

This guide is to educate dentists and others in the dental community on documenting area of the oral cavity when a “quadrant” procedure involves treating a continuous series of anterior teeth that cross the mid-line of a dental arch (maxillary or mandibular).

Introduction

The definition of “quadrant” in the online [ADA Glossary of Dental Clinical Terms](#) is –

quadrant: One of the four equal sections into which the dental arches can be divided; begins at the midline of the arch and extends distally to the last tooth.

For dental benefit reporting purposes a quadrant is further defined as four or more contiguous teeth and/or teeth spaces distal to the midline.

Sixteen CDT codes have nomenclatures that indicate the procedure is to be reported by the number of teeth within a quadrant that are involved. These codes specify that procedure involves either one to three teeth, or four or more teeth. Four examples are:

D4341 periodontal scaling and root planing – four or more teeth per quadrant

D4342 periodontal scaling and root planing – one to three teeth per quadrant

D7310 alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant

D7311 alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

The two digit codes for reporting area of the oral cavity (e.g., quadrant) on both the HIPAA standard electronic dental claim transaction (837D) and ADA Dental Claim Form (paper) are:

Code	Area
00	entire oral cavity
01	maxillary arch
02	mandibular arch
10	upper right quadrant
20	upper left quadrant
30	lower left quadrant
40	lower right quadrant

Coding Scenarios

When a procedure is delivered to a series of teeth that cross the midline, the service is reported with the appropriate CDT codes for the number of teeth involved in the quadrant, along with the appropriate quadrant codes.

- 1) Patient receives scaling and root planing for tooth numbers 06 through 12 (seven teeth involved).

For tooth numbers 06 through 08 (three teeth):

- the SRP procedure is reported with **D4342 periodontal scaling and root planing – one to three teeth per quadrant**
- the area of the oral cavity code reported is **10** (upper right quadrant)

For tooth numbers 09 through 12 (four teeth):

- the SRP procedure is reported with **D4341 periodontal scaling and root planing – four or more teeth per quadrant**

- d) the area of the oral cavity code reported is **20** (upper left quadrant)
- 2) Patient receives scaling and root planing for tooth numbers 23 through 26 (four teeth involved).
For tooth numbers 23 and 24 (two teeth):
a) the SRP procedure is reported with **D4342 periodontal scaling and root planing – one to three teeth per quadrant**
b) the area of the oral cavity code reported is **30** (lower right quadrant)
- For tooth numbers 25 and 26 (two teeth):
c) the SRP procedure is reported with **D4342 periodontal scaling and root planing – one to three teeth per quadrant**
d) the area of the oral cavity code reported is **40** (lower left quadrant)
- 3) Patient receives scaling and root planing for tooth numbers 03 through 9 (seven teeth involved).
For tooth numbers 03 through 08 (six teeth):
a) the SRP procedure is reported with **D4341 periodontal scaling and root planing – four or more teeth per quadrant**
b) the area of the oral cavity code reported is **10** (upper right quadrant)
- For tooth number 09 (one tooth):
c) the SRP procedure is reported with **D4342 periodontal scaling and root planing – one to three teeth per quadrant**
d) the area of the oral cavity code reported is **20** (upper left quadrant)

Questions and Answers

A number of Questions and Answers follow that are intended to provide readers with insight and understanding of the appropriate documentation in patient records and on claims.

1. Why are there no “sextant” CDT codes?

Since 1969, when the CDT Code was first published, dental procedures have been considered services delivered and reported by the affected anatomy – e.g., tooth number and surface; area of the oral cavity (quadrant; arch, etc.). There are no records of any code set maintenance actions where the procedure included “sextant” in the nomenclature.

The current CDT Code maintenance process would accommodate requests for “sextant” codes. If any such procedures became part of the code set, the area of the oral cavity code set would have to be amended to include codes for sextant and the range of teeth within (e.g., 04 maxillary anterior sextant/tooth #s 6-11; 07 mandibular anterior sextant/tooth #s 22-27).

2. How are “quadrant” codes that do not specify a range of teeth reported when both quadrants of an arch are involved, or the procedure is delivered to quadrants in different arches on the same date of service?

Examples of “quadrant” codes that do not specify a range of teeth involved include: **D9613 infiltration of sustained release therapeutic drug, per quadrant**; **D4263 bone replacement graft – retained natural tooth – first site in quadrant**; and **D4921 gingival irrigation with a medicinal agent – per quadrant**.

When more than one quadrant receives the same procedure on the same date of service the patient’s dental record and claim submission must contain as many separate CDT code and area of the oral cavity code combinations needed to fully capture and report the services delivered.

3. What additional guidance is available that addresses reporting area of the oral cavity and tooth information?

The "ADA Guide to Dental Procedures Reported with Area of the Oral Cavity or Tooth Anatomy (or Both)" when the tooth anatomy should be documented is available to view or download online at [ADA Dental Claim Form | American Dental Association](#).

Questions or Assistance?

Call 800-621-8099 or send an email to dentalcode@ada.org

Notes:

- This document includes content from the ADA publication – *Current Dental Terminology (CDT)*.