

Modifier SU Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy sets forth UnitedHealthcare Community Plan's policy regarding reimbursement for claims appended with modifier SU, *Procedure performed in physician's office (to denote use of facility and equipment)*, in an office place of service.

Reimbursement Guidelines

The Centers for Medicare and Medicaid Services (CMS) indicates that the Health Care Common Procedure Coding System (HCPCS) modifier SU, *Procedure performed in physician's office (to denote use of facility and equipment)*, is not payable. CMS establishes Relative Value Units (RVU) for CPT and HCPCS codes that include the costs of running an office (such as rent, equipment, supplies and non-physician staff costs) which are referred to as the practice expense RVU. In accordance with CMS, UnitedHealthcare Community Plan does not allow reimbursement for services appended with modifier SU in an office place of service since the use of the office facility and equipment is included in the practice expense RVU, or the costs associated with operating an office.

If the charges associated with the use of the modifier SU are submitted by a different provider than the physician performing the office procedure, they will not be considered for separate reimbursement since these practice expenses are considered included in the reimbursement for the physician performing the service.

State Exceptions

California	Modifier SU is not an approved modifier for CA Medicaid.
Pennsylvania	SU modifier is allowed when reported with CPT code 55250 in POS 11
Texas	SU modifier is allowed on CPT codes 86001, 86003, and 86005
Washington	Washington reimburses for a facility fee when services are performed in Birthing Centers licensed by the Department of Health and have a Core Provider Agreement with the agency. The facility payments will be billed with an SU modifier by the midwife who must then reimburse the birthing center. When modifier SU is attached to the delivery code, it is used to report the use of the provider's facility or equipment only.

Definitions

Relative Value Units	The assigned unit value of a particular CPT or HCPCS code. The associated RVU is either from the CMS NPFS Non-Facility Total value or Facility Total value.
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Questions and Answers

1	<p>Q: Does UnitedHealthcare Community Plan provide reimbursement for modifier SU to denote use of facility and equipment?</p> <p>A: No. When billed in an office place of service, UnitedHealthcare Community Plan does not reimburse any service appended with modifier SU since the costs associated with operating an office are included in the reimbursement to the physician performing the service.</p>
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Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Coding with Modifiers*

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

4/17/2020	Title Section: Updated Header Section
3/12/2020	Footer section: Updated to include the word "United" State Exceptions: Removed Louisiana
1/3/2020	Annual Anniversary Date and Version Change History Section: Entries prior to 1/1/2017 archived
4/26/2019	Added Version Change from last update and administrative update to word document properties
2/1/2019	Annual Anniversary Date and Version Change Title section: Removed Annual Approval information & moved policy # to the header

1/1/2019	Annual Policy Version Change Policy Change: Updated title adding 'Professional' to the policy title; removed reference to Commercial and Medicare and Retirement in the Application section. History Section: Entries prior to 1/1/2017 archived
3/14/2018	Policy Approval Date Change (no new version)
1/24/2018	State Exceptions: Added Pennsylvania
1/1/2018	Annual Policy Version Change History Section: Entries prior to 1/1/2016 archived