Modifier JZ Template for Medicare

Patient Information:
- Patient Name: [Patient Name]
- Patient ID: [Patient ID]
- Date of Service: [Date]
- Provider Name: [Provider Name]
- NPI Number: [NPI Number]

Procedure Details:
- CPT Code: [CPT Code]
- Modifier: JZ
- Description of Service: [Description of service provided]

Justification for Modifier JZ Use:
- The service was provided without any drugs administered under the applicable drug administration code.
- [Provide any relevant notes or documentation that supports the use of the JZ modifier]

Billing Information:
- Total Charge: [Total Charge]
- Responsible Party: [Insurance/Medicare/Patient]
- Billing Address: [Billing Address]

Provider Signature:
- [Provider Signature]
- Date: [Date]

Attachments:
- [List any relevant documents or attachments]

Note: Ensure to follow the latest Medicare guidelines for modifier usage while completing this template.