

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

For assistance finding in Network Dentist visit: www.dnoa.com or 1-866-522-6758

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

Ph#: 918-280-4800

Fax#: 918-280-4899

Verify Benefits online at:

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 Benefits reduced by 10% when using an out of network provider	Frequency
0120	Periodic Oral Examination	100% In or Out of Network	1 Every 6 Months / Individual Maximum does not apply
0145	Oral Evaluation for a patient under age 3	100% In or Out of Network	1 Every 6 Months / Individual Maximum does not apply
0150	Comprehensive Oral Evaluation	100% In or Out of Network	1 Every 6 Months / Individual Maximum does not apply
1110	Adult Prophylaxis	100% In or Out of Network	1 Every 6 Months / Individual Maximum does not apply
1120	Child Prophylaxis	100% In or Out of Network	1 Every 6 Months / Individual Maximum does not apply

X RAYS

CDT Code	Description	Benefit Benefits reduced by 10% when using an out of network provider	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	Covered Under Medical	
0270-0277	Bitewings	80% In Network, 70% Out of Network Deductible applies	No Frequency
0310	Sialography	Covered Under Medical	

0320 - 0321	TMJ Diag Imaging	NOT COVERED	
0322	Tomographic Surgery	Covered Under Medical	
0330	Panoramic	80% In Network, 70% Out of Network Deductible applies	No Frequency
0340	2D Cephalometric Radiographic Image	NOT COVERED	
0350	2D Oral/Facial Photographic Image obtained intra-orally or extra orally	NOT COVERED	
0364 - 0371	Cone Beam CT	NOT COVERED	
0372- 0374	Intra Oral Tomosynthesis comprehensive, bitewing, periapical	80% In Network, 70% Out of Network Deductible applies	No Frequency
0380 - 0386	Cone Beam CT	NOT COVERED	
0387- 0389	Intra Oral Tomosynthesis comprehensive, bitewing, periapical	80% In Network, 70% Out of Network Deductible applies	No Frequency
0391	Interpretation of diag image	NOT COVERED	
0393 - 0396	Post processing of Image or image set	NOT COVERED	
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

CDT Code	Description	Benefit Benefits reduced by 10% when using an out of network provider	Frequency
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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
0411 - 0426	Tests and Examinations	NOT COVERED	
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
0461	Testing for cracked tooth	80% In Network, 70% Out of Network Deductible applies	No Frequency
0470	Diagnostic Cast	NOT COVERED	
0472 - 0502	Oral Pathology Labs	NOT COVERED	
0600 - 0603	Carries Risk Assessment	80% In Network, 70% Out of Network Deductible applies	No Frequency
0604-0606	Corona Virus Testing	NOT COVERED (Only covered during pandemic)	
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
1301 - 1330	Counseling	NOT COVERED	
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
1701 - 1999	Vaccinations	NOT COVERED	
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 No downgrading
2410 - 2430	Gold Foil Restorations	NOT COVERED	
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 Pay on Prep or Seat Date No downgrading
2799	Provisional Crown/Temporaries	NOT COVERED	
2940- 2941	Protective Restoration (Sedative Filling)	NOT COVERED	
2989 - 2934	Restorative Services	80% In Network, 70% Out of Network Deductible applies	No Frequency
2940	Restorative Services/Sedative fillings Temporary	NOT COVERED	
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	NOT COVERED	
3471 - 3503	Endodontic apicoectomy/periradicular	80% In Network, 70% Out of Network Deductible applies	No Frequency

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
4245	Apically Positioned Flap	NOT COVERED	
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	NOT COVERED	
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	NOT COVERED	
4270-4278	Periodontic Surgical	80% In Network, 70% Out of Network Deductible applies	No Frequency
4322-4323	Non-Surgical perio	NOT COVERED	
4341-4910	Scaling & Root Planning, Arestin	80% In Network, 70% Out of Network Deductible applies	No Frequency
4920-4921	Other Perio	NOT COVERED	
5110-5286	Dentures	80% In Network, 70% Out of Network Deductible applies	No Frequency
5410-5422	Adjustments to Dentures	NOT COVERED	
5511-5761	Denture Repairs	80% In Network, 70% Out of Network Deductible applies	No Frequency
5810-5821	Interim Prosthesis	NOT COVERED	
5765-5866	Other Removable Prosthetic Services	80% In Network, 70% Out of Network Deductible applies	No Frequency
5867-5878	Other Removable Prosthetic Services	NOT COVERED	
5900-5999	maxillofacial Prosthetic	NOT COVERED	

6000-6199	Implant Services	NOT COVERED	
6205-6252	Fixed Partial Denture Pontics	80% In Network, 70% Out of Network Deductible applies	No Frequency
6253	interim pontic - further trmt	NOT COVERED	
6280	Implant Maintenance	NOT COVERED	
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	NOT COVERED	
6920-6980	Other Fixed Partial Denture Services	80% In Network, 70% Out of Network Deductible applies	No Frequency
6985	Pediatric partial denture, fixed	NOT COVERED	
7111 - 7140 7210 - 7251	Extractions, surgical/impacted	80% In Network, 70% Out of Network Deductible applies	No Frequency
7252	Partial Extraction for Immediate Implant Placement	NOT COVERED	
7259	Nerve Dissection	NOT COVERED (Only covered when bundled with D7241)	
7260-7261	Other Surgical Procedures	NOT COVERED	
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	NOT COVERED	
7284 - 7286	Incisional Biopsy or oral tissue hard/soft	Covered Under Medical	
7287	Exfoliative cytological sample collection	Covered Under Medical	

7288	Brush biopsy-transepithelial sample collection	NOT COVERED	
7290	Surgical repositioning of teeth	NOT COVERED	
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	NOT COVERED	
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	Covered Under Medical	
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	NOT COVERED	
7471- 7472	Excision of Bone Tissue	Covered Under Medical	
7473- 7490	Excision of Bone Tissue	Covered Under Medical	
7509- 7560	Surgical Incision	Covered Under Medical	
7600- 7699	Treatment of Closed Fracture	Covered Under Medical	
7700- 7799	Treatment of Open Fracture	Covered Under Medical	
7800- 7899	TMJ	NOT COVERED	

7910	SUTURE OF RECENT SMALL WOUNDS	NOT COVERED	
7911-7912	Complicated Suturing	NOT COVERED	
7920 - 7955	Other Repair Procedures	NOT COVERED	
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	
8010-8091	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
9128 - 9129	Photo biomodulation Therapy	NOT COVERED	
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
9224	General Anesthesia w/Adv Airway first 15 min	80% In Network, 70% Out of Network Deductible applies	No Frequency
9225	General Anesthesia w/Adv Airway subsequent 15 min	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
9244	Administration of Minimal Sedation	80% In Network, 70% Out of Network Deductible applies	No Frequency
9245	Administration of Moderate Sedation	80% In Network, 70% Out of Network Deductible applies	No Frequency
9246	Administration of Moderate Sedation Non-IV parenteral first 15 min	80% In Network, 70% Out of Network Deductible applies	No Frequency
9247	Administration of Moderate Sedation Non-IV parenteral Subsequent 15 min	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	NOT COVERED	
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	NOT COVERED	
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	NOT COVERED	

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	NOT COVERED	
9944-9946	Occlusal Guards	80% In Network, 70% Out of Network Deductible applies	No Frequency (For Bruxism only)
9947-9999	Misc. Services	NOT COVERED	

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.**