at 100% of Medicare and is not included in this analysis.
- Please see the separate analysis for anesthesia.

Category	Frequency	Total RVUs	2024 Fee Schedule Projections
Evaluation and Management	114,061	346,637	$17,836,332
HCPCS Level II	255,945	141,521	$7,131,347
Medicine and Injections	11,716	25,878	$1,318,350
Pathology and Laboratory	10,583	8,224	$423,148
Physical Medicine	717,480	671,496	$34,495,464
Radiology	45,376	86,216	$4,440,309
Special Reports and Services	865	941	$48,382
Surgery	29,626	247,253	$12,718,949
Total	**1,185,652**	**1,528,165**	**$78,412,280**

2025 Projections and Alternate Conversion Factors

- The projections for the 2025 fee schedule are based on 2023 frequencies and 2025 RVUs, to which the current conversion factor of 51.5 is applied. Projections based on other conversion factors: 50, 51, 52 and 53 are also provided. The cap of +/- 9.5% of the prior year's MAP value for each service was applied, when appropriate, in providing these projections.
- Certain 2025 MAP values used for these projections were calculated based on the following assumptions:
    - If a service is not valued in the Medicare Physician Fee Schedule, FAIR Health determined whether the service was valued by another Medicare fee schedule (e.g., the Clinical Laboratory, DMEPOS or Average Sales Price drug fee schedule). FAIR Health used Medicare values in the analysis whenever a Medicare value was available.
    - If Medicare did not provide a professional value in *any* fee schedule for a service, FAIR Health gap filled the value using RVUs calculated by FAIR Health based on our repository of private claims data.
    - FAIR Health does not gap fill values for new codes effective January 1, 2025, that were not valued by Medicare. FAIR Health requires a minimum threshold of claims for a procedure before we can establish an RVU. FAIR Health will evaluate these codes for the 2026 MSPM to determine if we are able to value these codes at that time.

2025 Projections – Current and Alternate Conversion Factors

Category	Freq.	2025 RVUs	CF=50	CF=51	CF=51.5 (current)	CF=52	CF=53
Eval & Mgmt	114,061	343,260	$ 17,163,153	$ 17,497,332	$ 17,664,597	$ 17,831,512	$ 18,165,476
HCPCS Level II	255,945	145,484	$ 7,332,984	$ 7,346,132	$ 7,343,547	$ 7,340,698	$ 7,352,611
Medicine & Injection	11,716	25,710	$ 1,273,414	$ 1,297,341	$ 1,309,360	$ 1,321,342	$ 1,345,345
Path & Lab	10,583	8,330	$ 417,800	$ 424,656	$ 420,445	$ 422,960	$ 430,350
Physical Medicine	717,480	663,074	$ 33,129,484	$ 33,751,199	$ 34,062,850	$ 34,372,888	$ 34,994,575
Radiology	45,376	84,907	$ 4,244,781	$ 4,329,451	$ 4,371,863	$ 4,414,123	$ 4,498,807
Special Reports	865	929	$ 46,451	$ 47,344	$ 47,792	$ 48,237	$ 49,130
Surgery	29,626	244,992	$ 12,240,839	$ 12,477,981	$ 12,596,748	$ 12,715,395	$ 12,952,953
Grand Total	**1,185,652**	**1,516,685**	**$ 75,848,906**	**$ 77,171,436**	**$ 77,817,202**	**$ 78,467,154**	**$ 79,789,247**

Upon approval of a conversion factor for 2025, FAIR Health will provide an updated Medical Services Provider Manual, which will include all approved changes in policies and a final set of rate tables.

Please let us know if you have any questions.

Analysis of Anesthesia Conversion Factor

January 9, 2025

The South Carolina Workers' Compensation Commission requested FAIR Health to review the conversion factor that determines reimbursement for anesthesia services under the South Carolina Medical Services Provider Manual.

