

Dental Authorization Requirement Tables

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Overview

Minnesota Health Care Programs (MHCP) offers comprehensive dental benefits. The following codes all require prior authorization through MHCP and the medical review agent. Review [Dental](#) under [Authorization](#) in the MHCP Provider Manual for how to submit authorization requests for dental services.

Radiographs and imaging submitted must be labeled with the patient name, date of birth, and date of exposure of the image.

Records and notes submitted must follow the [Minnesota Board of Dentistry](#) and [Minnesota Rules, 3100.9600](#) with respect to dental record keeping.

Restorative

Authorization requests for restorative treatment must meet all of the following criteria:

- Dentition must have a good long-term prognosis and minimal mobility
- Pocket depth of 6 mm or less

Submit requests for authorization with the following documentation:

- Medical, dental, and behavioral histories that support medical necessity for the member
- Additional pertinent information
- Copies of current diagnostic imaging which demonstrate the current dental condition of the tooth or teeth involved with the request. X-rays must be mounted (when applicable), and be labelled with patient name and the date of X-ray exposure. Do not submit original X-rays; they could be lost and compromise the member's care.
- Complete treatment plan and long-range prognosis for the remaining dentition
- Clinical documentation supporting the cost effectiveness and medical necessity for a crown versus a filling
- Current six-point periodontal charting

| CDT Code | Description |
|----------|---------------------------------------------|
| D2710 | Crown - resin based composite (indirect) |
| D2720 | Crown - resin with high noble metal |
| D2721 | Crown - resin with predominantly base metal |
| D2722 | Crown - resin with noble metal |

| | |
|-------|---------------------------------------------------------------------------------------|
| D2934 | Prefabricated esthetic coated stainless steel crown - primary tooth |
| D2952 | Post and core in addition to crown, indirectly fabricated |
| D2953 | Each additional indirectly fabricated post - same tooth |
| D2960 | Labial veneer (resin laminate) - chairside |
| D2961 | Labial veneer (resin laminate) - laboratory |
| D2962 | Labial veneer (porcelain laminate) - chairside |
| D2971 | Additional procedures to construct new crown under existing partial denture framework |
| D2975 | Coping |
| D2999 | Unspecified restorative procedure |

Endodontics

Authorization requests for endodontic endosseous implant treatment must meet all the following criteria:

- Dentition must have a good long-term prognosis and minimal mobility
- Pocket depth of 6 mm or less
- Submit requests for authorization with the following documentation: Medical, dental, and behavioral histories that support medical necessity for the member
- Additional pertinent information
- Copies of current diagnostic imaging which demonstrate the current dental condition of the tooth or teeth involved with the request. X-rays must be mounted (when applicable), and be labelled with patient name and the date of X-ray exposure. Do not submit original X-rays; they could be lost and compromise the member's care.
- Complete treatment plan and long-range prognosis for the remaining dentition

| CDT Code | Description |
|----------|-------------------------------|
| D3460 | Endodontic endosseous implant |

Periodontics

Submit requests for authorization with the following documentation:

- Medical, dental, and behavioral histories that support medical necessity for the member
- Additional pertinent information
- Copies of current diagnostic imaging which demonstrate the current dental condition. X-rays must be mounted (when applicable); and be labelled with patient name and the date of X-ray exposure. Do not submit original X-rays; they could be lost and compromise the member's care.
- Industry standard are bite wing x-rays (vertical preferred)
- Current periodontal chart notations that include the following:
 - Six-point periodontal charting, including attachment loss and mobility per tooth
 - Pocket depth of greater than 4 mm to meet criteria for periodontal scaling and root planing
 - Presence of pathology, including bleeding, deposit levels and tissue conditions
 - Periodontal prognosis
 - Classification of the periodontology case type, which must be in accordance with documentation established by the American Academy of Periodontology

| CDT Code | Description |
|----------|----------------------------------------------------------------------------------------------------------------------|
| CDT Code | Description |
| D4240 | Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant |
| D4241 | Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant |

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|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D4245 | Apically positioned flap |
| D4249 | Clinical crown lengthening – hard tissue |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant |
| D4263 | Bone replacement graft – retained natural tooth – first site in quadrant |
| D4264 | Bone replacement graft – retained natural tooth – each additional site in quadrant |
| D4266 | Guided tissue regeneration – resorbable barrier, per site |
| D4267 | Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal) |
| D4268 | Surgical revision procedure, per tooth |
| D4270 | Pedicle soft tissue graft procedure |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) |
| D4275 | Non-autogenous connective tissue graft procedure (including member surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site |
| D4276 | Combined connective tissue and double edicle graft, per tooth |
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant |
| D4342 | Periodontal scaling and root planing – one to three teeth per quadrant |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth |

Prosthodontics

Removable Prosthodontics Including Complete and Partial Dentures

Initial placement of complete dentures (D5110, D5120, D5130 and D 5140) do not require authorization.

