

Vermont Medicaid Banner

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February 13, 2026

Benefit Suspension and Coverage Verification for Incarcerated Members

DVHA implemented a benefit suspension in the MMIS for incarcerated, full-benefit Medicaid members on January 1, 2026. The benefit suspension is represented by the “Z9” aid category code in the Provider Portal Eligibility Verification System. When a Medicaid member’s benefits are suspended (Z9), their only billable coverage is inpatient hospital services. When a Medicaid member is released from incarceration, their other health care coverage will be available, and they will no longer have the Z9 aid category code. It can take 24-48 hours after release for the suspension (Z9) to stop appearing in the MMIS, but when it does, providers can bill from the date of release forward.

Providers needing to verify coverage for an incarcerated Medicaid member approaching release can call Provider Services and ask for the member’s suspended aid category code and coverage. On or before appointment date, re-verify coverage.

Closed for Presidents’ Day - Monday, February 16, 2026

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices will be closed on Monday, February 16, 2026, in observance of Presidents’ Day.

February 6, 2026

Medicare Saving Program: Changes for 2026

Starting 1/1/26, more people are eligible for a Medicaid Savings Program (MSP) because the income limits have gone up. This affects Members and new applicants for the Qualified Medicare Beneficiary (QMB) and Qualified Individual (QI-1) programs. Also, the Specified Low-Income Beneficiary (SLMB) program ended on 12/31/25. Most members who were in the SLMB program were automatically moved to Qualified Medicare Beneficiary (QMB). Members included in these moves will receive a notice advising them of their change in MSP and the effective start date. Information about these changes, and new fillable application and renewal forms, are found at [Medicare Savings Program](#).

Members with questions about how the move will affect their PDP can call SHIP/Senior Solutions at 1-800-642-5119 or the Healthcare Advocate/Legal Aid at 1-800-917-7787.

Server Maintenance - Sunday, February 8, 2026

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, February 8, 2026. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

January 30, 2026

Home Health Physical, Occupational, and Speech Therapy Prior Authorization Changes

Effective 1/1/26, prior authorization will not be required for home health physical, occupational, and speech language pathology therapy services for Vermont Medicaid members, regardless of age or medical condition. These changes will promote efficiencies and decrease provider administrative burden. Contact your Gainwell provider services representative for any questions or concerns, at 800 925 1706.

Children with Special Health Needs - Early Intervention for Pediatric Feeding Disorder

VDH's Children with Special Health Needs implemented a screening tool developed by the nonprofit Feeding Matters Inc. as part of a statewide pilot project to screen children in Early Intervention for Pediatric Feeding Disorder (PFD). Vermont is the first in the nation screening effort, with almost 1,200 screened children! Currently, the results indicate a 20% positive screening rate. This pilot also tracks Vermont provider's use of the more specific diagnosis code set (Feeding Disorder ICD-10 codes R63.30 - R63.39) in outpatient settings. For information about PFD and coding, including differential diagnosis ARFID, the PFD Toolkit for providers is at Feeding Matters: [PFD ICD-10 Toolkit - Feeding Matters](#). For questions about PFD and diagnosis criteria, please reach out to Feeding Matters: info@feedingmatters.org. For questions about the Screening Pilot contact Marinell.Newton@vermont.gov.

January 23, 2026

Prior Authorization Online Module

The Department of Vermont Health Access (DVHA), in collaboration with Gainwell Technologies, is preparing to launch an online Prior Authorization (PA) module in early 2026. This enhanced system will allow providers to submit PA requests electronically and conveniently monitor their progress. Additional updates and information will be shared as the implementation approaches. Please connect with your Provider Relations Representative directly for any questions related to future communications.

Dental Codes that require an Area of Oral Cavity When Billed

DVHA requires identified procedure codes, associated with Area of Oral Cavity (AOC) such as tooth number and surface be billed to Vermont Medicaid. Effective 02/16/2026, these codes will be required when billing to Vermont Medicaid.

