# MEDICAL POLICY

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| **Medical Policy Title** | **Medical Response to Contamination from Terrorist Attacks** |
| **Policy Number** | **11.01.09** |
| **Current Effective Date** | **August 20, 2026** |
| **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 |

| Code | Description |
|---|---|
| 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-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

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## 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 (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 HISTORY/REVISION** | |
|---|---|
| **Committee Approval Dates** | |
| 01/24/02, 02/27/03, 03/25/04, 04/28/05, 04/27/06, 04/26/07, 04/24/08, 04/23/09, 06/24/10, 06/24/11, 06/28/12, 06/27/13, 06/26/14, 06/25/15, 06/25/16, 08/25/17, 08/23/18, 08/22/19, 08/27/20, 08/19/21, 08/18/22, 08/17/23, 08/22/24, 08/21/25, 08/20/26 | |
| **Date** | **Summary of Changes** |
| 08/20/26 | • Annual update, policy intent unchanged. |
| 08/21/25 | • Annual update, policy intent unchanged. |
| 01/01/25 | • Summary of changes tracking implemented. |
| 01/24/02 | • Original effective date |