

**PIPELINE INDUSTRY BENEFIT FUND DENTAL PLAN**

**Submit Electronic Claims to Payor ID:**  
**PIBF**

**PPO Network Name:**  
DNA Preferred Network

**Group#: P19926**

**Submit Paper Dental claims to:**  
**PIBF**  
**P O Box 211573**  
**Eagan MN 55121**

**Network Partners in DNA Preferred Network**  
Dental Network of America (DNA)  
Dentmax  
United Concordia  
Careington

**Attention New Providers:**  
A W9 Form must be on file prior to payments being issued. To avoid payments being delayed, fax W9 to (918) 280-4899

**Submit all other correspondence to :**  
**PIBF**  
**PO BOX 470950**  
**Tulsa OK 74147-0950**

For assistance finding in Network Dentist visit: [www.dnoa.com](http://www.dnoa.com) or 1-866-522-6758

Ph#: 918-280-4800  
Fax#: 918-280-4899

**Verify Benefits online at:**  
[www.pibf.org](http://www.pibf.org)  
Home Page, Provider Portal, Enter ID# and DOB. Login not necessary.

Individual Deductible	\$100
Individual Annual Maximum	\$1,000
No Yearly Maximum for Children 18 and Under	

**Preventative**

CDT Code	Description	Benefit <b>Benefits reduced by 10% when using an out of network provider</b>	Frequency
0120	Periodic Oral Examination	100% In or Out of Network	1 Every 6 Months
0145	Oral Evaluation for a patient under age 3	100% In or Out of Network	1 Every 6 Months
0150	Comprehensive Oral Evaluation	100% In or Out of Network	1 Every 6 Months
1110	Adult Prophylaxis	100% In or Out of Network	1 Every 6 Months
1120	Child Prophylaxis	100% In or Out of Network	1 Every 6 Months

**X RAYS**

CDT Code	Description	Benefit <b>Benefits reduced by 10% when using an out of network provider</b>	Frequency
0210-0240	FMX Intraoral - complete series	80% In Network, 70% Out of Network Deductible applies	No Frequency
0250-0251	Extra-Oral - 2D Projection/Extra Oral posterior dental radiographic Image	<b>Covered Under Medical</b>	
0270-0277	Bitewings	80% In Network, 70% Out of Network Deductible applies	No Frequency
0310	Sialography	<b>Covered Under Medical</b>	

0322	Tomographic Surgery	Covered Under Medical	
0330	Panoramic	80% In Network, 70% Out of Network Deductible applies	No Frequency
0372-0374	Intra Oral Tomosynthesis comprehensive, bitewing, periapical	80% In Network, 70% Out of Network Deductible applies	No Frequency
0387-0389	Intra Oral Tomosynthesis comprehensive, bitewing, periapical	80% In Network, 70% Out of Network Deductible applies	No Frequency
0701	Panorama radiographic image	80% In Network, 70% Out of Network Deductible applies	No Frequency
0702-0703	2-D cephalometric/oral facial	80% In Network, 70% Out of Network Deductible applies	No Frequency
0705	extra-oral posterior dental radiographic image	80% In Network, 70% Out of Network Deductible applies	No Frequency
0706-0709	intraoral - Occlusal/Periapical/Bitewing/ Comprehensive	80% In Network, 70% Out of Network Deductible applies	No Frequency
0801-0804	3D scans	80% In Network, 70% Out of Network Deductible applies	No Frequency

**No Waiting Periods**

**No Missing Tooth Clause**

**No Downgrading**

## **Basic and Major**

<b>CDT Code</b>	<b>Description</b>	<b>Benefit</b> <b>Benefits reduced by 10% when using an out of network provider</b>	<b>Frequency</b>
0140	Limited Oral Eval - Problem focused	80% In Network, 70% Out of Network Deductible applies	No Frequency
0160	Detailed/extensive Oral eval-problem focused	80% In Network, 70% Out of Network Deductible applies	No Frequency
0170-0171	Re-evaluation, limited, problem focused	80% In Network, 70% Out of Network Deductible applies	No Frequency
0180	Comprehensive Periodontal Evaluation	80% In Network, 70% Out of Network Deductible applies	No Frequency
0190-0191	Screening & Assessment of a patient	80% In Network, 70% Out of Network Deductible applies	No Frequency
0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	Cover Under Medical	
0460	Pulp vitality tests	80% In Network, 70% Out of Network Deductible applies	No Frequency

