Benefit Renewal Checklist

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Tube Feeding Users: What to Review Before Coverage Renews

Every year, health plans reset—and tube feeding formula, pumps, and supplies (feeding bags, extension sets, syringes) are often affected. A few minutes reviewing your policy before renewal can prevent a lapse in your nutrition supply.

Here are the top 3 things to check.

1 Prior Authorization & Medical Necessity Requirements

Plans frequently require a new prior authorization (PA) at renewal for tube feeding, even if nothing about your diagnosis or tube type has changed.

- **Confirm whether a new PA or updated Letter of Medical Necessity is needed** for the new plan year, and who is responsible for submitting it (you, your DME/formula supplier, or your physician).
- **Check the approval window**—some plans only approve 3–6 months at a time, which can leave gaps if renewal isn't timed correctly.
- **Ask what happens to an in-progress authorization** from the prior plan year—it may not carry over automatically, especially if your tube type (G-tube, GJ-tube, NG-tube) is documented differently.

2 Formula, Pump, & Supply Coverage

Insurers periodically change which enteral formulas are on their preferred formulary and how they cover the pump and supplies that go with it.

- **Verify your specific formula is still covered** at the same tier—plans sometimes swap a covered brand/product for a different one at renewal.
- **Review monthly quantity or dollar caps** on formula, feeding bags, extension sets, and syringes—caps can reset or shrink.
- **Confirm your pump coverage**—whether it's a rental or purchase, if a new pump or backup is due, and whether replacement tubing/batteries are still included.

3 Network DME Supplier, Costs, & Appeal Rights

Your in-network DME/formula supplier and your out-of-pocket costs can shift when a new plan year begins.

- **Confirm your current formula and equipment supplier is still in-network**—networks change annually, and an out-of-network supplier can mean full price or no coverage.
- **Confirm your deductible, coinsurance, and medical (DME) benefit maximums,** since these usually reset to $0 on renewal and can change your monthly cost for formula, pump, and supplies.
- **Know your appeal process and timeline** in case a claim, PA, formula, or pump is denied—most plans give a limited window (often 60–180 days) to appeal.

Quick Tip

Call your insurer's member services line 4–6 weeks before renewal and ask directly: **"Will my current tube feeding formula, pump, quantity, and supplier still be covered next plan year, and is a new prior authorization required?"** Write down the date, representative name, and reference number for your records.

This checklist is for general educational purposes and is not medical, legal, or insurance advice. Coverage terms vary by plan and is not guaranteed—always confirm details directly with your insurance provider and care team. This checklist is not affiliated with or endorsed by any insurer or governmental entity. Information is subject to change.