



**CareSource®**  
**Network Notification**

**Notice Date:** July 6, 2018  
**To:** Indiana Health Partners  
**From:** CareSource®  
**Subject:** 340B Drug Pricing Program Claim Requirement

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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 1-844-604-2831 with any questions regarding this requirement.