# MED D - Precluded Prescriber

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**Description:** The document provides guidance on how to confirm the rejected claim and notify the beneficiary they will need to obtain a prescription from a prescriber that is not precluded

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| General Information |

Prescribers and individuals or entities who fall within the below two categories will be added to the Preclusion list:

1. Are currently revoked from Medicare, are under an active reenrollment bar, and CMS has determined that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program; or
2. Have engaged in behavior for which CMS could have revoked the prescriber, individual or entity to the extent applicable if they had been enrolled in Medicare, and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare program. Such conduct includes, but are not limited to, felony convictions and Office of Inspector General (OIG) exclusions.

When a prescriber is precluded, any claims for prescriptions that are written or authorized by the prescriber are ineligible for reimbursement by Medicare. Claims for Part D plans begin to reject.

The Preclusion edit is a file that is owned and released by CMS.

If the prescriber is precluded; the adjudication system will reject the claim and the pharmacy will receive a claim denial message. Retail pharmacies may tell the beneficiary that the prescription is being denied because the prescriber has been identified as a precluded prescriber, and the beneficiary’s plan has determined they will not reimburse claims for prescriptions written by precluded prescribers. Or the pharmacy may tell the beneficiary to contact Customer Care for assistance.

The preclusion edits apply to all types of prescribers, such as physicians, physician assistants, advanced nurse practitioners and pharmacists. There are many reasons why a prescriber may be precluded.

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| Validating the Precluded Prescriber Status |

Perform the steps below:

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| **Step** | **Action** |
| **1** | Review the rejection messages and confirm Reject Code 929 “ID is for precluded prescriber”, then proceed to step 2. |
| **2** | **Inform the beneficiary their prescriber is precluded.** If their benefit plan will not pay for this prescription, they can fill their prescription at retail by paying the full cost. They may also obtain a new prescription from a different prescriber in order to have their prescription claim processed by their prescription benefit plan for payment.  Suggested verbiage if more detail is needed:  CVS Caremark, in consultation with your prescription benefit plan, has implemented a process to check whether a prescriber is listed as a precluded prescriber in the CMS Preclusion database  Your benefit plan will not pay for a prescription claim if the prescription was written by a prescriber listed in one of these databases.  If your benefit plan will not pay for this prescription, you can fill your prescription at retail by paying the full cost. You may also obtain a new prescription from a different prescriber in order to have your prescription claim processed by your prescription benefit plan for payment. |

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| FAQs |

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| Where can I go to obtain more information about the Preclusion List? | You can locate more information on the Preclusion List on CMS.gov. |
| How will a prescriber know if they are on the Preclusion List? | CMS will issue an initial email notification to the impacted prescribers using the email addresses obtained from the Prescriber Enrollment, Chain and Ownership System (PECOS) the Medicare enrollment system of record or the National Prescriber Plan and Enumeration System (NPPES). CMS or a Medicare Administrative Contractor (MAC) will follow up with a written notice through mail to the impacted prescriber in advance of his or her inclusion on the Preclusion List and their applicable appeal rights. |
| How will the prescriber’s inclusion on the Preclusion List impact a beneficiary’s ability to get their prescriptions filled? | Beneficiaries will be notified if they have received prescription drugs in the past 12 months from a specific prescriber that is being added to the Preclusion List. The notification will allow a 60-day period for beneficiaries to make arrangements to receive prescriptions from another prescriber who is not precluded. Should a beneficiary decide to continue receiving prescriptions from a precluded prescriber, any prescription for a drug may be rejected or denied at the pharmacy and the beneficiary will have the option to pay out-of-pocket. The beneficiary would not be able to have the prescription filled using their Medicare Part D drug benefit. |
| What should beneficiaries do if they have access to care issues due to the Preclusion List? | Impacted beneficiaries that have concerns or need assistance finding a new prescriber should contact Medicare’s toll-free customer care operations at 1-800-MEDICARE (1-800-633-4227). |

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| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index](TSRC-PROD-007931)

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](CMS-2-017428)

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