

Transjugular Intrahepatic Portosystemic Shunt (TIPSS), Medical 256

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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.*.

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 **NOT COVERED** for **ANY** of the following conditions:

- 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. Annual review completed, no changes references updated.
- 2024: 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.

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 Virginia Medicaid products.
- Authorization Requirements: Pre-certification by the Plan is required.
- Special Notes:
 - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
 - 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.
 - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. 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.
 - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

28th Edition. (2025). Retrieved 2 2025, from MCG: <https://careweb.careguidelines.com/ed28/index.html>

alfapump System (Sequana Medical NV) for Recurrent or Refractory Ascites - Emerging Technology Report. (2025, 1). Retrieved 2 2025, from Hayes: <https://evidence.hayesinc.com/report/pg.alfapump>

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>

Hepatocellular Carcinoma. (2024, 4). Retrieved 2 2025, from National Comprehensive Cancer Network NCCN: https://www.nccn.org/professionals/physician_gls/pdf/hcc.pdf

Overview of transjugular intrahepatic portosystemic shunts (TIPS). (2025, 1). Retrieved 2 2025, from UpToDate: https://www.uptodate.com/contents/overview-of-transjugular-intrahepatic-portosystemic-shunts-tips?search=transjugular%20intrahepatic%20portosystemic%20shunt&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1

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

Provider Manuals. (2025). Retrieved 2 2025, from DMAS: <https://www.dmas.virginia.gov/for-providers/>

Transjugular Intrahepatic Portosystemic Shunt (TIPS). (2023, 6). Retrieved 2 2025, from Radiological Society of North America (RSNA): <https://www.radiologyinfo.org/en/info/tips#5ba7ad0117a6438c91bb61a48945d3e3>

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