



TO: All Dentists, Dental Clinics, and Federally Qualified Health Centers

RE: 1. Changes to Orthodontia Benefit for HUSKY B
2. Updated Orthodontia Qualifications

Effective retroactively for dates of service, July 1, 2025 and forward, the Department of Social Services (DSS) updated the orthodontic benefits covered under the HUSKY Health programs.

Changes to the Orthodontic Benefit:

In accordance with the CMS Final Rule, *“Medicaid Program; Streamlining the Medicaid, Children’s Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Process”*—effective retroactively as of July 1, 2025—lifetime limits have been removed on orthodontic treatment for all members enrolled under the HUSKY B (HUSKY B members) program.

HUSKY B copayments will still apply. Comprehensive and limited/interceptive orthodontic cases for HUSKY B members will continue to be reimbursed at the current rate of \$725 per orthodontic case. The HUSKY B member (or responsible party) must sign a financial agreement with the enrolled dental provider acknowledging that the HUSKY B member or responsible party accepts financial responsibility for any costs exceeding the HUSKY B allowance.

While prior authorization is not required for orthodontic benefits for HUSKY B members, providers must maintain records demonstrating that the HUSKY B member meets the qualifications for treatment. New qualification criteria for comprehensive orthodontic treatment are outlined in the next section.

Updated Comprehensive Orthodontic Treatment Qualifications and Prior Authorization Requirements

Effective retroactively for dates of service, July 1, 2025, to qualify for comprehensive orthodontic treatment, HUSKY Health members must be under the age of 21 years old, and meet one of the following criteria:

1. Eligible HUSKY Health member, who is free from active gingivitis or untreated decay and scores 26 or higher on a correctly scored Malocclusion Severity Assessment; or
2. Eligible HUSKY Health member, who scores below 26 but has been in continuous therapy for six months or more with a physician, licensed psychologist, licensed clinical social worker, independent licensed practitioner, family counselor, or another recognized and licensed specialist who attests that orthodontic treatment will significantly ameliorate the psychological condition or conditions caused by the malocclusion; or
3. Eligible HUSKY Health member, who has one of the following congenital conditions:
 - Cleft palate or a history of a treated bony cleft palate.
 - Impacted anterior teeth (incisors and/or canines).
 - Congenitally missing teeth that will be prosthetically replaced (excluding premolars).
 - Deep impinging overbite with soft tissue impaction causing

severe tissue damage which is demonstrated by laceration or attachment loss.

- Anterior or posterior crossbite, or both, of three or more teeth per arch.
 - Overjet greater than 9mm or a reverse overjet of 3.5 mm.
 - When the mandible or maxillae, or both, or when the dentition are significantly affected by a congenital or developmental disorder, such as a craniofacial anomaly, trauma, or pathology.
 - Syndromic craniofacial condition or conditions which affect the development of teeth.
4. For HUSKY Health members 21 years of age and older coverage is only considered when there are untreated congenital conditions, facial forms of cancer or trauma, or surgical facial reconstruction is required.

Examples of licensed mental health professionals who can now attest that orthodontic treatment will significantly improve the HUSKY Health member's psychological condition caused by malocclusion (for patients in continuous therapy for six months or more) include:

- Licensed Professional Counselor (LPC)
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Psychologist (PhD or Psy.D)
- Licensed Alcohol and Drug Counselor (LADC)
- Licensed Psychiatrist (MD or DO)
- Licensed Psychiatric-Mental Health Nurse Practitioner (PMH-APRN)

Required Documentation for Prior Authorization Submission:

A complete prior authorization submission for HUSKY A, C and D members must include the following documentation:

- Standard ADA or equivalent claim form detailing:
 - HUSKY Health member's name and Medicaid ID
 - Dentist's name and facility name
 - NPI, TIN, and SSN identifiers
 - ADA CDT procedure code(s)
 - Description of the procedure
 - Usual and customary fees
 - Other pertinent insurance coverage information
- Properly trimmed study models.
- Completed and scored Salzmann Malocclusion Severity Assessment Form.
- Panoramic x-rays taken within the last twelve months.
- Additional documentation from the referring general dentist (if applicable).
- Additional documentation from behavioral health clinician(s) (if applicable).
- A narrative description of any severe deviations affecting the mouth and/or underlying structures not evident in the diagnostic materials.

Prior Authorization Submission Process:

Prior authorization requests must be submitted electronically through the BeneCare/CTDHP secure portal at:

[Provider Login - HUSKY Dental](#)

For questions regarding the prior authorization process or requirements, contact the BeneCare Provider Relations Center at: 1-888-445-6665 or 1-855-CT-DENTAL (1-855-283-3682).