

	Clinician Administered Drug Guideline	
Guideline # 10141	Categories Administration / Non-Clinical →TCHP - Administration	This Guideline Applies To: Texas Children's Health Plan
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GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization on certain clinician-administered drugs including ALL clinician-administered drugs reimbursed with a non-risk payment methodology and all clinician-administered drugs that are not covered per the NDC-to-HCPCS Crosswalk.

DEFINITIONS:

Non-Risk clinician-administered drugs are Clinician-administered drugs reimbursed under the medical benefit that are not included in MCO capitation rates. These drugs are identified in UCMCM Chapters 2.0, "Clinician-administered Drugs Covered Under Non-Risk Payment".

GUIDELINE

1. All requests for prior authorization of clinician-administered drugs are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. The Utilization Management professional reviewing the request evaluates the submitted information to determine if the documentation supports the clinician-administered drug as a medically necessary service.
3. Clinician-administered drugs will be subject to the prior authorization requirements documented in the current Texas Medicaid Provider Procedures Manual – Outpatient Drug Services Handbook.
 - 3.1. Clinician-administered drugs that require prior authorization but have no requirements documented in the current Texas Medicaid Provider Procedures Manual –Outpatient Drug Services Handbook will be referred to a TCHP Medical Director/Physician Reviewer for review.
4. All authorization requests for clinician-administered drugs reimbursed with a non-risk payment methodology will be reviewed by a TCHP Medical Director/Physician Reviewer.
5. Non-FDA approved clinician-administered drugs and Clinician-administered drugs that do not have a rebate eligible National Drug Code (NDC) are not a benefit.

- 5.1. Refer to [Case-by-Case Added Services Policy](#) and [Case-by-Case Added Services Procedure](#) for consideration.
6. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

REFERENCES:**Government Agency and Medical Society, and Other Publications:**

Texas Medicaid Provider Procedures Manual Volume 2: Clinician-Administered Drugs Handbook
http://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmpm/pdf-chapters/2020/2020-09-september/2_Outpatient_Drug.pdf Accessed 9/30/2020

NDC-to-HCPCS Crosswalk:

<https://www.txvendordrug.com/formulary/clinician-administered-drugs> Accessed 9/30/2020

Uniform Managed Care Manual Chapter 2: Texas Claims Procedures Section 2.0 Claims Manual
https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/2_0.pdf
 Accessed 9/30/2020

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Approved	11/19/2020	Clinical & Administrative Advisory Committee Reviewed and Approved for Implementation

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