

**\*\*Template Example:\*\***

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**\*\*Patient Information:\*\***

- Name: [Patient Name]
- Date of Birth: [Patient DOB]
- Insurance Provider: [Insurance Name]
- Policy Number: [Policy Number]

**\*\*Request for Medical Necessity:\*\***

**\*\*Date:\*\*** [Date of Request]

**\*\*Provider Name:\*\*** [Provider Name]

**\*\*Provider NPI:\*\*** [Provider NPI Number]

**\*\*Contact Information:\*\*** [Provider Contact Info]

**\*\*Diagnosis:\*\***

- [Primary Diagnosis Code and Description]
- [Secondary Diagnosis Code and Description, if applicable]

**\*\*Procedure Code(s):\*\***

- [CPT/HCPCS Code(s) for requested service]

**\*\*Utilization of Modifier JZ:\*\***

- Description of procedure that requires the JZ modifier indicating "no drugs or biologicals were administered during the procedure."

**\*\*Clinical Justification:\*\***

- [Detailed explanation of why the procedure is medically necessary]
- [Supporting clinical documentation, test results, or notes that validate the necessity]

**\*\*Conclusion:\*\***

In light of the above, I kindly request approval for the procedure with the JZ modifier to reflect the medical necessity for [Patient Name].

Thank you for your prompt attention to this matter.

**\*\*Signature:\*\***

[Provider Signature]

[Provider Printed Name]

[Date]

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**\*\*Attachments:\*\***

- [List of Attached Documents, if any]

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