



MASSACHUSETTS

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## Medical Policy

# Transjugular Intrahepatic Portosystemic Shunt (TIPS)

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### Policy Number: 370

BCBSA Reference Number: 7.01.53A

### Related Policies

None

### Policy

#### **Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members**

Transjugular Intrahepatic Portosystemic Shunt (TIPS) is **MEDICALLY NECESSARY** in the following patients with esophageal varices:

- Patients who have failed sclerotherapy or band ligation, and have acute bleeding from esophageal varices,
- Patients who have failed sclerotherapy and band ligation, who require long-term bleeding control from esophageal varices,
- Patients with end-stage liver disease who are liver transplant candidates and require bleeding control from esophageal varices, and
- Patients with refractory ascites.

TIPS is **NOT MEDICALLY NECESSARY** for the following indications:

- Therapy for refractory ascites and portal decompression in patients with hepatic venous outflow obstruction (Budd-Chiarri syndrome),
- Initial therapy for acute variceal hemorrhage,
- Initial therapy to prevent first variceal hemorrhage,
- Initial therapy to prevent recurrent variceal hemorrhage, and
- Reduction of intra-operative morbidity during liver transplant surgery.

### Prior Authorization Information

#### **Commercial Members: Managed Care (HMO and POS)**

Prior authorization is **NOT** required.

#### **Commercial Members: PPO, and Indemnity**

Prior authorization is **NOT** required.

**Medicare Members: HMO Blue<sup>SM</sup>**

Prior authorization is **NOT** required.

**Medicare Members: PPO Blue<sup>SM</sup>**

Prior authorization is **NOT** required.

**CPT Codes / HCPCS Codes / ICD-9 Codes**

*The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

**CPT Codes**

<b>CPT codes:</b>	<b>Code Description</b>
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)

**ICD-9 Diagnosis Codes**

<b>ICD-9-CM diagnosis codes:</b>	<b>Code Description</b>
456.0	Esophageal varices with bleeding
456.1	Esophageal varices without mention of bleeding
456.20	Esophageal varices in diseases classified elsewhere, with bleeding
456.21	Esophageal varices in diseases classified elsewhere, without mention of bleeding
572.3	Portal hypertension
572.8	Other sequelae of chronic liver disease
751.62	Congenital cystic disease of liver
789.59	Other ascites

**ICD-10 Diagnosis Codes**

<b>ICD-10-CM Diagnosis codes:</b>	<b>Code Description</b>
I85.00	Esophageal varices without bleeding
I85.01	Esophageal varices with bleeding
I85.10	Secondary esophageal varices without bleeding
I85.11	Secondary esophageal varices with bleeding
K72.10	Chronic hepatic failure without coma
K72.11	Chronic hepatic failure with coma
K72.90	Hepatic failure, unspecified without coma

K72.91	Hepatic failure, unspecified with coma
K76.6	Portal hypertension
Q44.6	Cystic disease of liver
R18.8	Other ascites

## Description

Transjugular Intrahepatic Portosystemic Shunt (TIPS) is a radiological procedure used to control bleeding from portal hypertension when nonsurgical interventions have failed. TIPS may also be used for patients with end-stage liver disease awaiting transplantation. TIPS is performed percutaneously through the jugular vein and involves the creation of a permanent shunt between the portal and hepatic veins, easing hypertension. This is followed by reinforcement of the tract with a metallic stent (wall stent). TIPS is usually performed in the angiography or interventional radiology lab under intravenous anesthesia.

## Summary

Results from several studies have shown that, compared to transendoscopic treatment, TIPS was associated with a decreased rebleeding rate but higher incidence of hepatic encephalopathy. Overall, studies suggest that the TIPS procedure should be limited to those patients with variceal bleeding who fail initial transesophageal endoscopic therapy.

## Policy History

Date	Action
5/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
10/2011	Reviewed - Medical Policy Group - Gastroenterology, Nutrition, Organ Transplantation. No changes to policy statements.
11/2010	Reviewed - Medical Policy Group - Gastroenterology, Nutrition, Organ Transplantation. No changes to policy statements.
11/2009	Reviewed - Medical Policy Group - Gastroenterology, Nutrition, Organ Transplantation. No changes to policy statements.
11/2008	Reviewed - Medical Policy Group - Gastroenterology, Nutrition, Organ Transplantation. No changes to policy statements.
11/2007	Reviewed - Medical Policy Group - Gastroenterology, Nutrition, Organ Transplantation. No changes to policy statements.

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

## References

1. Rossle M, Deibert P, Haag K et al. Randomised trial of transjugular-intrahepatic-portosystemic shunt versus endoscopy plus propranolol for prevention of variceal rebleeding. *Lancet* 1997; 349(9058):1043-9.
2. Sauer P, Theilmann L, Stremmel W et al. Transjugular intrahepatic portosystemic stent shunt versus sclerotherapy plus propranolol for variceal rebleeding. *Gastroenterology* 1997; 113(5):1623-31.
3. Cabrera J, Maynar M, Granados R et al. Transjugular intrahepatic portosystemic shunt versus sclerotherapy in elective treatment of variceal hemorrhage. *Gastroenterology* 1996; 110(3):832-9.

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5. Pomier-Layrargues G, Villeneuve JP, Deschenes M et al. Transjugular intrahepatic portosystemic shunt (TIPS) versus endoscopic variceal ligation in the prevention of variceal rebleeding in patients with cirrhosis: a randomised trial. *Gut* 2001; 48(3):390-6.
6. Rossle M, Ochs A, Gulberg V et al. A comparison of paracentesis and transjugular intrahepatic portosystemic shunting in patients with ascites. *N Engl J Med* 2000; 342(23):1701-7.
7. Sauer P, Hansmann J, Richter GM et al. Endoscopic variceal ligation plus propranolol vs. transjugular intrahepatic portosystemic stent shunt: a long-term randomized trial. *Endoscopy* 2002; 34(9):690-7.
8. Escorsell A, Banares R, Garcia-Pagan JC et al. TIPS versus drug therapy in preventing variceal rebleeding in advanced cirrhosis: a randomized controlled trial. *Hepatology* 2002; 35(2):385-92.
9. Gulberg V, Schepke M, Geigenberger G et al. Transjugular intrahepatic portosystemic shunting is not superior to endoscopic variceal band ligation for prevention of variceal rebleeding in cirrhotic patients: a randomized, controlled trial. *Scand J Gastroenterol* 2002; 37(3):338-43.
10. Gines P, Uriz J, Calahorra B et al. Transjugular intrahepatic portosystemic shunting versus paracentesis plus albumin for refractory ascites in cirrhosis. *Gastroenterology* 2002; 123(6):1839-47.