

CountyCare Health Plan Illinois Adult Partial Benefit Revisions Effective 10/1/2023

TO: Participating Network Practices

DATE: August 1, 2023

Effective **10/1/2023**, CountyCare Health Plan is implementing the following adult dental partial denture benefits:

CDT Code	Nomenclature	Benefit And Frequency Limitations (Ages 21 And Older)	Auth Required
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	One (1) per 60 months per arch either D5110, D5130, D5211, D5213, D5221 or D5223	Yes
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	One (1) per 60 months per arch either D5120, D5140, D5212, D5214, D5222 or D5224	Yes
D5213	maxillary partial denture - cast metal framework with resin denture bases (including conventional clasps, rests and teeth)	One (1) per 60 months per arch either D5110, D5130, D5211, D5213, D5221 or D5223	Yes
D5214	mandibular partial denture - cast metal framework with resin denture bases (including conventional clasps, rests and teeth)	One (1) per 60 months per arch either D5120, D5140, D5212, D5214, D5222 or D5224	Yes
D5221	immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	One (1) per 60 months per arch either D5110, D5130, D5211, D5213, D5221 or D5223	Yes
D5222	immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	One (1) per 60 months per arch either D5120, D5140, D5212, D5214, D5222 or D5224	Yes
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One (1) per 60 months per arch either D5110, D5130, D5211, D5213, D5221 or D5223	Yes
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One (1) per 60 months per arch either D5120, D5140, D5212, D5214, D5222 or D5224	Yes

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact your local Avēsis Provider Relations Representative.

This notice is intended to provide guidance for In-Network facilities and providers. All Out of Network requests are subject to prior authorization along with Medical Director review and may be redirected to an In-Network facility.

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