



ReevaFT™

Reeva FT™

Full-Thickness Graft

Reeva FT is a terminally sterilized, full-thickness, dual layered amnion/chorion allograft designed for wound covering and protection during the treatment of wounds.

Reeva Key Features and Properties:

- Provides a protective wound covering
- Dehydrated extracellular matrix actively supports the native tissue
- Applies easily to wounds including those with irregular surfaces*
- 5-year shelf life at ambient temperature storage

Reeva Ordering Information | Q4314

PRODUCT NUMBER	SIZE (CM)	TOTAL UNITS (PER SQCM)
RVA-020202	2x2	4
RVA-020203	2x3	6
RVA-020404	4x4	16
RVA-020406	4x6	24
RVA-020408	4x8	32
RVA-021015	10x15	150

Reeva FT full-thickness, dual layered amnion/chorion allograft is a graft derived from a prescreened mother with a planned delivery. Reeva FT is manufactured in compliance with FDA regulations. The membrane is minimally processed to preserve the native structure of the tissue, dehydrated, and terminally sterilized. **Reeva FT is confirmed by the FDA Tissue Reference Group to meet the criteria for regulation solely under Section 361 of the PHS Act as defined in 21 CFR Part 1271.**

**Standard fixation techniques can be utilized according to clinician's discretion. Please see Instructions for Use.*

Order and Customer Support | Phone: (817) 961-1288 | Fax: (866) 300-0431
www.legacymedicalconsultants.com | customerservice@legacymedicalconsultants.com





General Information

Reimbursement and coverage eligibility for the use of Reeva FT full-thickness graft and associated procedures varies by Medicare and private payers. Coverage policies, prior authorizations, contract terms, billing edits, and site-of-service influence reimbursement.

Place of Service (POS) Codes

POS codes are 2-digit numbers included on health care professional claims to indicate the setting in which a service was provided. The Centers for Medicare and Medicaid Services (CMS) maintain POS codes used throughout the healthcare industry. These codes should be used on professional claims to specify the entity where service(s) were rendered. Check with individual payers for reimbursement policies regarding these codes.

Place of Service Code	Place of Service Location	Place of Service Description
11	Office	Location other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or Local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than individuals with intellectual disabilities.

Reimbursement inquiries:
Reimbursement@legacymedicalconsultants.com

Reeva FT full-thickness graft is not included on the Medicare Part B Average Sales Price (ASP) Drug Pricing File published quarterly by the Centers for Medicare and Medicaid Services (CMS).

Average Sales Price information is published quarterly by the Centers for Medicare and Medicaid Services (CMS) in the ASP Medicare Part B Drug Pricing File or Not Otherwise Classified (NOC) Pricing File. Providers are encouraged to review the ASP Pricing files posted quarterly by CMS and listed by HCPCS on CMS.gov for updates. Providers are encouraged to check with their local MACs for information on established rates. Providers are also encouraged to check with payers to determine if an invoice is required to be submitted with the claim and/or in Box 19 of the CMS-1500 claim form.

CPT® Coding

The Current Procedural Terminology (CPT) code set describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes. Physicians should report all surgical and medical services performed, and are responsible for determining which CPT® code(s) are appropriate.

Distributed by:



(817) 961-1288
www.legacymedicalconsultants.com
customerservice@legacymedicalconsultants.com

References:

CMS Manual for that detail Section 20 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf>
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9603.pdf>

This fact sheet is for educational/informational purposes only and it is subject to change without notice. It is not an affirmative instruction as to which codes and modifiers to use for a particular service, supply, procedure or treatment and does not constitute advice regarding coding, coverage, or payment for any Legacy product. It is the responsibility of providers, physicians and clinicians to determine and submit appropriate codes, charges and modifiers for products, services, supplies, procedures, or treatment furnished or rendered. The information provided here is without any other warranty or guarantee of any kind, expressed or implied, as to completeness or accuracy. For further detailed product information, including indications for use, contraindications, effects, precautions and warnings, please consult the product's Instructions for Use (IFU) prior to use. CPT five-digit numeric codes, descriptions, and numeric modifiers only are Copyright AMA. (Updated 2024)

CPT® is a registered trademark of the American Medical Association®.

24-R-0001-rev1 09/24