

Transjugular Intrahepatic Portosystemic Shunt (TIPSS)

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<u>Coverage Policy</u>	Medical 256
<u>Version</u>	5

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

Purpose:

This policy addresses the medical necessity of transjugular Intrahepatic Portosystemic Shunt

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)

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.

Document History:

Revised Dates:

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

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- 2024: March
- 2023: March
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- 2021: March
- 2020: April
- 2018: December
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- December 2008

