



CDT  
CODE  
D4265

# GEM 21S<sup>®</sup>

Growth-Factor Enhanced Matrix

## Coding Reference Guide

[www.lynchbiologics.com](http://www.lynchbiologics.com)



# GEM 21S® Coding Reference Guide

GEM 21S® is a completely synthetic grafting system for bone and periodontal regeneration composed of a purified recombinant growth factor and a synthetic calcium phosphate matrix. GEM 21S® is indicated to treat the following periodontally related defects: Intrabony periodontal defects; Furcation periodontal defects; and Gingival recession associated with periodontal defects.

Coverage by insurance plans may be available for Dental Oral Surgery procedures under a medical or dental plan. The most common coding reported for procedures that utilize GEM 21S® are provided as a reference. Always report all procedures performed in conjunction with GEM 21S®.

## CODING REFERENCE

| CDT                   | Descriptor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D4265                 | Biologic materials to aid in soft and osseous tissue regeneration, per site<br><i>Expanded Descriptor:</i> Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes. |
| Associated Procedures |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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 flap entry 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, natural teeth - resorbable barrier, per site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| D4910                 | Periodontal maintenance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| D4999                 | Unspecified periodontal procedure, by report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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## COMMON CLAIM AND CODING GUIDELINES

**Comprehensive Procedure Rule:** Insurance providers often consider only the most comprehensive procedure for a given site, resulting in non-coverage of other procedures. Support the necessity of each procedure in patient notes and provide this information to the insurance company when only one procedure is covered. Indicate the specific reason why multiple procedures are required for optimal patient benefit and potential long term cost savings.

**Tooth Number Identification:** Always include the specific tooth number on which the procedure is performed to determine its eligibility and appropriate coverage with the plan.

**Required Materials:** Some insurance plans may limit reimbursement to specific biologic materials and may not provide coverage for all regenerative products reported with D4265. Indicate GEM 21S® on the claim.

**Multiple Procedures:** Some dental plans may restrict benefits to one surgical procedure and one regenerative procedure for intrabony defects.

## DOCUMENTATION REQUIREMENTS

Detailed chart notes for periodontal treatment are essential, including the type of biologic material indicated for the patient. Most claims that include D4265 will require a review and documentation will be key to providing the information necessary for positive coverage.

*Each payer and each patient will have unique coverage and payment guidelines.  
Benefit Verification and Prior Authorization are recommended for every patient.*

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# Geistlich



## GEM 21S®

**500+** Publications  
**60+** Clinical Studies  
**1,650** Defects Analyzed  
**~11 months** Mean Follow-up  
**5 million** Patients Treated

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CAUTION: Federal law restricts these devices to sale by or on the order of a dentist or physician. For more information on contraindications, precautions, and directions for use, please refer to the Instructions for Use: <https://www.lynchbiologics.com/products/gem-21S/>



### GEM 21S®

Growth-Factor Enhanced Matrix  
Product No. LBGEM05  
21S KIT  
Quantity/Volume  
0.5cc  $\beta$ -TCP/0.5 ml rhPDGF