



<http://www.kutztown.edu/about-ku/administrative-offices/sports-medicine-services.htm>

Policies and Procedures Regarding Athletic Participation, Injuries, Illnesses and Medical Care

I. INTRODUCTION

The delivery of health care to Kutztown University student-athletes is the primary responsibility of the Sports Medicine Team, which include the Departments of Sports Medicine, Health & Wellness Clinical Services and our associated Team Physicians.

Following is an explanation of the joint policies and procedures of the Kutztown University Sports Medicine Services and Intercollegiate Athletics Services departments regarding athletic injuries and associated medical care and expenses.

II. PRE-PARTICIPATION PROCEDURES

A. *Health Records and Immunizations:*

Health Records. It is a University requirement that all students must have a completed Health Record on file with Student Health & Wellness Services. Only new Kutztown University students (Freshmen & Transfers) need to complete the Health Record. You can download the form from the Health & Wellness Services website.

<https://www.kutztown.edu/about-ku/administrative-offices/health-and-wellness-services/health-administrative-services/required-medical-forms.htm>

All new prospective student athletes wishing to participate in Intercollegiate Athletic activities **MUST** have a completed Health Record for the Health & Wellness Center's Office of Administrative Services by July 15 2020. For new Spring semester and Spring transfer students, the Health Record needs to be completed prior to any official athletic activity. **NO** student will be allowed to participate in any University athletic activity until the Health Record has been completed. Once a Health Record is completed, the Health Record requirement will be met for the student's entire Kutztown University undergraduate career.

Immunizations: It is the University's Athletic policy that **ALL** student athletes show proof that they have met the requirements for current immunization standards. Questions in this area should be referred to the Health & Wellness Center's Office of Administrative Services (610) 683-4082.

- B. *Athletic Medical History, Mental Health Screen and Physical Exam Forms:*** All **New** student athletes **MUST** have an athletic physical examination conducted **BEFORE** they participate in any University-related athletic activity. New Prospective student athletes must complete an online Athletic Medical History form prior to receiving their athletic physical exam. This form **MUST** be printed before moving onto the next form so they can take it to have their family physician review and sign it when they get their physical. This form **MUST** be returned signed to the Office of Sports Medicine by **July 15th** to permit time for administrative review. Returning student-athletes will update their online *Athletic Medical History* yearly in the Spring.

Care must be given to answer **ALL** of the questions on the online Athletic Medical History form completely and accurately prior to your physical. It is very important to submit **ALL** medical records as requested by the due date to avoid any delay in the eligibility process for team participation. The forms will be made available on our website beginning **June 1st**.

NOTE for Minors: You **MUST** print the entire Physical packet and submit the original forms completed. Faxes will **NOT** be accepted as complete.

The National Collegiate Athletic Association (NCAA) requires all student-athletes undergo a pre-participation ***Mental Health Screening*** by a medical provider who has the professional training to perform such an exam. This screening is **mandatory** of all student athletes each year of participation. For new students/transfers, this can be done at the time of your physical exam. For returning students, we suggest you make an appointment with your home family physician or appropriate medical provider and returned to the Office of Sports Medicine by **July 15th**.

Following the Sports Medicine Office's review of your physical exam and other pre-participation compliance forms, students may find themselves placed on a "**Provisional,**" "**Hold,**" or "**Fail**" status. "Provisional" status means that some additional information, testing or monitoring of the student-athlete is required in order for team participation. Students may play or practice with the team as long as **they comply with the restrictions or recommendations of the Sports Medicine Staff**. Failure to meet deadlines or cooperate with the Sports Medicine Staff while on a "Provisional" status will result in the student athlete being placed on "Hold," thus making the student medically ineligible to participate in **ANY** University Athletic activity. Students placed on "Hold" status following the athletic physical will require further evaluation and possible testing for any problem(s) that inhibit full participation. Students placed on "Hold" status as a result of the athletic physical exam may **NOT** play or practice with the team until specific tests or necessary information is obtained. Students who "Fail" the physical examination may not participate in **ANY** University sport.