FAIR Health reviewed the anesthesia conversion factor from several aspects:

- Comparison to Medicare
- Comparison to private health insurance
    - Billed charges
    - Allowed amounts
- 2024 conversion factor survey results from the Anesthesia Society of America (ASA)
- Comparison to other states' workers' compensation fee schedules

The Commission increased the anesthesia conversion factor from $30.00 to $32.85 in the 2023 South Carolina Medical Services Provider Manual (MSPM) . The anesthesiology maximum allowable payment (AMAP) is the sum of the Basic MAP amount plus the Time Value Amount payment. The Basic MAP amount is set in the fee schedule based on the conversion factor x base units. The Time Value amount is calculated based on the $32.85 conversion factor x each 15-minute time unit.

For example:
CPT 01380 – anesthesia for all closed procedures on knee joint

	60-Minute Surgery (4 Time Units)	120-Minute Surgery (8 Time Units)
Basic MAP (3 base units)	$ 98.55	$ 98.55
Time Value Amount	$ 131.40	$ 262.80
Total AMAP	$ 229.95	$ 361.35

Medicare

CMS reduced the Medicare anesthesia conversion factor slightly in 2025 to maintain budget neutrality for professional fees. The South Carolina anesthesia conversion factor was increased from $30.00 to $32.85 in 2023 and is currently 161.8% of the national CMS anesthesia conversion factor. The comparison below is based on the Medicare conversion factor published in the 2025 Final Rule.

	National Comparison Anesthesia	South Carolina Comparison	
		Anesthesia	Other Professional Services
South Carolina 2024 Conversion Factor	$32.85	$32.85	$51.50
2025 Medicare Conversion Factor	$20.3178 (National)	$19.78 (Adjusted by CMS for South Carolina)	$32.36
Ratio	161.7%	166.1%	159.1%

Private Health Insurance

FAIR Health collects data for anesthesia services from private payors (nearly 50 payors contribute data for anesthesia services performed in South Carolina) and uses this data to develop benchmarks, including benchmarks for anesthesia conversion factors. Insurers and administrators that participate in the FAIR Health Data Contribution Program are required to submit all of their data; they cannot selectively choose which data to contribute to FAIR Health. We are providing benchmarks for anesthesia conversion factors in two different ways:

- Charge benchmarks based on the non-discounted charges billed by providers before any network discounts are applied; and
- Allowed benchmarks that reflect network rates that have been negotiated between the payor and the provider.

The benchmarks below are based on anesthesia services in the FAIR Health database provided in the state of South Carolina. Charge benchmarks for Anesthesia (Billed) are based on claims from July 2023 through June 2024 and allowed benchmarks for Anesthesia (Allowed) are based on allowed amounts from claims incurred from January through December 2023. These are the latest releases available at the time of developing this report.

The benchmarks for allowed anesthesia, representing rates contracted with network providers under private health insurance, may be used to compare to the South Carolina conversion factor. It aligns to what is being paid for services provided to workers' compensation patients.

		Conversion Factor Percentile									
Type	Release	Average	5th	10th	15th	20th	25th	30th	35th	40th	45th
Billed	Nov. 2024	139.06	50.74	68.45	77.19	85.62	97.94	107.71	114.47	120.73	128.40
Allowed	Aug. 2024	59.85	22.64	28.26	30.06	33.85	40.03	45.07	51.54	56.61	59.37

		Conversion Factor Percentile									
Type	Release	50th	55th	60th	65th	70th	75th	80th	85th	90th	95th
Billed	Nov. 2024	142.69	150.55	158.08	166.06	170.24	174.14	179.00	186.68	200.59	225.84
Allowed	Aug. 2024	60.57	62.12	65.36	70.20	72.40	74.34	77.62	82.45	85.91	101.89

In this analysis, the current $32.85 conversion factor falls between the15th and 20th percentiles of allowed values for private insurance, which is unchanged from last year. That means that between 80% and 85% of the allowed values in the FAIR Health database are equal to or greater than $32.85. The 50th percentile (conversion factor of $60.57) is the median conversion factor value in the private insurance data and the average allowed conversion factor benchmark is $59.85. The average allowed is up approximately $2 from last year.

