



Network Notification

Notice date: 08/30/2018
To: Kentucky healthcare providers
From: Humana – CareSource®
Subject: 340B Drug Pricing Program Claim Requirements

As a reminder, all provider-administered drugs purchased under the 340B Drug Pricing Program should be identified with an SE modifier for the corresponding Healthcare Common Procedure Coding System (HCPCS) code on the claim. This requirement applies to CMS-1500 and outpatient UB-04 claim forms. Additional information regarding the 340B Drug Pricing Program can be found at <https://www.hrsa.gov/opa/index.html>.

Please contact Humana – CareSource Provider Services at 1-855-852-7005 if you have further questions regarding this requirement.