

eResponse.05 - Type of Service Requested

Definition

The type of service or category of service requested of the EMS Agency responding for this specific EMS event.

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	No
Version 2 Element	E02_04	Is Nillable	No
Usage	Mandatory	Recurrence	1 : 1

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

Code	Description
2205001	Emergency Response (Primary Response Area)
2205003	Emergency Response (Intercept)
2205009	Emergency Response (Mutual Aid)
2205005	Hospital-to-Hospital Transfer
2205015	Hospital to Non-Hospital Facility Transfer
2205017	Non-Hospital Facility to Non-Hospital Facility Transfer
2205019	Non-Hospital Facility to Hospital Transfer
2205007	Other Routine Medical Transport
2205011	Public Assistance
2205013	Standby
2205021	Support Services
2205023	Non-Patient Care Rescue/Extrication
2205025	Crew Transport Only
2205027	Transport of Organs or Body Parts
2205029	Mortuary Services
2205031	Mobile Integrated Health Care Encounter
2205033	Evaluation for Special Referral/Intake Programs
2205035	Administrative Operations

Data Element Comment

Values for "911 Response (Scene)", "Intercept", and "Mutual Aid" have been relabeled to start with "Emergency Response" to more easily identify these options. "Interfacility Transport" was relabeled to "Hospital-to-Hospital Transfer" to be more accurate; options for "Sending Hospital Staff" and "Critical or Specialty Care" were added to better track resource utilization at local and state levels and support reimbursement levels. "Medical Transport" was relabeled to "Other Medical Needs Transport" to cover any other medical transports such as transports to and from dialysis, doctor appointments, return home, or nursing homes. Values added to consolidate types of service previously captured in "Primary Role of Unit" and eDisposition.12 as found in V3.4.0. Additional values added to reflect emerging service types.

Version 3 Changes Implemented

With the release of v3.5.0 values were added to meet the needs of EMS

Associated Validation Rules

Rule ID	Level	Message
nemSch_e075	Warning	Date/Time of Symptom Onset should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided".
nemSch_e076	Warning	Possible Injury should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided".
nemSch_e078	Warning	Chief Complaint Anatomic Location should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided".

- nemSch_e079 **Warning** Chief Complaint Organ System should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided".
- nemSch_e080 **Warning** Primary Symptom should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided".
- nemSch_e082 **Warning** Provider's Primary Impression should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided".
- nemSch_e084 **Warning** Initial Patient Acuity should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided".
- nemSch_e088 **Warning** Reason for Interfacility Transfer/Medical Transport should only be recorded when Type of Service Requested is "... Transfer" or "Other Routine Medical Transport".