

# D4341

## Periodontal Scaling and Root Planing, Four or More Teeth Per Quadrant

PERIODONTICS • D4000-D4999

### What This Code Covers

D4341 covers scaling and root planing (SRP) performed on one quadrant where four or more natural teeth are present and affected by periodontal disease. The hygienist or dentist uses hand instruments and ultrasonic scalers to remove calculus, plaque, and bacterial toxins from root surfaces below the gum line. This is a therapeutic procedure used to treat periodontitis, not a preventive cleaning. It is billed per quadrant, so a full-mouth SRP on a patient with four or more teeth in each quadrant would be billed as four units of D4341.

### Billing Guide

#### Bill this code when:

- Patient has a diagnosis of periodontitis with clinical attachment loss and bone loss
- Four or more natural teeth in the quadrant require subgingival scaling and root planing
- Probing depths are generally 4mm or greater with bleeding on probing
- Treatment is supported by current radiographs showing bone loss

#### Do not bill this code when:

- Patient has gingivitis only without bone loss or attachment loss. Use D1110 (prophylaxis)
- Fewer than four teeth in the quadrant need treatment. Use D4342 (SRP, 1-3 teeth)
- Patient has already completed active SRP and is returning for ongoing care. Use D4910 (periodontal maintenance)
- The procedure is a gross debridement to allow for evaluation. Use D4355 (full mouth debridement)

### Claim Submission Checklist

- Periodontal charting showing pocket depths of 4mm or greater in the treated quadrant
- Current radiographs (full mouth series or vertical bitewings) showing bone loss
- Narrative describing clinical findings, including bleeding on probing and attachment levels
- Documentation of the quadrant treated and the number of teeth involved
- Date of last prophylaxis or periodontal treatment for frequency verification

## Insurance and Denial Prevention

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### Key Payer Rules:

- Classified as a basic or major service depending on the payer, typically covered at 60-80%
- Most plans require evidence of periodontal disease (pocket depths, bone loss, bleeding)
- Many payers limit SRP to once per quadrant every 24 months
- Some plans require a waiting period before SRP is covered on new policies
- D4341 and D1110 generally cannot be billed on the same quadrant on the same date

### Common Denials and How to Respond:

- Not medically necessary -> Submit periodontal charting with pocket depths, bleeding points, and radiographs showing bone loss. Include a narrative from the treating provider explaining the diagnosis.
- Frequency exceeded (billed within 24 months) -> Check the patient's treatment history. If the prior SRP was with a different provider or plan, submit documentation showing this is the first treatment under the current benefit period.
- Downgraded to D1110 (prophylaxis) -> Appeal with full perio charting, radiographs, and a letter distinguishing the therapeutic nature of SRP from a preventive prophylaxis. Emphasize the diagnosis of periodontitis.
- Missing documentation -> Resubmit with complete perio charting, radiographs, and a narrative. Many denials for this code are resolved simply by providing the clinical evidence upfront.

## Frequently Asked Questions

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### What is the difference between D4341 and D4342?

D4341 is used when four or more teeth in a quadrant need scaling and root planing. D4342 is used when only one to three teeth in a quadrant require treatment. The clinical procedure is the same, but D4342 has a lower reimbursement because fewer teeth are involved.

### Can D4341 be billed on the same day as D1110?

Generally, no. Payers consider SRP and prophylaxis to be mutually exclusive on the same date of service. If a patient needs both a cleaning on healthy quadrants and SRP on diseased quadrants, some offices split the appointments. Check the specific payer's policy before scheduling.

### Does D4341 require local anesthesia?

Local anesthesia is not required by the CDT code definition, but it is commonly used because subgingival scaling can be uncomfortable. If anesthesia is administered, it is typically included in the SRP fee and not billed separately unless the payer allows it.



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