0604-0606	Corona Virus Testing	<b>Covered while under Public health Emergency.</b>	No Frequency
1206	Fluoride - topical application of fluoride varnish	80% In Network, 70% Out of Network Deductible applies	No Frequency
1208	Fluoride - topical application of fluoride, excluding varnish	80% In Network, 70% Out of Network Deductible applies	No Frequency No age limit
1351 & 1353	Sealant - per tooth/Sealant - Repair	80% In Network, 70% Out of Network Deductible applies	No Frequency No tooth limit No age limit
1352	preventive resin restoration in a moderate to high caries risk patient permanent tooth	80% In Network, 70% Out of Network Deductible applies	No Frequency
1354	Application of caries arresting medicament- per tooth	80% In Network, 70% Out of Network Deductible applies	No Frequency
1355	Caries preventive medicament application - per tooth	80% In Network, 70% Out of Network Deductible applies	No Frequency
1510 -1575	Space Maintainers	80% In Network, 70% Out of Network Deductible applies	No Frequency
2140 2150 2160 2161	Amalgam Fillings	80% In Network, 70% Out of Network Deductible applies	No Frequency
2330- 2394	Resin Based Composite Fillings	80% In Network, 70% Out of Network Deductible applies	No Frequency <b>No downgrading</b>
2510-2664	Inlays & Onlays	80% In Network, 70% Out of Network Deductible applies	No Frequency
2710-2794	Crowns	80% In Network, 70% Out of Network Deductible applies	No Frequency <b>Pay on Prep or Seat Date</b> <b>No downgrading</b>
2799	Provisional Crown/Temporaries	<b>NOT COVERED</b>	
2940-2941	Protective Restoration (Sedative Filling)	<b>NOT COVERED</b>	
2990 -2934	Restorative Services	80% In Network, 70% Out of Network Deductible applies	No Frequency
2949 -2983	Restorative/Core buildup Post & core, Veneer	80% In Network, 70% Out of Network Deductible applies	No Frequency
3110 3120	Pulp Cap direct/indirect	80% In Network, 70% Out of Network Deductible applies	No Frequency
3220 3221 3222	Pulpotomy/Endodontics	80% In Network, 70% Out of Network Deductible applies	No Frequency
3230 -3357	Endodontics	80% In Network, 70% Out of Network Deductible applies	No Frequency

3410-3450	Apicoectomy/Periradicular Service	80% In Network, 70% Out of Network Deductible applies	No Frequency
3460-3470	Endodontic endosseous implant	<b>NOT COVERED</b>	
3910-3950	Other Endodontic Procedures	80% In Network, 70% Out of Network Deductible applies	No Frequency
4210-4241	Periodontic Surgical	80% In Network, 70% Out of Network Deductible applies	No Frequency
4249-4264	Periodontic Surgical	80% In Network, 70% Out of Network Deductible applies	No Frequency
4265	biologic mat to aid in soft & osseous tissue reg per site	<b>NOT COVERED</b>	
4266-4267	Periodontic Surgical	80% In Network, 70% Out of Network Deductible applies	No Frequency
4286	Periodontic Surgical	80% In Network, 70% Out of Network Deductible applies	No Frequency
4268	surgical rev procedure, per tooth	<b>NOT COVERED</b>	
4270-4278	Periodontic Surgical	80% In Network, 70% Out of Network Deductible applies	No Frequency
4322-4323	Non-Surgical perio	<b>NOT COVERED</b>	
4341-4910	Scaling & Root Planning, Arestin	80% In Network, 70% Out of Network Deductible applies	No Frequency
4920-4921	Other Perio	<b>NOT COVERED</b>	
5110-5286	Dentures	80% In Network, 70% Out of Network Deductible applies	No Frequency
5410-5422	Adjustments to Dentures	<b>NOT COVERED</b>	
5511-5761	Denture Repairs	80% In Network, 70% Out of Network Deductible applies	No Frequency
5810-5821	Interim Prosthesis	<b>NOT COVERED</b>	
5765-5866	Other Removable Prosthetic Services	80% In Network, 70% Out of Network Deductible applies	No Frequency
5867-5876	Other Removable Prosthetic Services	<b>NOT COVERED</b>	

