

**Blue Cross Blue Shield FEP Dental  
Class B Intermediate**

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**Periodontal Services**

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D4341 Periodontal scaling and root planing - four or more teeth per quadrant - Limit 1 every 24 months

D4342 Periodontal scaling and root planing - one to three teeth per quadrant - Limit 1 every 24 months

D4346 Scaling in presence of generalized moderate or severe gingival inflammation - Full mouth, after oral exam - Limited 3 in combination with D1110 and/or D1120 during calendar year

D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth

D4910 Periodontal maintenance - Limit 4 every 12 months combined with adult prophylaxis, and scaling in presence of generalized moderate or severe gingival inflammation, after the completion of active periodontal therapy

D7921 Collect - Apply Autologous Product - Limit 1 in 36 months