



Notice Date: July 5, 2018
To: Georgia Medicaid Health Partners
From: Care Source®
Subject: 340B Drug Pricing Program Claim Requirement

As a reminder, any provider-administered drug purchased under the 340B Drug Pricing Program needs to be identified with an SE modifier for the corresponding HCPCS code submitted with the claim. This requirement applies to CMS-1500 & outpatient UB-04 claims. Additional information regarding the 340B Drug Pricing Program can be found at <https://www.hrsa.gov/opa/index.html>.

Please contact CareSource Provider Services at 1-855-202-1058 with any questions regarding this requirement.