QUESTIONS AND ANSWERS TO HELP YOU UNDERSTAND THE SC WORKERS' COMPENSATION SYSTEM AND BENEFITS PROVIDED BY SAF

STATE ACCIDENT FUND
PO Box 102100
Columbia, South Carolina 29221-5000
(803) 737-8100
(800) 521-6576

January 1989
Revised May 1992, October 1994, and July 1997
Dear Employee:

This handbook contains the most commonly-asked questions that injured workers have about workers' compensation insurance benefits. We have attempted to answer each question in plain English and avoid some of the technical and legal language that is normally part of the claims process.

We have made every effort to ensure that our answers do not understate, overstate, or misstate the law. However, a "plain English" translation of this type of information always carries some risk of that. Thus, you should regard this publication not as a legal statement or opinion but as simply our best effort to assist you in understanding what to expect from the workers' compensation system.

To that end, please understand that all decisions made regarding benefit payments and administrative actions are based on specific guidelines contained in the SC Workers' Compensation Act (SC Title 42.)

If you have further questions, ask your employer. Or, call SAF at (800) 521-6576 Monday through Friday between 8:30-5:00.

Sincerely,

Irvin D. Parker
Director
SPECIAL NOTE ABOUT THIS HANDBOOK
This edition includes recent changes in SC law (A424) and administrative regulations (R16.) These new laws and regulations have created a dual operating system where claims with a date of accident of June 18, 1996, or later will be handled using the new laws, regulations, and forms.

Claims with a date of accident prior to June 18, 1996 will be managed in compliance with the old system. Differences in the dual systems will be noted in a special box.

GENERAL QUESTIONS ABOUT COVERAGE

Q What injuries and illnesses are covered under workers’ compensation insurance?

Those injuries which are the direct result of a job-related accident, disease or condition.

Q What injuries are not covered under workers’ compensation insurance?

Injury or death resulting from the following conditions or actions are not covered:
- an intentional act to injure or kill oneself or another;
- intoxication;
- the use of illegal drugs; or
- activities that do not arise out of or in the course of employment.

Q If I am injured on-the-job, what type of workers’ compensation benefits can I receive from SAF?

Depending on the nature of your injury, you may be entitled to receive one or more of the following benefits:
- medical treatment;
- temporary disability income; and
- permanent disability/disfigurement compensation.

**Q** Do I pay for my workers' compensation insurance?

No. All premiums are paid by your employer.

**Q** Are there age limits for coverage under workers' compensation insurance?

No.

**Q** Are my spouse and children covered?

No. Workers' compensation insurance covers only the employees of the insured employer. Benefits may be payable to a spouse or children, however, when an employee dies as a result of a job-related accident, disease or condition.

**Q** Am I covered twenty-four (24) hours per day, seven (7) days per week?

No. Unlike regular health or dental insurance, workers' compensation insurance only protects you while you are performing job-related duties for your employer. Generally, you are covered from the time you arrive at work until the time you leave. In other words, you are covered only during the period of employment. There are certain exceptions to this general rule.

For example, you may be covered while going to or from work if transportation is provided by the employer; when you are required to return to work after normal work hours; or when the only way in or out of your workplace is inherently dangerous and is maintained by your employer.

**Q** Am I automatically covered by workers' compensation insurance if I am injured on my employer's premises?
No. You are covered only if you are injured by accident while performing your job duties.

Q Am I covered if I am injured while working for my employer away from my employer's premises?

Yes. If you are accidentally injured while performing work-related duties away from your employer's place of business, your injury would be covered. A simple test for determining whether your injury is covered is to ask yourself this question: Did the accidental injury occur in a place where I may reasonably be expected to perform my job duties and while I was performing those duties?

Q Am I eligible for benefits if I have a heart attack or stroke?

Possibly. Benefits may be paid if the heart attack or stroke was caused by unusual job-related stress, strain, exertion or extraordinary conditions.

Q Am I eligible to receive benefits if I develop a disease or condition as a result of performing my job duties?

Yes, if the disease or condition is directly related to and caused by performing your job duties. Ordinary illnesses or diseases which the general public is exposed to are not covered.

Q Is the aggravation of a pre-existing condition covered?

Yes, if you have a job related accident which combines with or aggravates a pre-existing condition.

