# **MEDICAL POLICY**



MEDICAL POLICY DETAILS		
Medical Policy Title	Medical Response to Contamination from Terrorist Attacks	
Policy Number	11.01.09	
Category	Contract Clarification	
Original Effective Date	01/24/02	
Committee Approval Date	02/27/03, 03/25/04, 04/28/05, 04/27/06, 04/26/07, 04/24/08	
<b>Current Effective Date</b>	08/22/24	
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	08/23/18, 08/22/19, 08/27/20, 08/19/21, 08/18/22, 08/17/23, 08/22/24	
Product Disclaimer	• Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.	
	• If a commercial product (including an Essential Plan or Child Health Plus product), 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 (including Medicare HMO-Dual Special Needs Program (DSNP) 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.	
	• If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.	

## POLICY STATEMENT

- I. Prophylactic testing and treatment (e.g., vaccination, antimicrobial or other pharmacological treatment) for terroristic agents, whether biological, chemical or radiological, is considered **medically appropriate** when local, state, and/or national agencies advise that such testing or treatment is medically necessary; and 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.

## **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

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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.

## **CODES**

- Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.
- CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.
- Code Key: Experimental/Investigational = (E/I), Not medically necessary/appropriate = (NMN).

#### **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
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-	Terrorism involving nuclear weapons (code range)
Y38.5x3S	
Y38.6x1A-	Terrorism involving biological weapons (code range)
Y38.6x3S	
Y38.7x1A-	Terrorism involving chemical weapons (code range)
Y38.7x3S	
Z20.810	Contact with and (suspected) exposure to anthrax

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## **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 [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6404a1.htm?s cid=rr6404a1 w] accessed 07/25/24.

\*Bower WA, et al. Center for Disease Control (CDC) Guidelines for the Prevention and Treatment of Anthrax, 2023. MMWR Recomm Rep 2023 Nov;72(6):1-47.

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10651316/pdf/rr7206a1.pdf] accessed 07/25/24.

Centers for Disease Control and Prevention. Bioterrorism. [https://emergency.cdc.gov/bioterrorism/factsheets.asp] accessed 07/25/24.

Centers for Disease Control and Prevention. Chemical emergencies. [http://emergency.cdc.gov/chemical/] accessed 07/25/24.

Centers for Disease Control and Prevention. Radiation emergencies. [http://emergency.cdc.gov/radiation/] accessed 07/25/24.

\*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. National Library of Medicine: Stat Pearls. 1 Jan 2024 [https://www.ncbi.nlm.nih.gov/books/NBK441942/] accessed 07/25/24.

Medical Society of the State of New York. Biological, chemical, and radiological terrorism: an overview of indicators and response. 2015 [https://cme.mssny.org/webdocuments/resources/resource-biological-chemical-and-radiological-terrorism.pdf] accessed 07/25/24.

Seaton MG, Maier A, Sachdeva S, 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. European Journal of Trauma and Emergency Surgery 2022;48:2613-2638.

\*Szopa, Monika et al. Biosafety and biological factors. <u>Journal of Education, Health, and Sport</u> [S.l.], v.8, n.9, p.973-982, Sep. 2018. ISSN 2391-8306.

\*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. National Library of Medicine: Stat Pearls. 2023 Aug 14; [https://pubmed.ncbi.nlm.nih.gov/29630269/] accessed 07/25/24.

\*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.

\*Key Article

## **KEY WORDS**

Bioterrorism, Chemical emergency, Germ warfare, Radiation emergency.

## CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon our review, medical response to acts of terrorism is not addressed in National or Regional Medicare coverage determinations or policies.