

Transjugular Intrahepatic Portosystemic Shunt (TIPSS)

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Coverage Policy	Medical 256
Version	5

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Purpose:

This policy addresses the medical necessity of Transjugular Intrahepatic Portosystemic Shunt (TIPSS) procedure.

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:

- Individual with indications of **ALL** 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

Reviewed Dates:

- 2024: March
- 2022: March
- 2021: March
- 2020: April
- 2018: December
- 2017: December
- 2016: June
- 2011: October
- 2010: November

Effective Date:

- December 2008

Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

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