Q Will my workers' compensation insurance pay for “pain and suffering” like other forms of insurance?

Not as part of temporary disability income benefits. Long-term conditions such as chronic pain may be considered when determining eligibility for a permanency award.
Q What is the difference between State Accident Fund and the SC Workers’ Compensation Commission?

State Accident Fund (SAF) and the SC Workers' Compensation Commission (WCC) are two separate and distinct state agencies with totally different functions. State Accident Fund provides workers' compensation insurance coverage for public employees. The SC Workers’ Compensation Commission is responsible for determining what benefits all injured workers (public and private sector) may be entitled to under SC law.

You should think of SAF as the "insurance company" and think of the WCC as the administrative agency and tribunal which administers the workers’ compensation law and decides issues when the employer, insurance company and employee cannot agree on coverage or payment of benefits.

FILING A CLAIM

Q What must I do to assure prompt determination and payment of benefits if I am injured on-the-job?

You should notify your employer immediately. This notification may be verbal or written (although written notification is best) and should include your name, address, and the time, place, and cause of the accident, as well as, a description of the injury.

You should keep a record of the date of the accident, the date you told your employer, and the name of the person to whom you reported the accident, and the names of any persons who saw the accident. Make sure all of the information asked for on the form WCC Form 12-A/First Report of Injury is given to your employer and is accurate. Incomplete or inaccurate information will cause a delay in the processing of your claim.

Q Is there a time limit for reporting an on-the-job injury?
Yes. You must notify your employer immediately after the injury occurs or as soon thereafter as practical. If you do not notify your employer within 90 days after the injury occurs, you may be ineligible to receive workers’ compensation benefits.

Q What happens after I have notified my employer of my on-the-job injury?

Your employer should complete and mail a WCC Form 12-A/First Report of Injury to SAF within ten (10) days after you give them notice of the job-related accident, disease or condition. Prompt completion and mailing of this report to SAF is very important because SAF cannot determine your eligibility for benefits without receiving a properly completed WCC Form 12-A.

Q Do I need to take any further action to receive workers’ compensation benefits?

Ordinarily, the only additional action on your part is to furnish such additional information as may be requested by SAF or your employer. If your recovery is slow and might continue for more than two (2) years from the date of accident, you must file a claim for continued benefits before the end of the two (2) years or your right to receive further compensation can be barred.

Your claim may be filed by simply writing a letter to the SC Workers' Compensation Commission, PO Box 1715, Columbia, SC 29202-1715 and stating that you are filing a claim for benefits, giving as much information as you can about the benefits sought and the facts of your job-related accident, disease or condition.

Q What can I do to help get my claim processed more quickly?
Always include your claim number (a 9-digit number...SF#97-00-12345) on any correspondence, documents, or receipts which you are submitting as part of your claim. Your claim number appears on the notification letter you received when your claim was processed by SAF. Always give your claim number to the SAF employee you talk to about your claim.

Q **What should I do if I receive a request to contact my claims adjuster?**

Contact SAF immediately. Your claims adjuster may need important information from you to help process your claim. Failure to contact SAF may delay the payment of benefits.

Q **Do I need to hire an attorney to represent me on my claim?**

That decision is left up to you. SC law allows you to proceed with your claim without being represented by a lawyer. If you choose to be represented, you may do so at your own expense.

If you hire an attorney, that attorney will be responsible for communicating with SAF on your behalf. Because of the nature of the attorney-client relationship, all correspondence and communication regarding your claim will be handled between SAF and the attorney. You should not be in direct contact with SAF.

Q **What if I think my accident, disease or condition is job-related but am not sure whether or not I am entitled to benefits? What should I do?**

You should report the situation to your employer immediately. Your employer will complete the WCC Form 12-A/First Report of Injury based on information you provide and forward it to SAF. SAF will then determine whether the claim is covered under SC law.
If the SAF does not have sufficient information to make a decision, an investigator will be assigned to get such further information from you, your employer, and your doctor as is required to make a fair determination.

In addition to seeking information to assure that you receive all benefits to which you are entitled, the investigator will also be seeking information about safety in your workplace so as to help prevent others from receiving similar injuries.

After the investigation is concluded, SAF will either pay benefits or deny the claim and notify you of that decision.

