

Transjugular Intrahepatic Portosystemic Shunt (TIPSS), Medical 256

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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Description & Definitions:

Transjugular Intrahepatic Portosystemic Shunt is an image guided procedure where a catheter is inserted into the blood vessels in the liver which are then connected to bypass a blockage.

Criteria:

Transjugular Intrahepatic Portosystemic Shunt (TIPSS) is considered medically necessary for individuals with **1 or more** of the following:

- Bleeding gastric, esophageal or ectopic (including anorectal, intestinal, and stomal) varices despite emergent endoscopic treatment
- Moderate Budd-Chiari syndrome and failed to respond to anticoagulation
- Portal hypertensive gastropathy with recurrent bleeding despite the use of beta-blockers
- Refractory ascites
- Refractory hepatic hydrothorax and effusion cannot be controlled by diuretics and sodium restriction (grade II-3)

Transjugular Intrahepatic Portosystemic Shunt (TIPSS) is considered **not medically necessary** for uses other than those listed in the clinical criteria, to include but not limited to:

- Controlling bleeding from gastro antral vascular ectasia in persons with cirrhosis
- Hepatopulmonary syndrome
- Hepatorenal syndrome
- Initial therapy for acute variceal hemorrhage
- Initial therapy to prevent first or recurrent variceal hemorrhage
- Portal-mesenteric venous thrombosis

- Pre-operative reduction in portal hypertension before liver transplantation
- Sinusoidal obstruction syndrome (veno-occlusive disease)

Document History:

Revised Dates:

- 2020: January
- 2015: April, November
- 2014: June
- 2013: January, August
- 2012: August
- 2010: December
- 2009: December

Reviewed Dates:

- 2025: March - Implementation date of 6/1/2025. No changes references updated
- 2024: March
- 2023: March
- 2022: March
- 2021: March
- 2020: April
- 2018: December
- 2017: December
- 2016: June
- 2011: October
- 2010: November

Effective Date:

- December 2008

Coding:

Medically necessary with criteria:

Coding	Description
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plan Commercial products.
- Authorization Requirements: Pre-certification by the Plan is required.
- Special Notes:
 - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
 - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Endovenous Stenting L37893 (Novitas). (2020, 12). Retrieved 2 2025, from CMS Local Coverage Determination (LCD): <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=37893&ver=30>

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Practice Guidance on the Use of TIPS, Variceal Embolization, and Retrograde Transvenous Obliteration in the Management of Variceal Hemorrhage. ([updated June 2023]). Retrieved 2 2025, from American Association for the Study of Liver Diseases (AASLD): https://journals.lww.com/hep/fulltext/2024/01000/aasld_practice_guidance_on_the_use_of_tips,.23.aspx

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Keywords:

SHP Medical 256, SHP Transjugular Intrahepatic Portosystemic Shunt, TIPSS, Bleeding gastric varices, esophageal varices, ectopic varices, Budd-Chiari syndrome, Portal hypertensive gastropathy, Refractory hepatic hydrothorax