5900-5999	maxillofacial Prosthetic	<b>NOT COVERED</b>	
6000-6199	Implant Services	<b>NOT COVERED</b>	
6205-6252	Fixed Partial Denture Pontics	80% In Network, 70% Out of Network Deductible applies	No Frequency
6253	interim pontic - further trmt	<b>NOT COVERED</b>	
6545-6634	Fixed Partial Denture Retainers- Inlays/Onlays	80% In Network, 70% Out of Network Deductible applies	No Frequency
6710-6794	Fixed Partial Denture Retainers - Crowns	80% In Network, 70% Out of Network Deductible applies	No Frequency
6793	Interim retainer crown	<b>NOT COVERED</b>	
6920-6980	Other Fixed Partial Denture Services	80% In Network, 70% Out of Network Deductible applies	No Frequency
6985	Pediatric partial denture, fixed	<b>NOT COVERED</b>	
7111 - 7140 7210 - 7251	Extractions, surgical/impacted	80% In Network, 70% Out of Network Deductible applies	No Frequency
7260-7261	Other Surgical Procedures	<b>NOT COVERED</b>	
7270	Tooth re-implantation &/or Stabilization of accidentally avulsed or displaced tooth	80% In Network, 70% Out of Network Deductible applies	No Frequency
7272-7283	Other Surgical Procedures	<b>NOT COVERED</b>	
7285-7286	Incisional Biopsy or oral tissue hard/soft	<b>Covered Under Medical</b>	
7287	Exfoliative cytological sample collection	<b>Covered Under Medical</b>	
7288	Brush biopsy-transepithelial sample collection	<b>NOT COVERED</b>	
7290	Surgical repositioning of teeth	<b>NOT COVERED</b>	
7291	Transseptal Fiberotomy/supra crestal fiberotomy, by report	80% In Network, 70% Out of Network Deductible applies	No Frequency
7292	Placement of temporary anchorage device requiring flap	80% In Network, 70% Out of Network Deductible applies	No Frequency

7298-7300	Other Surgical Procedures	<b>NOT COVERED</b>	
7295	harvest of bone for use in autogenous grafting procedure	80% In Network, 70% Out of Network Deductible applies	No Frequency
7296	Corticotomy- one to three teeth or tooth spaces, per quad	80% In Network, 70% Out of Network Deductible applies	No Frequency
7297	Cortectomy - four or more teeth or tooth space, per quad	80% In Network, 70% Out of Network Deductible applies	No Frequency
7310-7350	Alveoloplasty - Preparation of Ridge	80% In Network, 70% Out of Network Deductible applies	No Frequency
7410-7465	Excision of Soft Tissue Lesions	<b>Covered Under Medical</b>	
7440-7441	Excision of Intra-Osseous Lesion	80% In Network, 70% Out of Network Deductible applies/Fees for this code is not billable to the patient when done in the same area of the mouth on the same day by the same dentist/dental office	No Frequency
7450-7451	Excision of Intra-Osseous Lesion	80% In Network, 70% Out of Network Deductible applies	No Frequency
7460-7465	Excision of Intra-Osseous Lesion	<b>NOT COVERED</b>	
7471-7472	Excision of Bone Tissue	<b>Covered Under Medical</b>	
7473-7490	Excision of Bone Tissue	<b>Covered Under Medical</b>	
7509-7560	Surgical Incision	<b>Covered Under Medical</b>	
7600-7699	Treatment of Closed Fracture	<b>Covered Under Medical</b>	
7700-7799	Treatment of Open Fracture	<b>Covered Under Medical</b>	
7800-7899	TMJ	<b>NOT COVERED</b>	
7910	SUTURE OF RECENT SMALL WOUNDS	<b>NOT COVERED</b>	
7911-7912	Complicated Suturing	<b>NOT COVERED</b>	
7920 -7955	Other Repair Procedures	<b>NOT COVERED</b>	
7956-7957	Other Repair Procedures	80% In Network, 70% Out of Network Deductible applies	No Frequency