Please review the [Dental Supplement](#) in section 8 for the codes now requiring this change in billing to avoid claim denials.

Applied Behavior Analysis Updated Resources

The Department of Vermont Health Access (DVHA) has updated the [Applied Behavior Analysis Supplement Manual](#).

Additional resources are available at: [Clinical Practice Guidelines](#) and [Applied Behavior Analysis Benefit Updates](#).

January 16, 2026

Coverage Changes to Prescription Biosimilar Drugs

Effective 01/01/2026, Vermont Medicaid implemented the following changes to the Physician fee schedule and Hospital Based Outpatient Services (OPPS) fee schedule. Coverage status and prior authorization requirements may be found on the fee schedules posted on the Vermont Medicaid Portal.

Products that will be preferred, without prior authorization: Cimerli (ranibizumab-eqrn) Q5128, Lucentis (ranibizumab) J2778, Ontruzant (trastuzumab-dttb) Q5112, Kanjinti (trastuzumab-anns) Q5117, Trazimera (trastuzumab-qyyp) Q5116.

Products that will be non-preferred, prior authorization will be required: Herceptin (trastuzumab) J9355, Herzuma (trastuzumab-pkrb) Q5113, and any other biosimilar products to trastuzumab not listed as preferred.

Reminders for Ambulance Providers

As a reminder, Vermont Medicaid does not accept modifiers utilized by Medicare for ambulance claims.

When billing for a round trip, the TO and FROM addresses must be present in box 32 on the CMS1500 claim form or in the notes section on an electronic claim. "First transport" or "second

"transport" must also be indicated in box 19 or in the notes section on an electronic claim, as outlined in the [General Billing and Forms Manual](#) in section 5.3.2.1.

Closed for Martin Luther King Jr. Day - Monday, January 19, 2026

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices will be closed on Monday, January 19, 2026, in observance of Martin Luther King Jr. Day.

January 9, 2026

Server Maintenance - Sunday, January 11, 2026

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, January 11, 2026. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

January 2, 2026

Reminder To Use The Most Current Forms

This is a reminder that when submitting forms, providers are required to use the current version of all Gainwell forms. Vermont Medicaid regularly updates its forms to reflect current state and federal requirements. This includes, but is not limited to, adjustment forms, refund forms, and/or reconsideration request forms. Information submitted using outdated forms will be returned and providers will be asked to complete a new form. Please check the [Vermont Medicaid website](#) for the correct versions of all forms.

VT Medicaid Provider Enrollment Information Reminder

Thank you for your continued participation in the Vermont Medicaid network, supporting VT members! To ensure our members have the most up to date information about your practice, we ask that you please review your enrollment information on a regular basis. All your enrollment information can be found on our Provider Management Module Provider Portal. By logging in to your secure profile, you can view and update the following information, Legal Name, Service Location Address (limited risk providers only), Mail-To Address, Pay-To Address, Legal Address, Remittance Advice Address, Contact Information, Accepting New Patients status, Specialties and Taxonomies, License and Certifications, CLIA and DEA, and Group Affiliations and Authorized Administrator. If you do not have a Provider Portal account, or require assistance logging in, please contact a Gainwell enrollment representative. Regular reviews of your information ensures Vermont Medicaid is providing the most current information to our members. Thank you for your continued support!

Timely Filing Reconsideration Documentation Requirements

When requesting reconsideration of a timely filing denial, providers are required to include both a detailed description of the circumstances resulting in their failure to meet timely filing requirements for the claim and supporting documentation showing claims issues were addressed in a timely manner.

This requirement is described in Section 3.3.4 of the [Vermont Medicaid General Billing and Forms Manual](#). Acceptable forms of supporting documentation include billing account notes, Gainwell call reference numbers, other insurance correspondence and/or emails with the Department or fiscal agent. If providers do not include the required documentation with their request for reconsideration, the Agency will deny the request and no further recourse will be available.