



NETWORK *Notification*

Notice Date: August 21, 2023
To: Indiana Medicaid Providers
From: CareSource
Subject: 340B Drug Pricing Program Claim Requirement Reminder

Summary

As a reminder, any provider enrolled in the 340B Drug Pricing Program should be using the modifiers below when billing for 340B drugs on CMS-1500 or UB-04 claims.

- JG – Drug or biological acquired with 340B drug pricing program discount
- TB – Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes

Additional information regarding the 340B Drug Pricing Program can be found on the Health Resources & Services Administration (HRSA) [website](#).

Please contact CareSource Provider Services at **1-844-607-2831** or your assigned [Health Partner Engagement Specialist](#) with any questions regarding this requirement.

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