

APPENDIX C: 340B Claim Submission

■ Medicaid 340B Claim Submission

Providers must not submit Claims for Covered Items purchased through the 340B Drug Pricing Program to a Medicaid plan unless all the following conditions are met.

- Submission of a Claim for a Covered Item purchased through the 340B Drug Pricing Program is permitted by the applicable state Medicaid program and the Plan Sponsor.
- Plan Sponsor or CVS Caremark has published Plan specific Claim submission requirements.
- Provider can implement the Plan specific Claim submission requirements.

Plan specific Claim submission requirements for Covered Items purchased through the 340B Drug Pricing Program often utilize one of the following methods:

Method One

Indication that the product billed (Field 407-D7 or 489-TE as applicable) is purchased through the 340B Drug Pricing Program.

NCPDP Field No.	NCPDP Field Name	Value	Segment Summary	Comments
420-DK	Submission Clarification Code	2Ø = 340B	RW	2Ø = Required when designating the product being billed is purchased pursuant to rights under Section 340B of the Public Health Service Act of 1992.

Method Two

Indication that the product billed (Field 407-D7 or 489-TE as applicable) is purchased through the 340B Drug Pricing Program, and the product's actual acquisition cost as realized through the 340B Drug Pricing Program is included in the submission along with an indication that such amount is related to the 340B Drug Pricing Program.

NCPDP Field No.	NCPDP Field Name	Value	Segment Summary	Comments
420-DK	Submission Clarification Code	2Ø = 340B	RW	2Ø = Required when designating the product being billed is purchased pursuant to rights under Section 340B of the Public Health Service Act of 1992.
409-D9	Ingredient Cost Submitted	Actual Acquisition Cost	RW	Required when submitting claims for a product purchased pursuant to rights under Section 340B of the Public Health Service Act of 1992. Providers must submit their actual acquisition cost as required by the state or Plan Sponsor.
423-DN	Basis of Cost Determination	Ø8 = 340B	RW	Ø8 = Required when designating the Ingredient Cost Submitted as being attributable to rights under Section 340B of the Public Health Service Act of 1992.

For additional Plan specific processing information please refer to plan notifications you have received or as communicated by CVS Caremark®.