**Q What if I disagree with the decision or action of SAF pertaining to my claim?**

If you disagree with any decision or action of SAF pertaining to your claim, you may appeal to the agency Director by writing a letter to the Director at the address on page 1 of this handbook.

If you disagree with the decision or action of the Director of the State Accident Fund you may request a hearing before the

**SC Workers' Compensation Commission**

1612 Marion Street
P. O. Box 1715
Columbia, SC 29202-1715
(803) 737-5700.

Please note that certain time restrictions apply to the filing of a request for SAF review, and/or a WCC hearing. Contact SAF or the WCC for specific information.

**Q Are there penalties for filing a fraudulent workers' compensation claim?**

SC law provides civil and criminal penalties (up to $15,000, ten (10) years imprisonment, and restitution) for anyone convicted of workers' compensation fraud. The definition of fraud under
SC law includes the filing of a false claim, as well as, any false statements or misrepresentations related to an accepted claim.

**MEDICAL BENEFITS**

**Q** What medical benefits am I entitled to under workers' compensation insurance?

Your insurance will pay 100% of the hospital, surgical and treatment expenses directly related to your injuries. There are no copayments or deductibles. There is no maximum limit on the amount of these covered expenses. Amounts that physicians or hospitals can charge are set by the SC Workers' Compensation Commission. The difference between what the physician or hospital charges and the amount set by the WCC is not the responsibility of the injured worker and you are not responsible for paying that difference.

**Q** Will my workers' compensation insurance pay for me to be treated by my own physician?

SC workers' compensation law allows each employer to select an authorized treating physician to whom an employee must go for treatment in the event of a job-related accident, disease or condition. You should check with your employer or SAF before attempting to schedule an appointment with a physician.

**Q** What if I want to change physicians?

In order to change physicians, you must be referred by the original treating physician and obtain authorization from SAF to ensure coverage for additional treatment. This authorization must be obtained prior to changing physicians. If you change physicians without obtaining authorization, you are responsible for paying those bills. If SAF does not authorize a change of physician, you may, as in other cases of disagreement with the SAF, appeal to the Director.

**Q** Will I be reimbursed for prescription drugs associated with my authorized medical care?
Yes. But in order to be reimbursed for prescriptions, your receipt must contain the date, drug name, quantity, name of the authorized prescribing physician, and the amount you paid for the prescription. For quicker processing and reimbursement, always include your SAF claim number.

If your pharmacy allows for direct billing of charges for prescriptions, ask them to contact SAF to establish an account.

Q Will my workers’ compensation insurance reimburse me for travel costs associated with my medical care?

Yes. SC law allows you to receive reimbursement for travel costs associated with medical care if you must travel more than ten (10) miles (round trip) from home in order to receive such treatment. If you travel by personal vehicle you may claim the same reimbursement allowed state employees for business travel.

Travel reimbursements for bus, train or other modes of public transportation, food, and lodging are reimbursed for the actual costs as shown on your receipts which must be submitted.

In addition, travel reimbursement requests must include treatment date and destination, as well as, your SAF claim number. You must sign all requests for reimbursement.

Q Are nursing services associated with authorized medical care covered?

Yes. Nursing services will be paid for if ordered by the treating physician.

Q Will workers’ compensation insurance pay for chiropractic treatments?

SC workers’ compensation law allows for a maximum ten (10) week period of treatment provided by chiropractors. However,
chiropractic treatment must be authorized by SAF just like other forms of medical treatment.

Q Are artificial limbs or other prosthetic devices covered?

Yes. At the end of the healing period, artificial limbs and prosthetic devices needed as a result of a job-related accident, disease or condition are furnished for life.

Q I am receiving bills from medical providers. What should I do?

Contact SAF immediately. Authorized medical providers should not bill you directly for medical charges covered as part of your claim.

TEMPORARY DISABILITY INCOME

Q How do I become eligible for temporary disability benefits?

Generally, these benefits begin when your authorized treating physician determines that you are unable to work as a direct result of your job-related injury.

Q How are benefits paid?

Generally, if you are out-of-work for a fixed period of time, you will receive one check for the total amount of benefits you are eligible to receive. If your injury requires you to be out-of-work for an extended period of time, SAF will send you checks on a weekly basis equal to the amount of your "compensation rate."

