

Transjugular Intrahepatic Portosystemic Shunt (TIPSS)

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<u>Effective Date</u>	12/2008
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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 (TIPSS).

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

Reviewed Dates:

- 2024: March
- 2023: March
- 2022: March
- 2021: March
- 2020: April
- 2018: December
- 2017: December
- 2016: June
- 2011: October
- 2010: November

Effective Date:

- December 2008

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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Special Notes: *

This medical policy expresses Sentara Health Plan’s determination of medically necessity of services, and they are based upon a review of currently available clinical information. 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.

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