

September 5, 2025

Chair, Policy Committee,  
Delta Dental Plans Association  
VIA E-MAIL

Dear Chair:

On behalf of the 159,000 members of the American Dental Association (ADA), we would like to call your attention to Delta Dental's downcoding policy specifically as it pertains to downcoding restorations reported as multi-surface restorations that are then adjudicated as restorations involving fewer surfaces.

Recently, ADA staff and a member of the Council on Dental Benefit Programs (CDBP) met with Dr. Dan Croley regarding a Delta Dental Federal employee plan policy on posterior restorations. In the instance discussed with Dr. Croley, the dentist reported placing resin-based restorations that extend from the proximal to the buccal/lingual surface of the tooth without interruption with CDT code D2392 resin-based composite – two surfaces, posterior. Upon adjudication Delta Dental downcoded this restoration to a single surface restoration. In other instances, the ADA is aware of downcoding of 3 surface restorations to 2 surfaces.

We have been informed that policies such as this emerge from the national policy committee housed under Delta Dental Plans Association. It is the ADA's position that claims like the one discussed with Dr. Croley are not being adjudicated correctly as Delta is choosing to ignore the CDT Code Explanation of Restorations which defines a single, two-, and three-surface restoration specifically. The CDT 2025 Manual (screenshot below) defines a one surface restoration as a restoration placed on one of the following five surface classifications – Mesial, Distal, Incisal, Lingual, or Facial (or Labial), and a two-surface restoration as a restoration placed, without interruption, on two of the five surface classifications.

From CDT 2025 Manual page 17

### III. Restorative

Local anesthesia is usually considered to be part of Restorative procedures.

#### Explanation of Restorations

Location	Number of Surfaces	Characteristics
Anterior	1	Placed on one of the following five surface classifications – Mesial, Distal, Incisal, Lingual, or Facial (or Labial).
	2	Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Lingual.
	3	Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Mesial-Facial (or Labial).
	4 or more	Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Incisor-Lingual-Facial (or Labial).
Posterior	1	Placed on one of the following five surface classifications – Mesial, Distal, Occlusal, Lingual, or Buccal.
	2	Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Occlusal.
	3	Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Occlusal-Distal.
	4 or more	Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Occlusal-Lingual-Distal.

**Note:** Tooth surfaces are reported on the HIPAA standard electronic dental transaction and the ADA Dental Claim Form using the letters in the following table.

Surface	Code
Buccal	B
Distal	D
Facial (or Labial)	F
Incisal	I
Lingual	L
Mesial	M
Occlusal	O

Based on the conversation with Dr. Croley, it is our understanding that the claim discussed could have been paid as submitted if the dentist had sent an appeal with additional documentation and a narrative description. Unfortunately, the EOB statement did not indicate that additional documentation would be needed to adjudicate as submitted or that an appeal

could be submitted, instead the EOB simply provided an alternate benefit. There seems to be a common trend of denying services on claims rather than requesting additional documentation, putting the responsibility on the dental office to start the appeals process and placing additional out of pocket payment burden on the patient.

The ADA believes that dentists should continue to document and report procedures they have performed as they are described in the CDT manual (the HIPAA standard for dental codes on electronic claim submissions) and that the proper action for the dentist is to closely adhere to the ethical standard of "code for what you do".

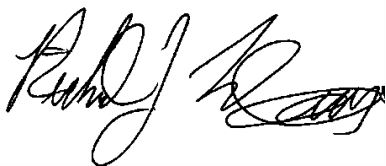
On behalf of our members, the ADA asks the Delta Dental policy on downcoding multi-surface restorations to fewer surfaces be rescinded. Such policies appear to suggest improper treatment and/or billing by the dental office and dentist and only serve as egregious tools interfering in the doctor-patient relationship.

For more information or questions contact [fiehn@ada.org](mailto:fiehn@ada.org). We look forward to hearing from you after your committee meets.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett H. Kessler, D.D.S.", with a stylized flourish at the end.

Brett H. Kessler, D.D.S.  
President

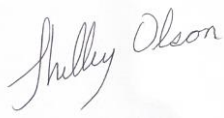
A handwritten signature in black ink, appearing to read "Richard J. Rosato, D.M.D.", with a stylized flourish at the end.

Richard J. Rosato, D.M.D.  
President-Elect

Delta Dental Plans Association  
August 25, 2025  
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A handwritten signature in brown ink, appearing to read "Mark Moats".

Mark Moats, D.M.D.  
Chair, ADA Council on Dental Benefit Programs

A handwritten signature in black ink, appearing to read "Shelley Olson".

Shelley Barker Olson, D.D.S.  
Vice Chair, ADA Council on Dental Benefit Programs

cc: ADA Council on Dental Benefit Programs, ADA  
Dr. Krishna Aravamudhan, senior vice president, Practice Institute, ADA  
Rebekah Fiehn, director, Dental Benefits, Coding and Data Exchange, ADA