Q How is the weekly "compensation rate" calculated?

SC law establishes the compensation rate for all job-related injuries to be 2/3 of your “average weekly wage,” subject to a minimum and maximum rate. This rate is the amount of benefits that you are eligible to receive each week.
Questions

Q What is meant by the term “average weekly wage?”

This term is used to reflect your average salary at the time of your accident. SC law requires that your salary (including bonuses and overtime) be verified and averaged for one (1) year prior to your accident or illness. Your employer is required to submit this payroll information to SAF.

It is important to note that this amount is based on “earned” income. Interest, rental, mortgage, and/or dividend income is not included.

Q I have a second job. Will that income be considered in the calculation of my “average weekly wage?”

In most cases, yes. You must submit the income information to SAF. For more information, call your claims adjuster.

Q I was injured while working for the National Guard or as a Volunteer with a Fire Department or Rescue Squad. Do special provisions apply to me?

Yes. The amount of benefits you are eligible to collect is set by SC law. Call your claims adjuster for more information.

Q Are these benefits subject to normal payroll taxes?

No. Workers’ compensation benefits are not subject to any FICA, federal, or state payroll taxes.

Q What will happen to my normal payroll deductions (retirement contributions, regular health insurance, etc.) and other benefits while I’m not receiving a regular paycheck?

Your workers’ compensation benefits do not cover any kind of payroll deductions or other normal benefits that are associated
with your regular employment. Check with your employer's human resources department for further information.

Q  Will I be compensated for every day I am out of work?

SC law sets a seven (7) calendar day waiting period to receive temporary disability benefits. You will be eligible for compensation on and after the 8th day. If your injury is such that your authorized treating physician requires you to be out of work for fifteen (15) or more calendar days, you will be paid for every day you are out of work, retroactive to the first day.

Q  Does the term "calendar days" include weekends and holidays?

Yes.

Q  Can I use my sick/annual leave instead of electing to receive temporary disability benefits?

The option to use sick/annual leave varies with each employer. Contact your employer's human resources office to get specific information regarding the options available to you.

State government employees must sign a statement (Notice of Election Form) indicating their intention to use sick/annual leave or receive temporary disability benefits.

Q  What is meant by “temporary total” (TT) disability?

This concept means that you are temporarily unable to work and earn wages. For example, if you are out-of-work because of a knee injury for a six week period, you would be considered "temporarily totally disabled" for that six week period.

Q  What is meant by “temporary partial” benefits?
Temporary partial (TP) benefits are paid to help "make up the difference" in your salary if you return-to-work in a part-time or light-duty capacity. The amount of these benefits will vary. Check with your claims adjuster for more details.

Q How soon should I expect to receive my first compensation check for the time I am out of work?

Ordinarily you should expect to receive your first check within fourteen (14) days after your claim has been approved by SAF. A copy of the WCC Form 15 (Agreement for Compensation) will be included for your records. Your signature is not required.

For claims with a date of accident prior to 06/18/96...

Upon receipt of your first check, you will be required to sign and return a WCC Form 15 (Agreement for Compensation.)

Q How and when can my benefits be terminated?

In most cases, your benefits will be suspended when your authorized treating physician releases you to return-to-work.

If you are released to return-to-work within 150 days of the date you reported your job-related injury to your employer, SAF will notify you in writing that your benefit checks will be suspended.

If you are released to return-to-work after the 150 day period, you will be asked to sign a WCC Form 17 (Receipt for Compensation) indicating that you have returned to your regular job, or are able to return-to-work.

For claims with a date of accident prior to 06/18/96...

Regardless of the length of time you have been out-of-work, you will be asked to sign a WCC Form 17 (Receipt of Compensation.)
Q What happens when I sign the WCC Form 17 (Receipt for Compensation?) Will all my benefits stop?

No. The signing of a WCC Form 17 allows SAF to suspend the payment of TT or TP benefits because you have been released to return-to-work. It does not affect your legal right to receive further benefits (including more TT or TP) under SC law.

Q What happens if I return-to-work after being injured, but later have to miss more work due to the same injury?

If your authorized treating physician requires you to go back out-of-work, you must notify SAF immediately. Additional forms may have to be completed.