- C. ***Athletic Insurance Information Form:*** Kutztown University's Student Services, Inc. (KUSSI) provides supplemental athletic accident insurance to all sponsored varsity intercollegiate teams and cheerleading. All student athletes **MUST** show proof of having "Primary Medical/Health Insurance" that covers Intercollegiate Athletic-related injury/illness. Students **MUST** complete the current online Athletic Insurance Information form **prior** to any participation in team activities. This form will be made available on our website beginning **June 1st**.

NOTE for Minors: You **MUST** complete the form prior to printing and submit the original form(s) completed. Faxes will NOT be accepted as complete.

- D. ***Other Required Pre-Participation Compliance Forms:*** All prospective student athlete **MUST** have completed the following additional forms required by Kutztown University Athletics and Office of Sports Medicine **prior** to any participation in team activities:

Online:

1. Student-Athlete Acknowledgement (for Injury & Illness)
2. Medical Consent/ Release
3. FERPA
4. Medical Disclosure
5. Sick Cell Report

Printed Signed Paper Copy:

6. Athletic Related Medical Bills Letter of Responsibility
7. ADD/ADHD (ONLY if the student has been diagnosed)

NOTE for Minors: You **MUST** print the entire Physical packet (which includes the above forms) and submit the original forms completed. Faxes will NOT be accepted as complete.

III. ATHLETIC RELATED INJURY OR ILLNESS

- A. ***Reporting Procedures:*** The student athlete is responsible to report **all** injuries and illness as soon as possible to the Faculty Athletic Trainers. During the academic year the Sports Medicine Staff will make **all** of the necessary medical referrals as appropriate. In the event of an emergency due to an athletic injury, the athlete will be transported to a prearranged hospital or medical facility. At **NO** time should a student-athlete seek "Outside" medical attention for an athletic related injury without the prior written authorization from a member of the Sports Medicine staff and/or the Health & Wellness Clinical staff; unless the injury results in a medical emergency. (*See Section V.*)

Failure to follow these policies and procedures will also cause the student-athlete to be placed on "**HOLD**" status until **all** related medicals records/documentation are received and reviewed by the Office of Sports Medicine and cleared by our Team Physician(s).

NOTE: For an injury to be eligible for coverage under KUSI's Supplemental Athletic Accident Insurance, the student-athlete **MUST** report the injury to the Sports Medicine Staff **within 30 days of its onset.**

- B. *Referrals to Off-Campus non-University Affiliated Physicians or "Outside Medical Specialist":*** All student-athletes who see an "Off-Campus" non-University Affiliated Physician or "Outside Medical Specialist" **MUST** have prior written authorization from the University's Team Physician(s) and/or an Office of Sports Medicine Staff member. The appropriate referral forms **MUST** be completed by the Health Care Provider and returned to the Office of Sports Medicine for review before clearance for participation will be given. In **all** cases the student-athlete will also be **required** to follow their primary insurance policy's specific referral procedures for "**In-Network**" Providers."

All medical tests, treatments and/or procedures rendered by "Off-Campus" Non-University affiliated Physician(s) or "Outside Medical Specialist," other than those approved and performed during the initial visit, **MUST** again have prior written approval by the University's Team Physician(s) and/or an Office of Sports Medicine Staff member. All surgical treatments by Non-University Affiliated Physician(s) **MUST** have prior written approval by the University's Team Physician(s) and/or an Office of Sports Medicine Staff member. (*See Section V.*)

- C. *Dental Care:*** Please report any injury to your mouth or teeth immediately to a member of the Sports Medicine staff. In those sports where protective devices (mouthpieces) are mandatory and provided for use in official practice sessions and games, the University and its Secondary Athletic Accident Insurance will provide coverage **only** if the device is worn by the student athlete in accordance with the guidelines set by the manufacturer.