ASA Survey Results for Commercial Fees Paid for Anesthesia Services

The American Society of Anesthesiologists (ASA) publishes an annual study on conversion factors which can be found at: https://journals.lww.com/monitor/citation/2024/11000/asa_commercial_conversion_factor_survey_results

The ASA surveys anesthesiology practices across the country, asking them to report the conversion factors for up to five of their largest commercial managed care contracts. This study publishes the results of that survey, which are normalized based on 15-minute time units, and which is the same time unit used by South Carolina in the MSPM.

The survey, which is published in the ASA Monitor November 88(11): p 1-11, November 2024 reports a national average commercial conversion factor of $85.41, and a national median conversion factor of $79.00 was derived from the 2023 ASA Commercial CF Survey. The chart below shows the low (25th percentile), median, average, and high (75th percentile) conversion factors nationally, for the southeast region and for South Carolina according to study. South Carolina practices are included in the Southeast Region in the ASA survey.

	National	Southeast Region	South Carolina
Low	65.86	73.00	65.86
Median	75.49	91.09	75.00
Average	80.70	95.74	83.06
High	88.38	117.00	87.00

State Workers' Compensation Fee Schedules

FAIR Health reviewed anesthesia conversion factors documented in state workers' compensation fee schedules effective in 2024.

State	Conversion Factor (per 15-minute time unit)
South Carolina	**$32.85**
Alabama	$63.41
Arizona	$61.00
Colorado	$44.00
Florida	$29.49
Georgia	$65.73*
Kentucky	$78.53
Louisiana	$50.00
Maryland	$22.81
Mississippi	$75.00
North Carolina	$58.20 – first 60 min $30.75 – after 60 min
North Dakota	$74.12
Ohio	$40.76
Oklahoma	$54.00
Tennessee	$75.00
Virginia (6 regions)	$51.48 - $82.59

* The Georgia conversion factor is based on 10-minute time units. The value has been adjusted to a 15-minute conversion factor to facilitate comparisons

FAIR Health assists Arizona, Georgia, Kentucky, Mississippi, North Carolina, North Dakota, Oklahoma, and Tennessee in updating their fee schedules. As we are doing for the South Carolina Workers' Compensation Commission, FAIR Health provides research and analysis to support decision making. FAIR Health does not make or recommend fee schedule changes.

Summary

FAIR Health presents this analysis to the Commission to assist with decision making. In summary:

- The current South Carolina anesthesia conversion factor is $32.85 or 166.1% of the 2025 Medicare anesthesia conversion factor for South Carolina and 161.7% of the national Medicare anesthesia conversion factor.
- The average allowed conversion factor increased nearly $3 to $59.85 in private healthcare from claims incurred in 2022 to claims incurred in 2023 (this is the most currently available data).
- Based on the 2024 ASA commercial conversion factor survey results, the South Carolina workers' compensation conversion factor is low when compared to the national, regional and state level conversion factors.
- South Carolina's conversion factor of $32.85 is low when compared to other states' workers' compensation programs.
- The ratio of the South Carolina workers' compensation conversion factor to the Medicare conversion factor for other professional services is slightly greater than 159%. The South Carolina conversion factor is $51.50 in comparison to Medicare's $32.36. However, the MAP amounts in the MSPM may also be limited by the +/- 9.5 percent cap on increases or decreases each year. In instances that the MAP is limited by the cap, the formula-based conversion factors for professional services other than anesthesia would not be applicable.

Summary of Proposed Changes

2025 Medical Services Provider Manual

January 9, 2025

FAIR Health reviewed the policies in the Medical Services Provider Manual (MSPM) under the direction of the South Carolina Workers' Compensation Commission (WCC). This is a preliminary version of the summary and will be updated when final changes are approved.

The codes in the provider manual will be made current by including codes established for 2025 and deleting obsolete codes. Maximum allowable payment (MAP) amounts will be updated based on the conversion factors adopted by the Workers' Compensation Commission. In addition to administrative changes such as updating copyright dates, code ranges, numerical examples and URL links, substantive changes to the text, which are outlined below, are included in the proposed version of the 2025 MSPM. Page numbers refer to the pages in the South Carolina MSPM effective April 1, 2024.

