



August 2008

Dear Nissan Employee:

Nissan employees who participate in a voluntary health screening and complete a Personal Health Questionnaire (PHQ) this fall will receive the maximum Nissan contribution in your account (HRA or HSA) for 2009. Nissan has contracted with StayWell Health Management to administer the health screening and PHQ.

This August and September, StayWell will provide onsite health screenings for employees at major locations (Canton, Dallas, Decherd, Farmington Hills, Franklin and Smyrna). Employees unable to participate in an onsite health screening offered at the major locations above should obtain a free health screening as follows:

<b>Nissan Location</b>	<b>Procedure for Obtaining Health Screening (only if unable to obtain screening at major site)</b>
<ul style="list-style-type: none"> <li>• HQ-Nashville</li> <li>• MFTG – Canton</li> <li>• MFTG – Decherd</li> <li>• MFTG – Smyrna</li> </ul>	<ol style="list-style-type: none"> <li>1. Go to onsite CHS Medical Clinic</li> </ol>
<ul style="list-style-type: none"> <li>• NMAC – Dallas</li> <li>• NTCNA – Farmington Hills</li> <li>• NDA – San Diego</li> <li>• PDCs</li> <li>• Regional Offices</li> <li>• Other Nissan Locations</li> </ul>	<ol style="list-style-type: none"> <li>1. Schedule an appointment with an in-network physician to complete the health screening.</li> <li>2. Give this letter and the StayWell Health Care Provider Form to your physician for their completion and signature.</li> <li>3. Once completed, you will need to return the form in the attached prepaid envelope.</li> </ol>

**Health screenings received from the CHS Medical Clinic and BlueCross BlueShield participating network providers will be provided at no cost to you.** Health Screenings include: 1) office visit/laboratory charges, 2) height/weight measurement, 3) blood pressure measurement, 4) total cholesterol/HDL screening, and 5) blood glucose measurement. **If additional services are received, normal health care program cost sharing will apply.**

**BCBS Physician Office Information**

Benefits for the specific services outlined above are part of the voluntary health screening and are covered at 100% of the Maximum Allowable Charge. **NO MEMBER COPAYMENT OR COINSURANCE SHOULD BE COLLECTED FOR THESE SERVICES.** Questions regarding available benefits should be directed to BlueCross BlueShield of Tennessee at 1-866-843-3509.

A claim for these services should be filed as a "preventive service" on the standard CMS 1500 claim form. Example CPT and Modifier codes for the health screening include:

<b><u>CPT/HCPCS</u></b>	<b><u>MODIFIER</u></b>
82465	QP
83718	QP
82947	QP *
82948	QP *

\* These two codes for glucose testing is an EITHER/OR situation – they should NOT be used on the same claim or date of service.

36415	QP
99211	HB

**Diagnosis Code for the CPT/HCPCS codes listed above: V72.6**

Any other services rendered during the office visit should be filed separately from the health screening. If you have any questions, please call customer service at 1-866-843-3509.