- D. *Treatment/Rehabilitation:*** The Sports Medicine facility hours are posted outside of the Office of Sports Medicine each sport season. Treatment/rehabilitation and taping will be available to all athletes, but injured in-season athletes will receive first priority. Failure of an injured athlete to keep treatment and/or rehabilitation appointments will be interpreted as the athlete's unwillingness to cooperate with the Sports Medicine Staff for the earliest possible return to competition and may result with the student-athlete being placed on "**HOLD**" status making them ineligible to participate in any University athletic activity. The Head Coach will be informed of athletes who fail to keep appointments. The Office of Sports Medicine staff receives its medical direction and supervision from the University's Team Physician(s). **All Athletes** are required to adhere to the Office of Sports Medicine facility rules that are posted. The Office of Sports Medicine main facility is co-educational and is located in Keystone Hall Rm 124.

- E. *Health Center:*** The University's Clinical Services of the Health & Wellness Center is generally open from 8 am to 6 pm on weekdays during the Fall and Spring semesters (check the website for specific times). During all other times, including holidays, hours are posted outside of the Health & Wellness Center's entrance. During these hours, students can be seen by an RN on a walk-in basis, but appointments are strongly encouraged, or they may use the self-care unit. Student-athletes who are feeling ill are encouraged to take advantage of these facilities as early as possible to avoid any increase in symptoms which may prevent them from performing at their best in practice or a game.

When reporting to the Health & Wellness Center it is important to identify yourself as a **student-athlete** in case there may be a question of ability to practice or play. Any problems or concerns should be referred directly to the Director of Clinical Services or the Director of Sports Medicine.

- F. *Practice or Game Participation for an Injured or Ill Athlete:*** Decisions on the availability of an athlete for practice or game competition shall be the sole responsibility of the members of the University's Sports Medicine Staff.

IV. NON-ATHLETIC RELATED INJURY OR ILLNESS

- A. *Reporting Procedures:*** Injuries or illnesses sustained outside of Kutztown University Athletics **MUST** be reported to the Office of Sports Medicine at the student's earliest convenience. If the student desires, the Office of Sports Medicine Staff will assist with making any of the necessary medical referrals. If the student chooses to be seen by someone other than the University's Health & Wellness Clinical Service staff or Office of Sports Medicine staff, the student **MUST** provide the Office of Sports

Medicine with written documentation regarding their condition prior to return to athletic activity. This may be done by obtaining an “Outside Medical Provider” referral form from the Office of Sports Medicine, which is to be completed by the “outside” physician or by signing a “Records Release” form to have the records sent to the Office of Sports Medicine. **The final decision as to whether a student athlete may participate in any varsity sport activity rests with the University’s Team Physician(s).**

- B. *Out of Season Injury:*** The University shall **NOT** assume responsibility for care of any injuries incurred when the student-athlete is not actively engaged in a formal, official game or practice during an NCAA allowable season. Questions in this area should be referred to the Director of Athletics or the Director of Sports Medicine.

V. INTERCOLLEGIATE ATHLETIC SUPPLEMENTAL ACCIDENT INSURANCE COVERAGE:

Supplemental Accident Insurance is provided by KUSI for the benefit of our student-athletes. The delivery of health care to these student-athletes is the primary responsibility of the Sports Medicine Team.

Following is an explanation of the policies of the Kutztown University Department of Intercollegiate Athletics regarding medical expenses. **THE UNIVERSITY ASSUMES THAT, BY SIGNING THE APPROPRIATE FORMS INCLUDED IN THE PRE-PARTICIPATION MEDICAL INFORMATION PACKET ON A YEARLY BASIS AND RETURNING IT TO THE KUTZTOWN UNIVERSITY OFFICE OF SPORTS MEDICINE, THE STUDENT-ATHLETE AND THE POLICY-HOLDER OF THEIR PRIMARY INSURANCE HAS READ AND AGREES TO THE PROVISIONS OF THIS POLICY.**