All partial dentures require authorization.

All removeable prosthodontics have a service limit of three years. If requesting replacement of existing prosthesis in less than three years from receiving current prosthesis:

- Include the specific reason for the request;
- Specify why the existing full or partial denture cannot be relined, rebased, or repaired to meet the current needs of the member.

Requests for cast metal or flexible base prosthesis must meet all of the following criteria:

- The crown to root ratio must be better than 1:1,
- The surrounding abutment teeth and the remaining teeth must not have extensive decay, and
- The abutment teeth must not have large restorations or stainless steel crowns.
- Dentition must have a good long-term prognosis including minimal mobility of remaining teeth.

Authorization

Submit requests for authorization with the following documentation:

- Medical, dental, and behavioral histories that support medical necessity for the member
- Additional pertinent information
- History regarding all previous prostheses

- Copies of current diagnostic imaging which demonstrate the current dental condition of the tooth or teeth involved with the request. X-rays must be mounted (when applicable), and be labelled with patient name and the date of X-ray exposure. Do not submit original X-rays; they could be lost and compromise the member's care.
- American Dental Association (ADA) Dental Claim Form with supporting clinical documentation, identifying all of the following:
 - Missing teeth with an "X"
 - Tooth numbers of the teeth to be replaced by partial dentures
 - Prognosis of remaining teeth
 - Current six-point periodontal charting including clinical attachment loss and mobility per tooth.

| CDT Code | Description |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D5211 | Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) |
| D5212 | Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) |
| D5213 | Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |
| D5214 | Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |
| D5221 | Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) |
| D5222 | Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) |
| D5223 | Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth) |
| D5224 | Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |
| D5225 | Maxillary partial denture – flexible base (including any clasps, rests and teeth) |
| D5226 | Mandibular partial denture – flexible base (including any clasps, rests and teeth) |
| D5820 | Interim partial denture (maxillary) |
| D5821 | Interim partial denture (mandibular) |
| D5862 | Precision attachment |
| D5863 | Overdenture – complete maxillary |
| D5864 | Overdenture – partial maxillary |
| D5865 | Overdenture – complete mandibular |
| D5866 | Overdenture – partial mandibular |
| D5867 | Replacement of replaceable part of semi-precision or precision attachment (male or female component) |
| D5875 | Modification of removable prosthesis following implant surgery |
| D5899 | Unspecified removable prosthodontic procedure – to be used as denture adjustment, encounter in preparation for denture/partial, additional visit requiring professional or for the identification of dentures |

Fixed Prosthodontics Including Crown and Dental Bridge

The listed fixed prosthodontic services require authorization.

Authorization requests for fixed prosthodontic treatment must meet all of the following criteria:

- Dentition must have a good long-term prognosis and minimal mobility
- Pocket depth of 6 mm or less

Submit requests for authorization with the following documentation:

- Medical, dental, and behavioral histories that support medical necessity for the member
- Additional pertinent information
- Member's mental or physical condition, including ICD-CM and DSM-5 diagnoses when pertinent, that causes their inability to use a removable denture
- An explanation of the reason the member is unable to use a removable denture
- Copies of current diagnostic imaging that demonstrate the current dental condition of the tooth or teeth involved with the request. X-rays must be mounted (when applicable), and be labelled with patient name and the date of X-ray exposure. Do not submit original X-rays; they could be lost and compromise the member's care.
- The specific treatment plan and the long-range prognosis for the remaining dentition
- Current six-point periodontal charting including clinical attachment loss and mobility per tooth.

