

LTC Code and Claim Form Conversion: LTC 25-1 to UB-04 Claim Form Crosswalk

In 2023, the Department of Health Care Services (DHCS) will replace the use of the local *Payment Request for Long Term Care* (LTC) 25-1 claim form with the National Uniform Billing Committee (NUBC) *UB-04* claim form.

The intent of this crosswalk is to compare the local California state-only proprietary LTC 25-1 claim form to the national standard *UB-04* claim form. Since the *UB-04* claim form contains more fields than the 25-1, please refer to the future *UB-04* and 837I billing instructions for detailed information on how to use NUBC data elements to bill for LTC services.

Notable Claim Form Submission Differences

The LTC 25-1 uses a single local Accommodation Code (Field 15) to identify the LTC service being billed. In comparison, three separate NUBC data elements must be reported on the *UB-04* claim form: Revenue Code, Value Code 24 (Medicaid Rate Code), and Value Code 24 Amounts (Designated State Level Medicaid Rate Code). Refer to the [“LTC Code and Claim Form Conversion: LTC Accommodation Code to Revenue Code, Value Code and Value Code Amount Crosswalk”](#) for detailed information on how to use these data elements to bill for LTC services.

The LTC 25-1 allows for up to six different beneficiaries to be billed on a single LTC 25-1 claim form. In contrast, the *UB-04* claim form allows for only a single beneficiary to be billed per *UB-04* form.

Crosswalk Legend

The following abbreviations are used:

- Cert. – Certification
- Dx – Diagnosis
- F.I. – Fiscal Intermediary
- N/A – Not Applicable
- No. – Number
- NPI – National Provider Identifier
- Prim. – Primary
- TAR – Treatment Authorization Request

The local 25-1 to national/NUBC *UB-04* claim form conversion crosswalk is as follows:

25-1 Field Number	25-1 Field Name/Description	UB-04 Field Number	UB-04 Field Name/Description
1	Claim Control Number	2	Unlabeled
1A	Provider Name, Address	1	Unlabeled
128	Zip Code	1	Unlabeled
2	Provider Number	56	NPI
3	Delete	49	Unlabeled
4	Patient Name	8b	Patient Name
5	Medi-Cal Identification Number	60 (A thru C)	Insured's Unique ID
6	Year of Birth	10	Birthdate
7	Sex	11	Sex
8	TAR Control Number	63 (A thru C)	Treatment Authorization Codes
9	Medical Record Number	3a	Patient Control Number
10	Attending M.D. Provider Number	76	Attending
11	Billing Limit Exceptions	37a	Unlabeled
12	Date of Service From	6	Statement Covers Period From
13	Date of Service Thru	6	Statement Covers Period Through
14	Patient Status	17	Status Note: Refer to the LTC Code and Claim Form Conversion: LTC Patient Status Code to Patient Discharge Status Code Crosswalk for more information.
15	Accommodation Code	42	Revenue Code Note: Refer to the LTC Code and Claim Form Conversion: LTC Accommodation Code to Revenue Code, Value Code and Value Code Amount Crosswalk for more information.

25-1 Field Number	25-1 Field Name/Description	UB-04 Field Number	UB-04 Field Name/Description
15	Accommodation Code	39 – 41 (a thru d)	Value Codes and Amount Note: Refer to the LTC Code and Claim Form Conversion: LTC Accommodation Code to Revenue Code, Value Code and Value Code Amount Crosswalk for more information.
16	Prim. Dx Code	67	Unlabeled
17	Gross Amount	47	Total Charges
18	Patient Liability/Medicare Deduct	39 – 41 (a thru d)	Value Codes and Amount
18A	Medicare Type	50 (A thru C)	Payer Name
19	Other Coverage	54 (A thru C)	Prior Payments
20	Net Amount Billed	55 (A thru C)	Estimated Amount Due
21	M.D. Cert.	N/A	N/A
22 – 40	Line 2 Note: Same as Fields 3 – 21.	N/A	N/A
41 – 59	Line 3 Note: Same as Fields 3 – 21.	N/A	N/A
60 – 78	Line 4 Note: Same as Fields 3 – 21.	N/A	N/A
79 – 97	Line 5 Note: Same as Fields 3 – 21.	N/A	N/A
98 – 116	Line 6 Note: Same as Fields 3 – 21.	N/A	N/A
117	Attachments	N/A	N/A
118	Provider Reference No.	N/A	N/A
119	Date Billed	N/A	N/A
120 – 126	F.I. Use Only	N/A	N/A
126A	Explanations	80	Remarks
127	Signature	N/A	N/A