



ReevaFT™

Reeva FT™

Full-Thickness Graft

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

Features and Properties:

- Provides a protective wound covering
- Dehydrated extracellular matrix acts as a scaffold supporting 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.





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

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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>

Procedure coding should be based upon medical necessity, procedures and supplies provided to the patient. Coding and reimbursement information is provided for educational purposes and does not assure coverage of the specific item or service in a given case. Legacy makes no guarantee of coverage or reimbursement of fees. These payment rates are nationally unadjusted average amounts and do not account for differences in payment due to geographic variation. Contact your local Medicare Administrative Contractor (MAC) or CMS for specific information as payment rates listed are subject to change. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. CPT five-digit numeric codes, descriptions, and numeric modifiers only are Copyright AMA. (Updated January 2022)

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