JZ Modifier Format for Provider Appeals

[Provider Name]
[Provider Address]
[City, State, ZIP Code]
[Phone Number]
[Email Address]
[NPI Number]
[Date]
[Insurance Company Name]
[Claims Department Address]
[City, State, ZIP Code]
Subject: Appeal for Claim #[Claim Number] - Use of JZ Modifier
Dear Claims Review Department,
I am writing to formally appeal the denial of claim #[Claim Number] submitted on [Submission Date] for [Patient Name], [Patient ID Number]. This claim was denied due to the absence of required documentation regarding the use of the JZ modifier.
Claim Details:
- **Procedure Code(s):** [List Procedure Codes]
- **Date of Service:** [Date]
- **Total Charges:** $[Amount]
The JZ modifier was applied to indicate that the service was performed on a patient who was not a beneficiary of a Medically Necessary service, according to [Reference Applicable Guidelines or Policies].
Attached Documentation:
- [List of Attached Documents, e.g., patient records, progress notes, correspondence, etc.]
We respectfully request that you review the submitted documentation which supports the application of the JZ modifier in this situation.
Thank you for your attention to this matter. I look forward to your prompt response to this appeal.
Sincerely,
[Provider Signature]
[Printed Name]
[Title/Position]
[Facility/Practice Name]