Policy Name | SU Modifier  
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**Summary** | This policy addresses reimbursement guidelines for procedure codes billed with the SU modifier in an office place of service.

**Policy Statement** | The modifier SU is defined as *procedure performed in physician's office (to denote use of facility and equipment)*. It was established by Centers for Medicare and Medicaid Services (CMS) in 2003 for informational purposes.

Use of an office facility and equipment are included in the practice expense of the Relative Value Unit (RVU) for a service or procedure. Reimbursement for the procedure considers the costs for the practice expense associated with the office procedure.

When a procedure is performed in an office setting, the total charges for performing the service should be billed using the appropriate procedure code without the SU modifier. Procedure codes billed with the SU modifier are not eligible for reimbursement.

**Definitions** | **SU Modifier** – Procedure performed in physician's office (to denote use of facility and equipment)

**Resources** | • Centers for Medicare and Medicaid Services (CMS)
• *Current Procedural Terminology (CPT®)*
• Healthcare Common Procedure Coding System (HCPCS)

**Effective Date** | 08/14/2011

**Revision Updates** | 02/16/2017 Annual policy review  
04/14/2016 Annual policy review  
02/19/2015 Annual policy review  
02/20/2014 Annual policy review

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