There are very few substantive changes proposed for the 2025 MSPM. The following sections have no proposed changes:

Part 1 Chapter I. Overview and Guidelines: Healthcare Common Procedure Coding System

Chapter II. General Policy

Chapter III. Billing Policy

Part 2 Section 2. Anesthesia

Section 3. Surgery

Section 4. Radiology

Section 5. Pathology and Laboratory

Section 8. Special Reports and Services

Section 9. HCPCS Level II

Where applicable, new text is <u>underlined</u> and deleted text is marked with a ~~strikethrough~~.

Part I

Chapter IV. Payment Policy

Changes to the Payment Dispute Resolution Process and an update to the Initial Medical Bill Dispute Form called for changes in the Payment Policy chapter.

- Page 17 – Remove "(See Request a State of South Carolina Secure Email in this chapter.)" from number 6 in the Timely Payment section.

- Page 17 – Remove "(See Request a State of South Carolina Secure Email in this chapter.)" from the Payment Reconsideration section.

- Page 18 – Remove the Request a State of South Carolina Secure Email section

~~Request a State of South Carolina Secure Email~~
~~The following steps must be taken to obtain a secure email account with South Carolina Workers' Compensation Commission (SCWCC).~~

~~1. Send an email to mbdispute@wcc.sc.gov with the following in the subject line (please do not alter the wording):~~

~~Sign up for a SC State Secure Email Account Request~~

~~2.You will receive two emails:~~

~~3.Upon receipt of the WELCOME email, click the link to "activate your personal account" and follow the instructions on the page. Once you have finished setting up you new secure email account you will see an inbox. Please read the initial email for additional instruction on initiating a new Medical Bill Dispute or adding additional documentation to an existing medical dispute.~~

- Page 18 – Remove "(See Request a State of South Carolina Secure Email in this chapter.)" from the Approved Reviewers Submitting Claims To The Commission For Review section.

- Pages 19-21 – Replace the existing Initial Medical Bill Dispute Form with the updated form (see attached)

Part II

Fee Schedule

Section 1. Evaluation and Management (E/M) Services

- Page 35, Levels Of E/M Services – Added a code range specific to telehealth evaluation and management.

Time alone may be used to select the appropriate code level of office or other outpatient evaluation and management services (CPT 99202-99205 and 99212-99215), inpatient and observation care, (CPT 99221-99223, 99231-99236 and 99238-99239), nursing facility services (99307-99310) and (99315-99316) ~~and~~ home and residence services (99341-99345) and telehealth evaluation and management services (CPT 98000-98016). Consultation codes (CPT 99242-99245 and 99252-99255), are not reimbursable under the *Medical Services Provider Manual*.

- Page 39, Modifiers – removed language from Modifier 95. Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System that refers users to a list of codes approved by CPT. In removing the reference, the Commission aligns the modifier language to its policy of considering codes permitted by both CPT and CMS as telehealth eligible.

95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and

the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. ~~Modifier 95 may only be appended to the services listed in Appendix P of CPT 20242025. Appendix P is the list of CPT codes for services that are typically performed face-to-face, but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system.~~

Section 6. Medicine and Injections

- **Page 373, Modifiers** - removed language from Modifier 95. Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System that refers users to a list of codes approved by CPT. In removing the reference, the Commission aligns the modifier language to its policy of considering codes permitted by both CPT and CMS as telehealth eligible.

  - 95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

    Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. ~~Modifier 95 may only be appended to the services listed in Appendix P of CPT 20242025. Appendix P is the list of CPT codes for services that are typically performed face-to-face, but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system.~~

Section 7. Physical Medicine

- **Page 428, Modifiers** removed language from Modifier 95. Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System that refers users to a list of codes approved by CPT. In removing the reference, the Commission aligns the modifier language to its policy of considering codes permitted by both CPT and CMS as telehealth eligible.

