

# MEDICAL POLICY



<b>SUBJECT: MEDICAL RESPONSE TO CONTAMINATION FROM TERRORIST ATTACKS</b>	<b>EFFECTIVE DATE: 01/24/02</b> <b>REVISED DATE: 02/27/03, 03/25/04, 04/28/05, 04/27/06, 04/26/07, 04/24/08</b> <b>ARCHIVED DATE: 04/23/09</b> <b>EDITED DATE: 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</b>
<b>POLICY NUMBER: 11.01.09</b> <b>CATEGORY: Miscellaneous</b>	<b>PAGE: 1 OF: 3</b>
<ul style="list-style-type: none"><li>• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i></li><li>• <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i></li><li>• <i>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.</i></li></ul>	

## POLICY STATEMENT:

- I. *Prophylactic testing and treatment* (e.g., vaccination, antimicrobial or other pharmacological treatment) for terroristic agents, whether biological, chemical or radiological, is **medically appropriate** when local, state or national agencies advise 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 **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 in order to attain goals that are political, religious or ideological in nature through intimidation, coercion, or instilling fear. Terroristic attacks can be achieved through biological (known as bioterrorism), chemical or radiological means.

*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), and food or waterborne organisms (e.g., salmonella, shigella dysenteriae).

A *terroristic chemical emergency* occurs when a hazardous chemical has been released which 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 the immune system, and cause 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.

A *terroristic radiation emergency* can occur by introduction of radioactive material into the food or water supply, using explosives to scatter radioactive material (also known as a “dirty bomb”), by bombing or destroying a nuclear facility, or exploding a nuclear device. 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 length of time of exposure.

<b>SUBJECT: MEDICAL RESPONSE TO CONTAMINATION FROM TERRORIST ATTACKS</b>  <b>POLICY NUMBER: 11.01.09</b> <b>CATEGORY: Miscellaneous</b>	<b>EFFECTIVE DATE: 01/24/02</b> <b>REVISED DATE: 02/27/03, 03/25/04, 04/28/05, 04/27/06, 04/26/07, 04/24/08</b> <b>ARCHIVED DATE: 04/23/09</b> <b>EDITED DATE: 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</b> <b>PAGE: 2 OF: 3</b>
--	---

**CODES:**      Number                      Description

*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.

<b><u>CPT:</u></b>	86622	Antibody; Brucella
	86668	Antibody; Francisella tularensis
	86793	Antibody; Yersinia
	86784	Antibody; Trichinella
	90581	Anthrax vaccine, for subcutaneous or intramuscular use
	90288	Botulism immune globulin, human, for intravenous use
	90625 (E/I)	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use

*Copyright © 2018 American Medical Association, Chicago, IL*

**HCPCS:**      No code(s)

**ICD10:**      *Includes, but not limited to:*

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)
A98.5-A98.8	Other viral hemorrhagic fevers, not elsewhere classified
Y38.5x1A-Y38.5x3D	Terrorism involving nuclear weapons (code range)
Y38.6x1A-Y38.6x3D	Terrorism involving biological weapons (code range)
Y38.7x1A-Y38.7x3D	Terrorism involving chemical weapons (code range)
Z20.810	Contact with and (suspected) exposure to anthrax

**REFERENCES:**

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](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6404a1.htm?s_cid=rr6404a1_w)] accessed 7/19/17.

Centers for Disease Control and Prevention. Bioterrorism. [<https://emergency.cdc.gov/bioterrorism/factsheets.asp>] accessed 7/19/17.

Centers for Disease Control and Prevention. Chemical emergencies. <http://emergency.cdc.gov/chemical/>] accessed 7/19/17.

<p><b>SUBJECT: MEDICAL RESPONSE TO CONTAMINATION FROM TERRORIST ATTACKS</b></p> <p><b>POLICY NUMBER: 11.01.09</b>  <b>CATEGORY: Miscellaneous</b></p>	<p><b>EFFECTIVE DATE: 01/24/02</b>  <b>REVISED DATE: 02/27/03, 03/25/04, 04/28/05, 04/27/06, 04/26/07, 04/24/08</b>  <b>ARCHIVED DATE: 04/23/09</b>  <b>EDITED DATE: 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</b>  <b>PAGE: 3 OF: 3</b></p>
---	---

Centers for Disease Control and Prevention. Radiation emergencies. Last updated 2015 Dec 15  
<http://emergency.cdc.gov/radiation/> accessed 7/19/17.

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

Medical Society of the State of New York. Biological, chemical and radiological terrorism: an overview of indicators and response. 2015 [<http://cme.mssny.org/refcards/refcardfinal.pdf>] accessed 5/11/16.

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.

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 WORDS:**

Bioterrorism, Chemical emergency, Germ warfare, Radiation emergency.

---



---

## CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

---



---

Based on our review, medical response to acts of terrorism is not addressed in a National or Local Medicare Coverage Determination.