For claims with a date of accident prior to 06/18/96...

SAF will send you a WCC Form 16 (Supplemental Agreement For Compensation) which must be signed by you and returned to SAF. Compensation benefits will then be restarted.

Q I have been released to return-to-work, but I'm still receiving TT checks. What should I do?

Contact SAF immediately. It is against the law to receive TT benefits and your regular salary.

Q What happens to my medical benefits when I return-to-work full-time?

You will continue to receive medical benefits until you are released by your authorized treating physician as having reached "maximum medical improvement."

Q What does “maximum medical improvement” mean?
The concept of "maximum medical improvement" (MMI) is a technical term that indicates, in the physician's opinion, that your medical condition has reached the maximum level of healing possible for your injury, based on guidelines set by the American Medical Association.

**Q** What if I am able to go back to work either part-time or full-time but earn less than I was earning before I was injured? How does that affect my compensation for lost wages?

If you return to work either part-time or full-time but earn less than your previous wages, you may be entitled to receive two thirds (2/3) of the difference in compensation up to the maximum amount for a period not to exceed 340 weeks.

**PERMANENT IMPAIRMENT & DISABILITY**

**Q** What is the difference between a permanent impairment rating and the concept of disability?

An impairment rating is a professional opinion offered by your authorized treating physician based on medical evidence and accepted standards. The idea of disability takes that rating one step further – how does the degree of impairment impact on your ability to perform your job? This determination takes into account your level of education, previous job history, and other personal factors that may apply to your unique situation.

**Q** If I do not fully recover from my injury, can I receive further benefits although I did return-to-work?

Yes, if your authorized treating physician reports that you have a percentage of permanent physical impairment as a result of your injury, you may receive compensation for the resulting disability although you have returned to full-time work.

**Q** How and when will I receive benefits for my permanent physical impairment?
When your authorized treating physician releases you from his/her care and you have a percentage of physical impairment, SAF will request an Informal Conference with the SC Workers' Compensation Commission (WCC) to determine if you are eligible for additional benefits because of permanent disability. You will be notified by mail of the date, time and location.

The Informal Conference is an opportunity for you and a SAF representative to discuss your case with a WCC official to ensure that any settlement of your claim is fair and proper.

Q **How are my permanent disability benefits determined?**

SC law assigns a maximum value (number of weeks of compensation) to different body parts. The maximum value would then be multiplied by the percentage (%) of disability assigned by the Workers’ Compensation Commission.

For example, if you suffered an injury to your left arm which resulted in an award of 10% disability, the amount of your settlement would be:

\[ 220 \text{ wks. (arm)} \times 10\% \text{ disability} = 22 \text{ wks. of compensation.} \]

The 22 weeks would then be multiplied by your compensation rate to determine the actual dollar value of your settlement.

Q **If my injury leaves a serious and permanent disfigurement such as an unsightly scar, am I entitled to additional benefits?**

Yes, if the disfigurement substantially detracts from your appearance and is normally exposed during the course of employment, such as a scar on your face. You cannot receive compensation for disfigurement and disability to the same body part except in cases of serious burns or keloid scars. Any award for disfigurement must be approved by the WCC.
Q What benefits am I entitled to in the event of my total and permanent disability resulting from my injury?

SC law provides a maximum benefit payment equal to 500 weeks (approximately 9 1/2 years) based on your compensation rate, subject to limits set by law. The value of any previous weekly payments for TT or TP benefits will be deducted from the 500 week payment.

Paraplegics, quadriplegics and employees who suffer physical brain damage will receive weekly compensation benefits for life.

THIRD PARTY CLAIMS

Q What is meant by the term “third party?”

When a worker’s injury was caused by another person (other than the employer or co-worker,) that other person who caused the injury is referred to in the law as the "third party."

For example, if an employee, while driving a vehicle for his employer, is injured by a collision with another motorist who is at fault, the other motorist is the "third party." The manufacturer of faulty equipment which injures an employee is also a "third party." Malpractice by medical providers who have treated you for your job-related injury is also covered.

Q Can I receive benefits and still sue the responsible “third party”?

Yes, subject to certain provisions and restrictions. For more details, discuss this matter with your claims adjuster.