A. *Primary Insurance Coverage*

1. All student-athletes **MUST** be covered by a “**Primary**” health insurance policy that covers intercollegiate related athletic injuries. **Please check with your insurance carrier to be sure of this provision.**
2. **Government-funded insurance plans (such as Tricare, Medicaid, etc.) are NOT considered primary medical insurance, as well as any christian or faith-based plan. If a student-athlete has a government-funded or faith-based insurance plan, the student-athlete sign a waiver to decline the secondary medical insurance provided by Kutztown University or seek other accepted insurance plans. Please contact the Director of Sports Medicine via email at sacco@kutztown.edu or at (484) 646-4287 regarding this option.**
3. If there is a change in your primary insurance coverage, please notify the Office of Sports Medicine immediately to avoid delay in service.
4. **If the student-athlete is covered by an HMO based outside of the Berks or Lehigh County area, you may want to consider finding a more local Primary Care Physician (PCP). Otherwise, they may be required to return home for medical care in order to be covered by the HMO.**
5. **If there is a lapse in insurance coverage, the student-athlete will be responsible in total for any medical bills generated during this lapse.**
6. **Kutztown University’s Supplemental Accident Insurance plan has a \$1,500 Deductible per injury claim. The Deductible amount will be the responsibility of the student-athlete and can be met by the student-athlete’s insurance provider or out-of-pocket monies. Claim benefits will be paid only after Kutztown University’s Intercollegiate Athletic Supplemental Insurance policy Deductible has been met.**

B. *Supplemental/Secondary Coverage and Provisions*

KUSI carries a supplemental accident insurance policy for its Department of Intercollegiate Athletic student-athletes.

This policy is used for outstanding balances not covered by the student-athletes primary insurance after the Deductible has been met. The injured student-athlete must first claim benefits under their primary medical insurance policy(ies). This would include traditional Blue Cross/Blue Shield plans, managed care HMO, PPO or POS plans and/or group plans through a parent’s employer, etc.

This policy covers **ONLY** those injuries that occur during **AUTHORIZED Covered Activity**, which includes specific sport practice sessions and competitions during the sport season as defined by the Director of Athletics, in accordance with the NCAA. This means that the respective sport’s supervising

coach(s) MUST be present during the activities being performed. It also includes traveling to and from said scheduled practice or competition.

This policy **DOES NOT COVER** the following:

1. Injuries which are not a direct result of intercollegiate athletic related activity.
2. Pre-existing conditions identified by the student-athlete on their Athletic Medical History form or at the time of their pre-participation physical examination.
3. Pre-existing conditions later identified but NOT reported by the student-athlete on their Athletic Medical History form at the time of their pre-participation physical exam.
4. Chronic conditions (defined by [Medline's medical encyclopedia](#) as a long-developing syndrome).
5. Injuries occurring outside of an organized team or individual event which are not supervised and/or mandated by a coach as stated above. **This includes injuries sustained during volunteer or captain's practices and summer workouts.**
6. Injuries which are not reported within 30 days of onset.
7. Disease and Illnesses.
8. Any injury occurring outside the respective traditional sport season or off-season practice/conditioning session, as allowable by the NCAA. The Kutztown University Department of Intercollegiate Athletics reserves the right to define these periods.

