



NETWORK *Notification*

Notice Date: August 11, 2022
To: Ohio Medicaid Providers
From: CareSource
Subject: Billing Update: 340B Drug Pricing

Summary

As a reminder, CareSource, in adherence with the Ohio Department of Medicaid, requires all 340B Covered Entities to include the appropriate 340B submission clarification codes and/or 340B modifier(s) in claim submissions for accurate payment. Please see claims submission instructions below.

For Retail Pharmacy (Point-of-Sale) 340B Claims:

1. In addition to the NDC and other fields consistently submitted to the PBM for payment, all 340B Covered Entities must identify 340B claims using either of the two below NCPDP Telecommunication Standard D.0 fields:
 - Submission Clarification Code (SCC - Field 420-DK) of 20 and/or:
 - Basis of Cost Determination - (Field 423-DN) of 08 plus their 340B acquisition cost in the Ingredient Cost Submitted (Field 409-D9)
2. When submitting 340B claims, providers are permitted, but not required, to submit Basis of Cost Determination Code 08 which must also include the 340B acquisition code in the Submitted Ingredient Cost field 409-D9.
3. For drugs not purchased at 340B rates, do not include either of the 340B identifiers listed above.

For Provider Administered Drugs, the 340B Covered Entity should submit claims on a CMS 1500 or UB-04 and the claim should include:

1. The HCPCS/CPT code
2. NDC (National Drug Code)
3. Actual Acquisition Cost (AAC)
4. Applicable modifiers:
 - SE – Drug or biological acquired with 340B drug pricing program discount

Please refer to [Frequently Asked Questions: 340B Drug Pricing Program](#) and [Section 5167.123 Medicaid MCO contracts with 340B program participants](#). Ohio for more information.

Questions?

If you have questions, please reach out to your Health Partner Representative.