  - 95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

    Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. ~~Modifier 95 may only be appended to the services listed in Appendix P of CPT 20242025. Appendix P is the list of CPT codes for services that are typically performed face-to-face, but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system.~~

State of South Carolina

1333 Main Street, 5th Floor
P.O. Box 1715
Columbia, S.C. 29202-1715

TEL: (803) 737-5700
www.wcc.sc.gov

Workers' Compensation Commission

INITIAL MEDICAL BILL DISPUTE FORM

Date:

PERSON REQUESTING MEDICAL BILL REVIEW/DISPUTE

Name:
Email Address: **Telephone:**
WCC # (if available): **Carrier Claim #:**

PATIENT INFORMATION

Patient Name
Prefix: **First Name:** **Middle Initial:** **Last Name:** **Suffix:**
Last 5 digits of Social Security Number:

MEDICAL PROVIDER INFORMATION

Name of Provider:
Provider Mailing Address:
City, State, Zip:
Provider Contact Name:
Provider Contact Email Address:
Provider Contact Telephone:
Provider Contact Supervisor Name:
Provider Contact Supervisor Email Address:
Provider Contact Supervisor Telephone:

EMPLOYER INFORMATION

Employer Name:
Employer Mailing Address:
City, State, Zip:
Employer Contact Name:
Employer Contact Email Address:
Employer Contact Telephone:

INSURANCE CARRIER INFORMATION

Carrier Name:
Carrier Mailing Address:
City, State, Zip:
Carrier Contact Name:
Carrier Contact Email Address:
Carrier Contact Telephone:

THIRD PARTY ADMINISTRATOR (TPA)

TPA Contact Name:
TPA Contact Email:
TPA Contact Telephone:

CASE INFORMATION

Dates of Service (mm/dd/yyyy – may enter multiple dates):
Date of Injury (DOI) (mm/dd/yyyy):
First Bill Date (mm/dd/yyyy):
2nd Notice Date (mm/dd/yyyy – must be at least 30 days after first bill date):
Employer/Carrier/TPA response date (mm/dd/yyyy) – must be after first bill date and up to 30 days after second notice:

REASON FOR THE DISPUTE

Instructions:
This form and the following attachments should be submitted via **secure** email to the Medical Services Division at MBDispute@wcc.sc.gov The document file name of attachments should include the patient's last name and a description of the document is (i.e., first bill, second notice, or EOB), date of injury (i.e., yyyymmdd).

- ☐ **INITIAL MEDICAL BILL DISPUTE FORM (document file name example: lname_MBD_yyyymmdd.pdf)**
- ☐ **First Bill – (document file name example: lname_First_Bill_yyyymmdd.pdf)**
- ☐ **Second Notice – (document file name example: lname_ Second_Notice_yyyymmdd.pdf)**
- ☐ **EOB – (document file name example: lname_EOB_yyyymmdd.pdf)**
- ☐ **Supplemental documentation – (document file name example: lname_Additional_Correspondence_yyyymmdd.pdf) (if applicable)**
- ☐ **Provider/Carrier Authorization:** ☐ **verbal** ☐ **Written (document file name example: lname_authorization_yyyymmdd.pdf)**

Attachments: Attachments must be in .pdf format (when creating your .pdf, please create as black and white and condensed version of .pdf to reduce the size of the attachments. The size limitation for secure mail attachments is 20MB.

If, following a review of the submitted information, the Medical Services Division determines that the submitted petition is complete and the issue presented is within the regulatory purview of the Medical Services Division to review, the Medical Services Division shall notify the Employer's Representative of the petition/dispute through a "Notice of Dispute" (with copy to the Provider) and request that, within 30 days of such notification, the Employer's Representative provide documentation supporting its denial or modification of payment to the Provider. Within 21 days of the earlier of the close of the 30 day response period or receipt of the Employer's Representative's documentation, the SCWCC Medical Service Division shall make determination concerning the petition/dispute. Per SCWCC Regulations, the decision of the Medical Services Division shall be final.

All email correspondence sent from the SC Workers Compensation Commission will be sent securely via the SC Department of Administration's secure email protocols.