Q May I keep all of the money received from a third party settlement?

No. If you receive workers' compensation benefits in addition to a settlement from the third party, then some or all of the workers' compensation benefits received must be repaid, not to exceed the amount received from the third party.
Q May I settle my third party claim without SAF permission?

This would not be advisable. You may lose some or all of your workers’ compensation benefits if you settle with a third party without prior written approval of SAF.

**DEATH BENEFITS**

Q What benefits will my dependents receive if I die from a job-related injury?

Death benefits will be paid by SC law as follows:

- a benefit payment equal to 500 weeks based on your compensation rate. This payment is subject to limits set by law, less any weekly benefits already paid; and
- burial expenses up to $2,500.

All workers' compensation death benefits are exempt from the claims of creditors and all estate taxes. In order to receive death benefits, a claim must be filed with the WCC within two (2) years of the employee's death. Claims not filed with the WCC within that period may be forever barred.

Death benefits are distributed among all persons wholly dependent on the deceased. Normally, this will be limited to your spouse and children. If there are no persons wholly dependent, the death benefit shall be divided among partially-dependent persons based on the extent of their dependency. If there are no dependents, the death benefits shall be paid to your nondependent children. If there are no nondependent children, death benefits will be paid to your mother or father.

If payment can’t be made to any of these individuals, the personal representative for your estate will receive probate administration and burial expenses. The remaining amount of death benefits will be paid to the SC Second Injury Fund as required by SC law.
### ASSIGNED VALUES - BODILY MEMBERS

<table>
<thead>
<tr>
<th>TOTAL LOSS/LOSS OF USE OF</th>
<th>WEEKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thumb</td>
<td>65</td>
</tr>
<tr>
<td>Index Finger</td>
<td>40</td>
</tr>
<tr>
<td>Second Finger</td>
<td>35</td>
</tr>
<tr>
<td>Third Finger</td>
<td>25</td>
</tr>
<tr>
<td>Fourth Finger</td>
<td>20</td>
</tr>
<tr>
<td>Great Toe</td>
<td>35</td>
</tr>
<tr>
<td>Other Toes</td>
<td>10</td>
</tr>
<tr>
<td>Hand</td>
<td>185</td>
</tr>
<tr>
<td>Arm</td>
<td>220</td>
</tr>
<tr>
<td>Foot</td>
<td>140</td>
</tr>
<tr>
<td>Leg</td>
<td>195</td>
</tr>
<tr>
<td>Eye (one or loss of vision)</td>
<td>140</td>
</tr>
<tr>
<td>Eye (two)</td>
<td>500</td>
</tr>
<tr>
<td>Hearing (one ear)</td>
<td>80</td>
</tr>
<tr>
<td>Hearing (two ears)</td>
<td>165</td>
</tr>
<tr>
<td>Back</td>
<td>300</td>
</tr>
</tbody>
</table>

### ASSIGNED VALUES - ORGAN LOSS/INJURY

<table>
<thead>
<tr>
<th>TOTAL LOSS/LOSS OF USE OF</th>
<th>WEEKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>75</td>
</tr>
<tr>
<td>Breasts</td>
<td>250</td>
</tr>
<tr>
<td>Coccyx</td>
<td>10</td>
</tr>
<tr>
<td>Gall Bladder</td>
<td>75</td>
</tr>
<tr>
<td>Kidney</td>
<td>400</td>
</tr>
<tr>
<td>Lung</td>
<td>400</td>
</tr>
<tr>
<td>Pancreas</td>
<td>500</td>
</tr>
<tr>
<td>Penis</td>
<td>350</td>
</tr>
<tr>
<td>Rib</td>
<td>10</td>
</tr>
<tr>
<td>Scrotum and Testicles</td>
<td>350</td>
</tr>
<tr>
<td>Spleen</td>
<td>25</td>
</tr>
<tr>
<td>Testicle</td>
<td>75</td>
</tr>
<tr>
<td>Testicles</td>
<td>250</td>
</tr>
<tr>
<td>Tongue</td>
<td>500</td>
</tr>
<tr>
<td>Tooth</td>
<td>2</td>
</tr>
</tbody>
</table>

