

**\*\*Template for Supporting Medical Necessity with JZ Modifier\*\***

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

- Name: [Patient's Name]
- Date of Birth: [DD/MM/YYYY]
- Insurance ID: [Insurance ID Number]

**\*\*Provider Information:\*\***

- Name: [Provider's Name]
- NPI: [Provider's NPI]
- Address: [Provider's Address]
- Phone: [Provider's Phone Number]

**\*\*Date of Service:\*\***

- [DD/MM/YYYY]

**\*\*Procedure Information:\*\***

- Procedure Code: [CPT/HCPCS Code]
- JZ Modifier: Yes

**\*\*Medical Necessity Justification:\*\***

To Whom It May Concern,

I am writing to support the medical necessity of the procedure performed on [Date of Service] for [Patient's Name]. The procedure was necessary due to [specific medical condition or reason], which warranted the use of the JZ modifier indicating that the service was fully covered under the patient's plan, emphasizing that no further units of the drug were necessary.

**\*\*Clinical Details:\*\***

- Diagnosis Code: [ICD-10 Code]
- Detailed Explanation: [Include specific details about the patient's condition, treatment rationale, and how it relates to the medical necessity for the service provided.]

**\*\*Supporting Documentation:\*\***

- [List any attached documents: lab results, imaging reports, previous treatment records, etc.]

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

In conclusion, the services rendered are medically necessary and meet the criteria for consideration with the JZ modifier. Please feel free to contact me for further information or clarification regarding this case. Sincerely,

[Provider's Signature]

[Provider's Printed Name]

[Provider's Title]

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

- [List of documents included with the letter]