

D4342

Periodontal Scaling and Root Planing, One to Three Teeth Per Quadrant

PERIODONTICS • D4000-D4999

What This Code Covers

D4342 covers scaling and root planing (SRP) on a quadrant where only one to three teeth require subgingival treatment for periodontal disease. The procedure is identical to D4341 in technique. The hygienist or dentist removes calculus, plaque, and bacterial toxins from root surfaces below the gum line. The distinction is purely about the number of teeth involved in that quadrant. Reimbursement for D4342 is lower than D4341 because fewer teeth are being treated.

Billing Guide

Bill this code when:

- Patient has a diagnosis of periodontitis and one to three teeth in the quadrant show clinical attachment loss and bone loss
- Probing depths around the affected teeth are generally 4mm or greater with bleeding on probing
- The remaining teeth in the quadrant are healthy and do not require subgingival scaling
- Current radiographs support the localized nature of the disease in that quadrant

Do not bill this code when:

- Four or more teeth in the quadrant require scaling and root planing. Use D4341
- Patient has gingivitis only with no attachment loss or bone loss. Use D1110 (prophylaxis)
- Patient is returning for maintenance after completing active periodontal therapy. Use D4910
- You are performing gross debridement to enable a comprehensive evaluation. Use D4355

Claim Submission Checklist

- Periodontal charting showing pocket depths of 4mm or greater on the specific teeth treated
- Current radiographs showing localized bone loss around the affected teeth
- Identification of which teeth in the quadrant were treated (tooth numbers)
- Narrative explaining why only 1-3 teeth required SRP in that quadrant
- Documentation of bleeding on probing and clinical attachment levels

Insurance and Denial Prevention

Key Payer Rules:

- Covered as a basic or major service, typically at 60-80% depending on the plan
- Many payers limit SRP to once per quadrant every 24 months, same as D4341
- Some payers require that the specific tooth numbers be listed, not just the quadrant
- D4342 and D4341 should not be billed on the same quadrant on the same date of service
- Reimbursement is lower than D4341, so make sure you are coding the correct number of teeth

Common Denials and How to Respond:

- Insufficient documentation -> Resubmit with tooth-specific periodontal charting, radiographs, and a narrative explaining the localized disease pattern. List the exact tooth numbers treated.
- Should be D4341 -> If the payer questions why D4342 was used instead of D4341, respond with charting showing that only 1-3 teeth in the quadrant had disease. This actually saves the payer money, so appeals are usually straightforward.
- Not medically necessary -> Provide pocket depth measurements, bleeding on probing data, radiographic evidence of bone loss around the specific teeth, and a diagnosis of localized periodontitis.
- Frequency exceeded -> Verify the date of the last SRP on that quadrant. If it was under a different plan or provider, submit a letter of explanation with supporting records.

Frequently Asked Questions

When should I bill D4342 instead of D4341?

Bill D4342 when only one to three teeth in a quadrant have periodontal disease requiring subgingival treatment. If four or more teeth need treatment, bill D4341. Count the teeth that actually have disease, not the total number of teeth present in the quadrant.

Can I bill D4342 and D4341 on the same quadrant?

No. Each quadrant gets one SRP code based on the number of teeth treated. You cannot split teeth within a quadrant between the two codes. Choose D4341 or D4342 based on the total count of teeth requiring treatment in that quadrant.

Is D4342 commonly denied more than D4341?

D4342 can see slightly more scrutiny because payers sometimes question why only a few teeth in a quadrant had disease. Having clear tooth-specific documentation and radiographs that show localized bone loss makes appeals straightforward. The key is documenting exactly which teeth were affected and why.



Explore the Needletail RCM Platform

AI-powered revenue cycle management built for dental offices. Reduce denials, automate eligibility, and get paid faster.

Auto-verify patient eligibility before every appointment

Map CDT codes to coverage details in real time

Flag claim issues before submission to prevent denials

Track every claim from submission to payment

[Book a Free Demo](#)

needletailai.com/book-a-free-demo

CDT (Current Dental Terminology) is a trademark of the American Dental Association (ADA). The descriptions and educational content in this document are original summaries written by Needletail AI for informational purposes and are not reproductions of ADA copyrighted material.