

[Your Name]
[Your Position]
[Your Company/Organization]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Position]
[Recipient's Company/Organization]
[Recipient's Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Request for JZ Modifier Usage

I hope this letter finds you well. I am writing to formally request the consideration and approval for the use of the JZ modifier for [specific procedure/service] rendered on [date of service].

****Patient Information:****

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Patient ID: [Patient ID/Account Number]

****Provider Information:****

- Provider Name: [Provider Full Name]
- NPI Number: [NPI Number]
- Practice Name: [Practice Name]

****Service Details:****

- Description of Service: [Detailed description of the procedure/service]
- CPT Code: [CPT Code used]
- Date of Service: [Date]
- Diagnosis Code(s): [Diagnosis Code(s)]

****Rationale for JZ Modifier:****

[Provide a clear and detailed explanation of why the JZ modifier is necessary for this procedure, including any relevant clinical information, compliance considerations, or regulatory requirements.]

****Supporting Documentation:****

Enclosed with this letter, you will find the following documentation to support the use of the JZ modifier:

1. [List of supporting documents, e.g., medical records, prior authorizations, etc.]

Thank you for your attention to this matter. I look forward to your prompt response regarding the approval of the JZ modifier for the aforementioned services. Should you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]
[Your Position]
[Your Company/Organization]
[Enclosures: List of documents]