MEDICAL POLICY

Medical Policy Title	**Medical Response to Contamination from Terrorist Attacks**
Policy Number	**11.01.09**
Current Effective Date	**January 1, 2027**
Next Review Date	**August 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.
(Link to Product Disclaimer)

POLICY STATEMENT(S)

I. Testing, prophylaxis, and treatment (e.g., vaccination, antimicrobial or other pharmacological treatment) for terroristic agents, whether biological, chemical, or radiological, is considered **medically appropriate** when the following are met:

   A. Local, state, or national agencies advise that such testing or treatment is medically necessary;

   B. The service, vaccine, or drug is covered under the member's subscriber contract.

II. Coverage for all medically necessary aspects of diagnosis and treatment of illness or injury resulting from terrorism is considered **medically appropriate** when contract benefits are available for the specified services.

RELATED POLICIES

Not Applicable

POLICY GUIDELINE(S)

Not Applicable

DESCRIPTION

A terroristic attack is the calculated use of violence or threat of violence against people, to attain goals that are political, religious, or ideological in nature through intimidation or coercion, or by instilling fear. Terroristic attacks can be achieved through biological emergency (bioterrorism), chemical emergency, or radiological emergency.

Bioterrorism is the intentional or threatened use of viruses, bacteria, fungi, or toxins from living organisms to produce death or disease in humans, animals, or plants. Biological agents include, but are not limited to, the organisms that cause anthrax, botulism, plague, ricin, smallpox, tularemia, viral hemorrhagic fevers (e.g., Ebola, Marburg, Lassa, Machupol), as well as food or waterborne organisms (e.g., salmonella, shigella dysenteriae).

Terroristic chemical emergency occurs when a hazardous chemical is released that has a potential for harming the health of people. Examples of chemicals that may be used in terrorist attacks include,

but are not limited to, nerve agents, mustards, and choking agents. Nerve agents (e.g., sarin, VX) are highly poisonous chemicals that cause neurological disruption and may lead to convulsion, paralysis, and respiratory failure. Mustards (e.g., sulfur mustard, nitrogen mustard) are vesicants, or blistering agents, which cause severe blistering of the eyes, respiratory tract, and skin on contact, damage to the immune system, and bone marrow suppression. Pulmonary or choking agents (e.g., phosgene) are chemicals that cause severe irritation or swelling of the respiratory tract, hypotension, and cardiac failure.

Terroristic radiation emergency occurs when radioactive material is introduced into the food or water supply, explosives are used to scatter radioactive material (also known as a “dirty bomb”), a nuclear facility is bombed or destroyed, or a nuclear device is exploded. The adverse effects of radiation exposure can range from mild effects (e.g., skin reddening) to serious effects (e.g., cancer, death) depending upon the amount of radiation absorbed, the type of radiation, the route of exposure, and the duration of exposure.

SUPPORTIVE LITERATURE

Not Applicable

PROFESSIONAL GUIDELINE(S)

Not Applicable

REGULATORY STATUS

Not Applicable

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
86622	Antibody; Brucella
86668	Antibody; Francisella tularensis
86784	Antibody; Trichinella
86793	Antibody; Yersinia
90288	Botulism immune globulin, human, for intravenous use
90581	Anthrax vaccine, for subcutaneous or intramuscular use

Code	Description
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use

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HCPCS Codes

Code	Description
No code(s)	

ICD10 Codes

Code	Description
A00.0-A00.9	Cholera (code range)
A20.0-A20.9	Plague (code range)
A21.0-A21.9	Tularemia (code range)
A22.0-A22.9	Anthrax (code range)
A23.0-A23.9	Brucellosis (code range)
A98.0-A98.8	Other viral hemorrhagic fevers (code range)
Y38.5x1A-Y38.5x3S	Terrorism involving nuclear weapons (code range)
Y38.6x1A-Y38.6x3S	Terrorism involving biological weapons (code range)
Y38.7x1A-Y38.7x3S	Terrorism involving chemical weapons (code range)
Z20.810	Contact with and (suspected) exposure to anthrax

REFERENCES

Bennett CL, et al. United States' regulatory approved pharmacotherapies for nuclear reactor explosions and anthrax-associated bioterrorism. Expert Opin Drug Saf. 2023 Jul-Dec;22(9):783-788.

Bower WA, et al; Centers for Disease Control and Prevention (CDC). Clinical framework and medical countermeasure use during an anthrax mass-casualty incident. MMWR Recomm Rep. 2015 Dec 4;64(4):1-22

Bower WA, et al. Center for Disease Control (CDC) [Internet]. Guidelines for the prevention and treatment of anthrax, 2023. MMWR Recomm Rep. 2023 Nov 17;72(6):1-47 [accessed 2026 Jun 29]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10651316/pdf/rr7206a1.pdf

Centers for Disease Control and Prevention [Internet]. Bioterrorism and Anthrax: The Threat. 2025 Apr 3, updated 2026 Feb 4 [accessed 2026 Jun 29]. Available from: https://www.cdc.gov/anthrax/bioterrorism

Centers for Disease Control and Prevention [Internet]. Chemical emergencies. 2024 Apr 9, updated 2026 Jun 10 [accessed 2026 Jun 29]. Available from: http://emergency.cdc.gov/chemical/

Centers for Disease Control and Prevention [Internet]. Radiation emergencies. [accessed 2026 Jun 29]. Available from: http://emergency.cdc.gov/radiation/

Grabenstein JD. Vaccines: countering anthrax: vaccines and immunoglobulins. Clin Infect Dis. 2008 Jan 1;46(1):129-36.

Hayoun MA, et al. Biological Weapon Toxicity. 2024 Jan 1. In: Stat Pearls [Internet]. Treasure Island (FL): Stat Pearls Publishing; 2025 Jan 1 [accessed 2026 Jun 29]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK441942/

Seaton MG, et al. A framework for integrating information resources for chemical emergency management and response. J Emerg Manag. 2019;17(4):287-303.

Schorscher N, et al. Lessons learned from terror attacks: thematic priorities and development since 2001—results from a systematic review. Euro Jour of Trauma and Emer Sur. 2022;48:2613-2638.

Waselenko JK, et al. Medical management of the acute radiation syndrome: recommendations of the Strategic National Stockpile Radiation Working Group. Ann Intern Med. 2004 Jun 15;140(12):1037-51.

Williams M, Armstrong L, Sizemore DC. Biologic, Chemical, and Radiation Terrorism Review. 2023 Aug 14. In: Stat Pearls [Internet]. Treasure Island (FL): Stat Pearls Publishing; 2025 Jan [accessed 2026 Jun 29]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK493217/

Wright JG, et al. Use of anthrax vaccine in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. MMWR Recomm Rep. 2010 Jul 23;59(RR-6):1-30.

SEARCH TERMS

Germ warfare.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Medical response to acts of terrorism is not addressed in National or Regional Medicare coverage determinations or policies.

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY HISTORY/REVISION	
Committee Approval Dates	
01/01/27	
Date	**Summary of Changes**
01/01/27	• Original effective date