| CDT Code | Description |
|-----------------|-------------------------------------------------------------------------------------------------------|
| D6205 | Pontic – indirect resin based composite |
| D6210 | Pontic – cast high noble metal |
| D6211 | Pontic – cast predominantly base metal |
| D6212 | Pontic – cast noble metal |
| D6214 | Pontic – titanium and titanium alloys |
| D6240 | Pontic – porcelain fused to high noble metal |
| D6241 | Pontic – porcelain fused to predominantly base metal |
| D6242 | Pontic – porcelain fused to noble metal |
| D6243 | Pontic – porcelain fused to titanium and titanium alloys |
| D6245 | Pontic – porcelain/ceramic |
| D6250 | Pontic – resin with high noble metal |
| D6251 | Pontic – resin with predominantly base metal |
| D6252 | Pontic – resin with noble metal |
| D6253 | Provisional pontic – further treatment or completion of diagnosis necessary prior to final impression |
| D6545 | Retainer – cast metal for resin bonded fixed prosthesis |
| D6548 | Retainer – porcelain/ceramic for resin bonded fixed prosthesis |
| D6624 | Retainer inlay – titanium |
| D6634 | Retainer onlay – titanium |
| D6710 | Retainer crown – indirect resin based composite |
| D6720 | Retainer crown – resin with high noble metal |
| D6721 | Retainer crown – resin with predominantly base metal |
| D6722 | Retainer crown – resin with noble metal |
| D6740 | Retainer crown – porcelain/ceramic |
| D6750 | Retainer crown – porcelain fused to high noble metal |
| D6751 | Retainer crown – porcelain fused to predominantly base metal |
| D6752 | Retainer crown – porcelain fused to noble metal |
| D6753 | Retainer crown – porcelain fused to titanium and titanium alloys |
| D6780 | Retainer crown – $\frac{3}{4}$ cast high noble metal |
| D6781 | Retainer crown – $\frac{3}{4}$ cast predominantly base metal |
| D6782 | Retainer crown – $\frac{3}{4}$ cast noble metal |
| D6783 | Retainer crown – $\frac{3}{4}$ porcelain/ceramic |
| D6784 | Retainer crown – $\frac{3}{4}$ titanium and titanium alloys |
| D6790 | Retainer crown – full cast high noble metal |
| D6791 | Retainer crown – full cast predominantly base metal |

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|-------|---------------------------------------------------------------------------------------------------------------|
| D6792 | Retainer crown – full cast noble metal |
| D6793 | Provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression |
| D6794 | Retainer crown – titanium and titanium alloys |
| D6920 | Connector bar |
| D6940 | Stress breaker |
| D6950 | Precision attachment |
| D6985 | Pediatric partial denture, fixed |

Maxillofacial Prosthetics

- Submit requests for authorization with the following documentation:
- Medical, dental, and behavioral histories that support medical necessity for the member
- Additional pertinent information
- Copies of current radiographs that demonstrate the current dental condition
- Complete treatment plan and long-range prognosis for the remaining dentition

| CDT Code | Description |
|----------|-------------------------------------------|
| D5911 | Facial moulage (sectional) |
| D5912 | Facial moulage (complete) |
| D5937 | Trismus appliance (not for TMD treatment) |
| D5951 | Feeding aid |
| D5952 | Speech aid prosthesis, pediatric |
| D5953 | Speech aid prosthesis, adult |
| D5954 | Palatal augmentation prosthesis |
| D5958 | Palatal lift prosthesis, interim |
| D5959 | Palatal lift prosthesis, modification |
| D5960 | Speech aid prosthesis, modification |
| D5982 | Surgical stent |
| D5983 | Radiation carrier |
| D5984 | Radiation shield |
| D5985 | Radiation cone locator |
| D5986 | Fluoride gel carrier |
| D5987 | Commissure splint |

Implant Services

A complete treatment plan, including prosthesis and all related services, must be approved prior to the start of treatment.

Requests for dental implants must meet all of the following criteria:

- Bone and tooth loss that compromises chewing or breathing
- The implants must be medically necessary and cost-effective

Submit requests for authorization with the following documentation:

- Medical, dental, and behavioral histories that support medical necessity for the member
- Additional pertinent information
- Member's mental or physical condition, including ICD-CM and DSM-5 diagnoses when pertinent, that causes their inability to use a removable denture
- An explanation of the reason the member is unable to use a removable denture
- Copies of current diagnostic imaging that demonstrate the current dental condition
- The specific treatment plan and the long-range prognosis for the remaining dentition

