

	Modifier SU	
	Policy Number: POL-PP-250	Original Creation Date: 08/13/2024
	Version Number: 2	Version Effective Date: 10/01/2025
	Policy Status: Active	Next Review Date: 10/01/2026

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Modifier SU is a Health Care Common Procedure Coding System (HCPCS) modifier used to denote a "Procedure performed in physician's office (to denote use of facility and equipment)"

Policy

This policy provides guidelines for services appended with modifier SU for participating and nonparticipating professional providers.

Consistent with the approach taken by CMS, Blue KC reimburses its providers for procedures performed in their offices in Modifier SU denotes the use of the facility and equipment for a procedure performed in a physician’s office. Relative Value Units (RVU) for CPT and HCPCS codes include the costs of running an office (such as rent, equipment, supplies and nonphysician staff costs) which are referred to as the practice expense RVU.

a manner which takes into account the costs associated with running an office (i.e., overhead, etc.), and as such, Blue KC shall not reimburse separately for services appended with modifier SU.

Coding

N/A

References and Resources

Centers for Medicare and Medicaid Services

Related Documents

N/A

Revision History

Version	Date	Summary of Revisions
001	8/13/2024	Initial version
002	10/01/2025	Annual review, no changes, or updates were made to this policy