7961-7963	Other Repair Procedures	Covered Under Medical	
7970-7999	Other Repair Procedures	NOT COVERED	
8010-8090	Orthodontics	NOT COVERED	
8210-8220	Minor Treatment to Control Harmful Habits	80% In Network, 70% Out of Network Deductible applies	No Frequency
8660-8999	Orthodontics	NOT COVERED	
9110	Palliative treatment of dental pain	80% In Network, 70% Out of Network Deductible applies	No Frequency
9120	Fixed Partial Denture Sectioning	80% In Network, 70% Out of Network Deductible applies	No Frequency
9130	TMJ	NOT COVERED	
9210	Local anesthesia not in conjunction with operative or surgical procedure	80% In Network, 70% Out of Network Deductible applies	No Frequency
9211	Regional block anesthesia	80% In Network, 70% Out of Network Deductible applies	No Frequency
9212	Trigeminal division block anesthesia	80% In Network, 70% Out of Network Deductible applies	No Frequency
9215	Local anesthesia in conjunction w/operative or surgical procedure	80% In Network, 70% Out of Network Deductible applies	No Frequency
9219	Evaluation for moderate sedation, deep sedation or general anesthesia	80% In Network, 70% Out of Network Deductible applies	No Frequency
9222	Deep sedation/general anesthesia - first 15 min	80% In Network, 70% Out of Network Deductible applies	No Frequency
9223	Deep Sedation/General Anesthesia	80% In Network, 70% Out of Network Deductible applies	No Frequency
9230	Nitrous oxide	80% In Network, 70% Out of Network Deductible applies	No Frequency
9239	Intravenous moderate (conscious) sedation/analgesia first 15 min	80% In Network, 70% Out of Network Deductible applies	No Frequency
9243	Intravenous moderate	80% In Network, 70% Out of Network Deductible applies	No Frequency
9248	Non-intravenous conscious sedation	80% In Network, 70% Out of Network Deductible applies	No Frequency

9310	Consultation - diagnostic services provided by dentist or physician other than requesting dentist or	80% In Network, 70% Out of Network Deductible applies	No Frequency
9311-9420	Professional Consultation	<b>NOT COVERED</b>	
9430	Office visit for observation (during reg scheduled hrs)	80% In Network, 70% Out of Network Deductible applies	No Frequency
9440	Office visit- after regularly scheduled hrs.	80% In Network, 70% Out of Network Deductible applies	No Frequency
9450	Professional Consultation	<b>NOT COVERED</b>	
9610	Therapeutic parenteral drug, sing admin	80% In Network, 70% Out of Network Deductible applies	No Frequency
9612	Therapeutic parenteral drugs, two or more admin different meds	80% In Network, 70% Out of Network Deductible applies	No Frequency
9613	Infiltration of sustained release therapeutic drug, per quad	<b>NOT COVERED</b>	
9630	Drugs or medicaments dispensed in the office for home use	80% In Network, 70% Out of Network Deductible applies	No Frequency
9910	Application of desensitizing medicament	80% In Network, 70% Out of Network Deductible applies	No Frequency
9911-9943	Misc. Services	<b>NOT COVERED</b>	
9944-9946	Occlusal Guards	80% In Network, 70% Out of Network Deductible applies	<b>No Frequency For Bruxism only</b>
9947-9999	Misc. Services	<b>NOT COVERED</b>	

**Pre-Auth required for Services being done in OP Facility:** A letter of Medical Necessity stating why the dental services are being performed in an OP facility must be mailed or faxed to PIBF for review and approval/denial prior to services being rendered. Please fax LMN to: 918-280-4899.

**Verification is not a guarantee of benefits or payments.  
Benefits are determined once the claim is received for processing.**