

EPSDT Online Portal Quick Guide – BILLING SUPPORT

Billing Support View



State of Hawai'i Department of Human Services
Med-QUEST Division

Menu Navigation:
Each view provides the Status of the
EPSDT exam information.



User: Karen Lewis

Log Out

Billing Provider (NPI):
If you have multiple Billing Providers, you will need
to select your Billing Provider from the dropdown
before starting any action in the EPSDT Portal.

Billing Provider

Peter Parker LLC

Cancel Submit

Draft Awaiting Signature Submitted Revise Approved Withdrawn All Lookup													
Exam ID	Patient Name	Screen Date	Birthdate	Screen Age	Form	Last Modified On	Modified by	View	Edit	Delete	Signature	History	Comments
51	Tommy Test	12/01/2021	11/02/2021	1m	8016	12/06/2021 01:29	klewis_support						0
52	Trudy Test	12/06/2021	12/01/2021	<1m	8016	12/06/2021 01:30	klewis_support						0
50	Turtle T TEST	12/06/2021	11/02/2021	1m	8015	12/06/2021 01:06	klewis_support						0

Tab Filter Views

Draft View (View and Edit)	Awaiting Signature (View Only)	Submitted (View Only)
View all that have been created and saved.	All records displayed here require the Provider's signature to be submitted to Health Plan.	Records listed here have been submitted to Health Plans.
<ul style="list-style-type: none"> Open record in PDF format Opens record in online form Delete Record Send record to the Provider for Signature View Status history of record Open popup to view comments 	<ul style="list-style-type: none"> Open record in PDF format View Status history of record Open popup to view comments 	<ul style="list-style-type: none"> Open record in PDF format Download PDF to save to local computer View Status history of record Open popup to view comments
Revise (View Only)	Approved (View Only)	Withdrawn (View Only)
Any exam record that has been returned by the Health Plans will be listed in this view.	Records submitted to Health Plan and approved for payment will be listed in this view.	All records you have withdrawn when they have been returned from the Health Plan for revisions.
<ul style="list-style-type: none"> Open record in PDF format View Status history of record Open popup to view comments 	<ul style="list-style-type: none"> Open record in PDF format Download PDF to save to local computer View Status history of record Open popup to view comments 	<ul style="list-style-type: none"> Open record in PDF format View Status history of record Open popup to view comments

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Billing Electronic Claims

Draft	Awaiting Signature	Submitted	Revise	Approved	Withdrawn	All	Lookup	
Exam ID	Patient Name	Confirmation#	Screen Date	Birthdate	Screen Age	Form	Type	Last Modified On
190	Josh M Green	EP2200000123	01/03/2022	06/05/2018	3y	8015	Online	01/03/2022 12:04

Click on the Submitted tab. You will be able to view the patient information and confirmation #.

NOTE:

All patient and provider information submitted through the portal must match the associated claim.

For billing Electronic Claims, Save the confirmation # and include it on the 837 by following these instructions:

1. indicate ADD on loop 2300 NTE 01, then
2. enter the confirmation # in loop 2300 NTE 02.

This will allow the health plan to match the claim to visit data submitted online.

Billing Paper Claims (for a visit submitted online)

On the Submitted tab, you can see if the form is an online or paper submitted.

Draft	Awaiting Signature	Submitted	Revise	Approved	Withdrawn	All	Lookup	
Exam ID	Patient Name	Confirmation#	Screen Date	Birthdate	Screen Age	Form	Type	Last Modified On
190	Josh M Green	EP2200000123	01/03/2022	06/05/2018	3y	8015	ePDF	01/03/2022 12:04

Hawaii Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Exam

Selected Patient's QUEST Integration plan: Aloha HMO Kaiser Ohana United Other (specify required field)

I. PATIENT INFORMATION

Screen Date (MM/DD/YYYY): 11/19/2021 Birthdate (MM/DD/YYYY): [Redacted] Medicaid/QUEST ID: [Redacted]

Last Name: [Redacted] First Name: [Redacted]

II. MEASUREMENTS

Height (in): 0.00 Weight (lbs): [Redacted]

III. VACCINATIONS GIVEN TODAY AND STATUS *

HepB PCV MMR Tdap DTaP Rotav Varicella MCV4 / MPSV4 Hib Influenza HepA HPV COVID-19 MMR MenA/CWY / Men B Vaccinations up to date

V. SCREENING DONE TODAY

Vision Screening: Normal Abnormal Done

Hearing Screening: Normal Abnormal Done

Developmental Screening: Normal Abnormal Done

VI. SURVEILLANCE: All findings follow recommended surveillance, age-specific screenings and assessments must be done and documented.

VII. Request Health Coordination or Referral

Request Coordination Help Enter Assistant Name: [Redacted] Date Entered: [Redacted]

Parent/Guardian Name: [Redacted] Comments: [Redacted] Relationship to member: [Redacted] Parent/Guardian Member Contact #: [Redacted]

Programs: Early Intervention DOE Special Ed CAMHD Dental DDID WIC DDH Care

Specialty: Der PT OT ST Developmental Vision Medical Behavioral Hearing Surgical

VIII. PROVIDER STATEMENT

By signing below, I confirm that a history (past or present), or physical exam, or appropriate surveillance, and laboratory services were performed and documented in the patient's medical record.

Billing Provider (M): [Redacted] Rendering Provider (M): [Redacted] Provider Name (Print): [Redacted] Signature: [Redacted]

Buttons: Save Form, Submit, Print Form

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For the billing paper claims, the confirmation # will go in the FL19 of the CMS 1500 claim form.