C. Other Intercollegiate Athletic Department Policies Regarding Payment of Athletic Related Medical Expenses

1. Medical expenses will be covered, after the deductible has been met, up to the Maximum Benefit Amount (\$90,000 per accident) if the injury causes the student-athlete to first incur medical expenses for care and treatment for the injury within ninety (90) days after the onset of injury.
2. Medical expenses for services provided by "Off-Campus" non-University Affiliated Physicians or "Outside Medical Specialist" as defined by the Team Physician/ Medical Director of Health and Wellness and Director of Sports Medicine will NOT be covered by the Department of Intercollegiate Athletics Supplemental Accident Insurance plan UNLESS they are referred and have received PRIOR written approval by an Office of Sports Medicine staff.
3. Any athlete requesting that medical service or treatment be performed by an *Off-Campus non-KU Affiliated Physicians or "Outside Medical Specialist"* MUST be referred or receive prior written approval by a member of the Sports Medicine staff. In **all** cases the student-athlete will also be **required** to follow their primary insurance policy's specific referral procedures for "**In-Network**" Providers. Procedures or services rendered without following these processes will be the sole financial responsibility of the student-athlete.
4. **Surgical Policy:** All major medical procedures, especially those which are surgical in nature, MUST have prior written approval by a member of the Sports Medicine Department staff. If the surgeon is an *Off-Campus non-University Affiliated Physicians or "Outside Medical Specialist"* a second opinion may be recommended depending on the diagnosis and surgical procedure.
5. **Dental Injury Policy:** Coverage is for injuries to the mouth and to sound, natural teeth, while participating in an official practice or game. Coverage includes repair or replacement of teeth as a result of a "covered accident" up to a maximum of \$10,000 per accident. In those sports where protective devices (mouthpieces) are mandatory and provided for use in official practice sessions and games, the University and its Supplemental Accident Insurance will provide coverage **only** if the device is worn by the student athlete in accordance with the guidelines set by the manufacturer.
6. **Repetitive Motion Injury:** Repetitive Motion Injury means bursitis, stress fracture, strain, shin splints, Osgood Schlatter Disease, Chondromalacia; tendinitis; and Carpal Tunnel Syndrome. Treatment by a **Physician** for a repetitive motion injury **must** occur within 30 days of onset of injury in a **Covered Activity**. We must have satisfactory proof that the repetitive motion injury resulted from the participation in the **Covered Activity**.
7. **Tattoos/Body Piercings:** Kutztown University Intercollegiate Athletics will NOT cover any medical expenses related to tattoos, brands or body piercings.

8. **Two Year Benefit Period:** Only those medical expenses incurred within a period of two years from the date of injury, as a result of an athletic-related injury, are covered. If the injured student-athletes medical bills exceed the \$90,000 athletic policy limits, which must also be met within the two year period, then the NCAA's catastrophic plan takes effect up to one million dollars for long term catastrophic injury.
9. Coverage under this policy provides for payment for **Usual, Customary, and Reasonable (U.C.R.)** charges, of necessary medical bills.

D. Procedures for Filing and Monitoring an Athletic Injury Claim:

1. For insurance coverage to take effect, certain minimal requirements are necessary.
 - a. Complete and sign the appropriate academic year athletic injury claim form and submit to the Office of Sports Medicine within 90 days following the date of of the first 'Covered Medical Expense'.
 - b. If there are any balances due after the \$1,500 deductible has been met, it is the **student-athletes' responsibility** to forward all ITEMIZED bills and Explanation of Benefits (EOB) Statements from the primary insurance company and any payment receipts for submission. (Include all bills paid and unpaid by your insurance or out-of-pocket monies). Billing statements that simply indicate "**Balance Due**" are NOT sufficient. Bills must be submitted on a UB-4 or on a HCFA-1500 form and must include the following: the ICD-9 codes (which are the diagnosis codes) and the CPT codes (which are the procedural codes). The UB-04 form is generally the hospital/facility's billing form and the HCFA-1500 is generally used by other medical providers that provided the service. (PT, Physician fees, Orthotics, etc.).
2. Note: To speed up processing, please organize both the medical bill and corresponding EOB by date of service.
3. **Mail to:** Athletic Insurance Injury Claims
Office of Sports Medicine
Keystone Hall 124
Kutztown, PA 19530
4. All medical bills, with balances, **MUST** be submitted **within 60 days in order to ensure timely payment.**
5. Kutztown University can make no payment until this process is fully completed.

(THIS CAN BE A LENGTHY PROCESS, PLEASE BE PATIENT!!)

Please direct any questions or concerns regarding this process, or the filing of medical bills to the Office of Sports Medicine at 610-683-40085, ext. 1.