

# Transjugular Intrahepatic Portosystemic Shunt (TIPSS)

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[Effective Date](#) 12/2008  
[Next Review Date](#) 3/26/2024  
[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

## 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).

(2024). Retrieved Feb 2024, from MCG 27th Edition: <https://careweb.careguidelines.com/ed27/index.html>

(2024). Retrieved Feb 2024, from CMS: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=transvenous+intrahepatic+portosystemic+shunt&keywordType=starts&arealId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

(2024). Retrieved Feb 2024, from DMAS Provider Manual:  
[https://vamedicaid.dmas.virginia.gov/pdf\\_chapter/practitioner#gsc.tab=0](https://vamedicaid.dmas.virginia.gov/pdf_chapter/practitioner#gsc.tab=0)

(2024). Retrieved Feb 2024, from Carelon Medical Benefits Management:  
[https://guidelines.carelonmedicalbenefitsmanagement.com/?s=Transjugular+intrahepatic+portosystemic+shunt&et\\_pb\\_searchform\\_submit=et\\_search\\_process&et\\_pb\\_search\\_cat=11%2C1%2C96&et\\_pb\\_include\\_posts=yes](https://guidelines.carelonmedicalbenefitsmanagement.com/?s=Transjugular+intrahepatic+portosystemic+shunt&et_pb_searchform_submit=et_search_process&et_pb_search_cat=11%2C1%2C96&et_pb_include_posts=yes)

Automated Low-Flow Ascites Pump (alfapump; Sequana Medical NV) for Refractory Ascites - Emerging Technology Report: Jan 18, 2024. (n.d.). Retrieved Feb 2024, from Hayes: <https://evidence.hayesinc.com/report/pg.alfapump>

Diagnosis, Evaluation, and Management of Ascites, Spontaneous Bacterial Peritonitis and Hepatorenal Syndrome: 2021 Practice Guidance. (2021). Retrieved Feb 2024, from American Association for the Study of Liver Diseases (AASLD): <https://aasldpubs.onlinelibrary.wiley.com/doi/epdf/10.1002/hep.31884>

North American Practice-Based Recommendations for Transjugular Intrahepatic Portosystemic Shunts in Portal.

(2022). Retrieved Feb 2024, from Clinical Gastroenterology and Hepatology:  
<https://pdf.sciencedirectassets.com/273402/1-s2.0-S1542356522X00074/1-s2.0-S1542356521007497/main.pdf?X-Amz-Security-Token=IQoJb3JpZ2LuX2VjEO%2F%2F%2F%2F%2F%2F%2F%2F%2F%2F%2F%2FwEaCXVzLWVhc3QtMSJGMEQCIH6yt9RG7L5zAfnicehvoYiUO3sLXQvojkmf8vOlwA%2BkAiAxHEph1LWz>

Overview of transjugular intrahepatic portosystemic shunts (TIPS). (2024, Jan). Retrieved Feb 2024, from UpToDate: [https://www.uptodate.com/contents/overview-of-transjugular-intrahepatic-portosystemic-shunts-tips?search=intrahepatic%20portosystemic%20shunt&source=search\\_result&selectedTitle=1%7E150&usage\\_type=default&display\\_rank=1](https://www.uptodate.com/contents/overview-of-transjugular-intrahepatic-portosystemic-shunts-tips?search=intrahepatic%20portosystemic%20shunt&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1)

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.*

### 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