- Current six-point periodontal charting including clinical attachment loss and mobility per tooth

| CDT Code | Description |
|-----------------|----------------------------------------------------------------------------------------------------------------------------|
| D6055 | Connecting bar – implant supported or abutment supported |
| D6056 | Prefabricated abutment – includes modification and placement |
| D6057 | Custom fabricated abutment – includes placement |
| D6058 | Abutment supported porcelain/ceramic crown |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal) |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) |
| D6062 | Abutment supported cast metal crown (high noble metal) |
| D6063 | Abutment supported cast metal crown (predominantly base metal) |
| D6064 | Abutment supported cast metal crown (noble metal) |
| D6065 | Implant supported porcelain/ceramic crown |
| D6066 | Implant supported crown – porcelain fused to high noble alloys |
| D6067 | Implant supported crown – high noble alloys |
| D6068 | Abutment supported retainer for porcelain/ceramic fixed partial dental (FPD) |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) |
| D6072 | Abutment supported retainer for cast metal FPD (high noble metal) |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal) |
| D6075 | Implant supported retainer for ceramic FPD |
| D6076 | Implant supported retainer for FPD – porcelain fused to high noble alloys |
| D6077 | Implant supported retainer for metal FPD – high noble alloys |
| D6080 | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments |
| D6082 | Implant supported crown – porcelain fused to predominantly base alloys |
| D6083 | Implant supported crown – porcelain fused to noble alloys |
| D6084 | Implant supported crown – porcelain fused to titanium or titanium alloys |
| D6086 | Implant supported crown – predominantly base alloys |
| D6087 | Implant supported crown – noble alloys |
| D6088 | Implant supported crown – titanium and titanium alloys |
| D6094 | Abutment supported crown titanium and titanium alloys |
| D6097 | Abutment supported crown – porcelain fused to titanium or titanium alloys |
| D6098 | Implant supported retainer – porcelain fused to predominantly base alloys |
| D6099 | Implant supported retainer for FPD – porcelain fused to noble alloys |
| D6120 | Implant supported retainer – porcelain fused to titanium and titanium alloys |
| D6121 | Implant supported retainer for metal FPD – predominantly base alloys |
| D6122 | Implant supported retainer for metal FPD – noble alloys |
| D6123 | Implant supported retainer for metal FPD – titanium and titanium alloys |
| D6190 | Radiographic/surgical implant index |
| D6194 | Abutment supported retainer crown for FPD – titanium and titanium alloys |
| D6195 | Abutment supported retainer – porcelain fused to titanium and titanium alloys |

Oral and Maxillofacial Surgery

Authorization is always required for the removal of impacted teeth.

The routine prophylactic removal of third molars is not a covered service. Third molar extractions must demonstrate pathology to substantiate the medical necessity for its removal, per tooth number. A referring provider must [release the member's health record](#) to another provider regardless of the [status of the member's account](#). Rendering providers are responsible for working with the referring provider to obtain all needed documentation to request an authorization for an MHCP-covered service.

Impacted Teeth

Requests for authorization must include **per tooth** documentation of evidence of pathology along with documentation which supports the medical necessity for **each tooth's** removal, such as:

- Presence of severe pain or swelling with tooth number or quadrant noted
- Documented recurrent episodes of pericoronitis with tooth number or quadrant noted
- An episode of cellulitis, with tooth number or quadrant noted
- An episode of abscess formation or untreatable pulpal or periapical pathology with tooth number noted
- Active current periodontal disease due to the position of the third molar and its association with the second molar. Designate per tooth number in the request.
- External resorption of the third molar or of the second molar where this would reasonably appear to be caused by the third molar. Indicate tooth number(s).
- A non-restorable carious lesion on a partially erupted third molar or a carious lesion on the distal of the second molar due to the position of the third molar, including tooth number(s)
- A pathological condition such as a dentigerous cyst or other related pathology. Indicate with tooth number or quadrant

Submit authorization requests with the following documentation:

- Medical, dental, and behavioral histories that support medical necessity for the member
- Additional pertinent information
- Oral and Maxillofacial Surgery Medical Necessity Questionnaire on the [medical review agent](#) website
- Documentation of pathology **for each tooth** to be extracted, by tooth number
- Periodontal charting (when applicable) of the teeth recommended for extraction
- Copies of current radiographs with diagnostic value and chart documentation for **each tooth** to be extracted. X-rays must be mounted (when applicable), and be labelled with patient name and the date of X-ray exposure. Do not submit original X-rays; they could be lost and compromise the member's care.

