

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2458</b>	<b>Date: April 27, 2012</b>
	<b>Change Request 7760</b>

**NOTE: Transmittal 2458 , dated April 27, 2012, is being rescinded and replaced by Transmittal 2495, DATED July 18, 2012 to revise implementation dates. Implementation dates are October 1, 2012, for all business requirements except 7760.9.4. Business requirement 7760.9.4, for conforming changes to FISS to transmit the correct HIPPS code to CWF, will be implemented January 1, 2013. Additionally, the record layout in Attachment C is revised to correct the number of filler positions at the end of the record. All other information remains the same.**

**SUBJECT: Systematic Validation of Payment Group Codes for Prospective Payment Systems (PPS) Based on Patient Assessments**