10 with a maximum 200 for loss of 4 ribs

<table>
<thead>
<tr>
<th>PARTIAL LOSS/LOSS OF USE OF</th>
<th>WEEKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biliary Tract</td>
<td>75-400</td>
</tr>
<tr>
<td>Bladder</td>
<td>25-250</td>
</tr>
<tr>
<td>Brain</td>
<td>25-250</td>
</tr>
<tr>
<td>Breast</td>
<td>10-75</td>
</tr>
<tr>
<td>Breasts</td>
<td>25-250</td>
</tr>
<tr>
<td>Bronchi or Bronchus</td>
<td>25-400</td>
</tr>
<tr>
<td>Anatomical Part</td>
<td>Value</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Esophagus</td>
<td>25-400</td>
</tr>
<tr>
<td>Cervix</td>
<td>10-100</td>
</tr>
<tr>
<td>Clavicle</td>
<td>10-100</td>
</tr>
<tr>
<td>Coccyx</td>
<td>1-10</td>
</tr>
<tr>
<td>Colon</td>
<td>25-250</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>25-250</td>
</tr>
<tr>
<td>Duodenum</td>
<td>10-250</td>
</tr>
<tr>
<td>Fallopian Tubes</td>
<td>10-100</td>
</tr>
<tr>
<td>Gall Bladder</td>
<td>10-75</td>
</tr>
<tr>
<td>Heart</td>
<td>25-250</td>
</tr>
<tr>
<td>Intestine, Small</td>
<td>10-400</td>
</tr>
<tr>
<td>Kidney</td>
<td>25-250</td>
</tr>
<tr>
<td>Larynx</td>
<td>25-400</td>
</tr>
<tr>
<td>Liver</td>
<td>25-250</td>
</tr>
<tr>
<td>Lung</td>
<td>25-250</td>
</tr>
<tr>
<td>Mandible</td>
<td>10-100</td>
</tr>
<tr>
<td>Ovaries</td>
<td>10-100</td>
</tr>
<tr>
<td>Palate</td>
<td>25-250</td>
</tr>
<tr>
<td>Pancreas</td>
<td>10-250</td>
</tr>
<tr>
<td>Penis</td>
<td>25-250</td>
</tr>
<tr>
<td>Prostate</td>
<td>10-100</td>
</tr>
<tr>
<td>Rectum</td>
<td>10-250</td>
</tr>
<tr>
<td>Rib</td>
<td>1.5-10</td>
</tr>
<tr>
<td>Scapula</td>
<td>10-200</td>
</tr>
<tr>
<td>Scrotum and Testicles</td>
<td>30-300</td>
</tr>
<tr>
<td>Skin</td>
<td>5-300</td>
</tr>
<tr>
<td>Spleen</td>
<td>2.5-25</td>
</tr>
<tr>
<td>Spermatic Cord</td>
<td>10-100</td>
</tr>
<tr>
<td>Sternum</td>
<td>10-100</td>
</tr>
<tr>
<td>Stomach</td>
<td>25-250</td>
</tr>
<tr>
<td>Testicle</td>
<td>10-75</td>
</tr>
<tr>
<td>Testicles</td>
<td>25-250</td>
</tr>
<tr>
<td>Thyroid Gland</td>
<td>10-100</td>
</tr>
<tr>
<td>Tongue</td>
<td>50-500</td>
</tr>
<tr>
<td>Tooth</td>
<td>.5-2</td>
</tr>
<tr>
<td>Urethra</td>
<td>10-100</td>
</tr>
<tr>
<td>Urethra</td>
<td>10-100</td>
</tr>
<tr>
<td>Uterus</td>
<td>10-100</td>
</tr>
<tr>
<td>Vagina</td>
<td>25-250</td>
</tr>
<tr>
<td>Vulva</td>
<td>25-250</td>
</tr>
<tr>
<td>Nasal Passage</td>
<td>10-75</td>
</tr>
<tr>
<td>Olfactory Nerve (smell)</td>
<td>10-75</td>
</tr>
<tr>
<td>Sinus</td>
<td>5-30</td>
</tr>
<tr>
<td>Zygomatic arch</td>
<td>In accordance with AMA Guide</td>
</tr>
<tr>
<td>Facial Nerve</td>
<td>In accordance with AMA Guide</td>
</tr>
</tbody>
</table>