| CDT Code | Description |
|----------|-----------------------------------------------------------------------------------------------------------|
| D7220 | Removal of impacted tooth – soft tissue |
| D7230 | Removal of impacted tooth – partially bony |
| D7240 | Removal of impacted tooth – completely bony |
| D7241 | Removal of impacted tooth – completely bony, with unusual surgical complications |
| D7251 | Coronectomy – intentional partial tooth removal |
| D7272 | Tooth transplantation (includes re-implantation from one site to another and splinting and stabilization) |
| D7283 | Placement of device to facilitate eruption of impacted tooth |
| D7290 | Surgical repositioning of teeth |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy |
| D7490 | Radical resection of maxilla or mandible |
| D7880 | Occlusal orthotic device |

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|-------|----------------------------------------------------------|
| D7899 | Unspecified TMD therapy |
| D7953 | Bone replacement graft for ridge preservation – per site |

Orthodontics

Effective Jan. 1, 2022, MHCP is following the American Association of Orthodontists (AAO) 2019 "Medically Necessary Orthodontics Parameters" for coverage of orthodontic treatment.

The AAO defines "medically necessary orthodontics" as "orthodontic services to prevent, diagnose, minimize, alleviate, correct, or resolve a malocclusion (including craniofacial abnormalities and traumatic or pathologic anatomical deviations) that cause pain or suffering, physical deformity, significant malfunction, aggravates a condition, or results in further injury or infirmity.

Requests for comprehensive or interceptive orthodontic treatment must meet one or more of the following criteria:

- Overjet greater than 9 mm
- Reverse overjet greater than 3.5 mm
- Anterior or posterior cross bite, or both, of three or more teeth per arch
- Lateral or anterior open bite 2 mm or more; of four or more teeth per arch
- Impinging overbite with evidence of occlusal contact into the opposing soft tissue
- Impactions where eruption is impeded but extraction is not indicated (excluding third molars)
- Jaws or dentition, or both, which are profoundly affected by a congenital or developmental disorder (craniofacial anomalies), trauma or pathology
- Congenitally missing teeth (excluding third molars) of at least one tooth per quadrant
- Crowding or spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars).
- Other conditions as deemed medically necessary (must include narrative)

Submit requests for orthodontic authorization with the following documentation:

- Orthodontia Medical Necessity Questionnaire on the [medical review agent](#) website
- [ADA Dental Claim Form](#) or supporting clinical documentation identifying the noted qualifying criteria and associated tooth numbers, or measurements, as required
- Medical, dental, and behavioral histories that support medical necessity for the member
- Additional pertinent information
- Specific treatment plan and appliances (enter the appropriate procedure code)
- Additional pertinent information
- Five intraoral photographs labelled with the patient name and date taken; upper and lower occlusal; prints or mounted slides are acceptable; include profile photos
- Appropriate radiographs (panoramic or full mouth and cephalometric) labelled with patient name and date of exposure

| CDT Code | Description |
|----------|-------------------------------------------------------------------|
| D8010 | Limited orthodontic treatment of the primary dentition |
| D8020 | Limited orthodontic treatment of the transitional dentition |
| D8030 | Limited orthodontic treatment of the adolescent dentition |
| D8040 | Limited orthodontic treatment of the adult dentition |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition |
| D8090 | Comprehensive orthodontic treatment of the adult dentition |
| D8210 | Removable appliance therapy |

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|-------|-----------------------------------------------------------------------------------------------------------|
| D8220 | Fixed appliance therapy |
| D8670 | Periodic orthodontic treatment visit |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainers) |
| D8681 | Removable orthodontic retainer adjustment |
| D8999 | Unspecified orthodontic procedure – to be used as initial placement, initial banding or initial treatment |

Adjunctive General Services

Submit requests for authorization with the following documentation:

- Medical, dental, and behavioral histories that support medical necessity for the member
- Additional pertinent information
- Copies of current radiographs that demonstrate the current dental condition
- Complete dental treatment plan and long-range prognosis for the remaining dentition

| CDT Code | Description |
|-----------------|----------------------------------------------------------------|
| D9941 | Fabrication of athletic mouth guard |
| D9952 | Occlusal adjustment – complete |
| D9971 | Odontoplasty 1-2 teeth; includes removal of enamel projections |
| D9972 | External bleaching – per arch – performed in office |
| D9973 | External bleaching – per tooth |
| D9974 | Internal bleaching – per tooth |
| D9999 | Unspecified adjunctive procedure |

Legal References

[Minnesota Rules, 9505.5010](#) (Prior Authorization Requirement)

[Minnesota Rules, 9505.5030](#) (Criteria for Approval of Prior Authorization Request)

American Association of Orthodontists House of Delegates 2019 (Criteria for requests for comprehensive or interceptive orthodontic treatment)