Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

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Benefit Information

Category: Surgery

Title: Transjugular Intrahepatic Portosystemic Shunt (TIPS)

Procedure Code(s): 36481

Description / Background

The transjugular intrahepatic portosystemic shunt (TIPS) procedure is performed percutaneously through the jugular vein and involves the creation of a permanent intrahepatic shunt between the hepatic and portal veins, easing portal hypertension. TIPS is usually performed in the angiography or interventional radiology lab under intravenous anesthesia.

The TIPS procedure has been investigated as a treatment of many of the complications of portal hypertension; i.e., acute and chronic variceal varices and refractory ascites. TIPS has also been used prophylactically in liver transplant candidates who are awaiting a donor organ and who are considered at high risk of variceal bleeding.

CPT / HCPCS Level II Codes and Description

36481	Percutaneous portal vein catheterization by any method

Diagnoses / Medical Conditions

- Esophageal varices with bleeding
- Esophageal varices in diseases classified elsewhere
- Cirrhosis of liver without mention of alcohol
- Portal hypertension
- Congenital cystic disease of liver
- Ascites

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Medical Policy Statement

The safety and effectiveness TIPS have been established. It may be considered a useful therapeutic option for the following conditions:

- Acute variceal bleeding that cannot be successfully controlled with medical treatment or sclerotherapy
- Recurrent variceal bleeding in patients who are resistant to or intolerant of conventional medical management, sclerotherapy or pharmacologic therapy;
- Patients with end-stage liver disease who are active candidates for liver transplants and who require control of bleeding as a result of esophageal varices.

Rationale

The TIPS procedure was initially investigated and has been widely used as a treatment of both acute and recurrent varices. Treatment alternatives include various types of transesophageal endoscopic therapy, such as sclerotherapy or ligation. Several randomized trials comparing TIPS with sclerotherapy or ligation as a treatment of variceal rebleeding have been published. More recently, the technique has been investigated as a treatment of refractory ascites associated with portal hypertension, and a prophylactic technique in liver transplant candidates with esophageal varices considered at high risk of esophageal bleeding. While patients with refractory ascites represent a patient population with a grim overall prognosis, the TIPS procedure may be considered a possible treatment alternative to repeated paracenteses.

Medical Policy Position Summary (Non-clinical summary statement for customer use)

The safety and effectiveness TIPS have been established. It may be considered a useful therapeutic option for the following conditions:

- Acute variceal bleeding that cannot be successfully controlled with medical treatment or sclerotherapy
- Recurrent variceal bleeding in patients who are resistant to or intolerant of conventional medical management, sclerotherapy or pharmacologic therapy;
- Patients with end-stage liver disease who are active candidates for liver transplants and who require control of bleeding as a result of esophageal varices.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

A tendency to shunt closure requires close observation of the inserted stent. Sonograms are generally performed within 24 hours of insertion, at three to six- month intervals for the first year and at six to nine- month intervals thereafter.

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TIPS is considered not medically appropriate for the following indications:

- As therapy for refractory ascites and portal decompression for patients with venous outflow obstruction (Budd-Chiari Syndrome).
- As initial therapy of acute variceal hemorrhage.
- As initial therapy to prevent initial or recurrent variceal hemorrhage other than for patients awaiting a liver transplant.
- For reduction of intra-operative morbidity during liver transplant surgery.

Hyperlink (Audit criteria)

Related Policies

N/A

Hyperlink

Medicare Information

Transjugular Intrahepatic Portosystemic Shunt (TIPS) refers to the surgical procedure used to reduce portal hypertension in cirrhotic patients who are poor surgical candidates and who may be hemorrhaging or have intractable ascites.

The two accepted indications for TIPS are:

- Acute variceal bleeding that cannot be successfully controlled with medical treatment, including sclerotherapy; and,
- Recurrent variceal bleeding in patients who are refractory or intolerant to conventional medical management, including sclerotherapy and pharmacologic therapy.

TIPS is not recommended for initial therapy of acute variceal hemorrhage, initial therapy to prevent initial or recurrent variceal hemorrhage or reduction of intraoperative morbidity during liver transplant surgery

Covered for:

456.0 Esophageal varices with bleeding
456.20 Esophageal varices in diseases classified elsewhere, with bleeding
572.3 Portal hypertension
789.50-789.57 Ascites

(The above Medicare information is current as of the review date for this policy. However, since Medicare coverage issues and policies may be updated or revised by Centers for Medicare & Medicare Services (CMS, formerly HCFA) on a frequent basis, the most current information may not be contained in this document. For the most current information, you should contact an official source.

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References

- Blue Cross Blue Shield Association Medical Policy # 7.01.63. "Transjugular Intrahepatic Portosystemic Shunt," effective date 10/23/01.
- Gonzalez-Garcia, Monica, MD and Agustin Albillos, MD, "Transjugular intrahepatic portosystemic shunt compared with endoscopic treatment for prevention of variceal rebleeding: a meta-analysis," *Gastrointestinal Endoscopy*, Volume 52, Number 2, August 2000, © 2000 American Society for Gastrointestinal Endoscopy
- Harold O. Conn MD, "Portal hypertension, varices, and transjugular intrahepatic portosystemic shunts". *Clinics in Liver Disease*, Volume 4, Number 1, February 2000, Copyright © 2000 W. B. Saunders Company.
- WPS (Wisconsin Physicians' Services), Medicare Part B, *Local Medical Review Policy* (LMRP), Policy number S-47.1, "Transjugular Intrahepatic Portosystemic Shunt (TIPS)," last revision date June 27, 2000.

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Joint BCBSM/BCN Medical Policy History

Date	Rationale
6/4/02	Joint medical policy established
11/18/03	See comment below

Next Review: This policy is established and is no longer subject to periodic review.

Pre-Consolidation Medical Policy History

Original Policy Date		Comments
BCN	N/A	Revised: N/A
BCBSM	6/30/97	Revised: 12/15/00

Hyperlink Secured for internal use only (Internal information, e.g., Medical Policy Committee minutes, etc.)

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BLUE CARE NETWORK

POLICY: TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS PROCEDURE)

I. Coverage Determination:

The TIPS procedure is medically appropriate in the treatment of acute and/or recurrent variceal bleeding that is not controlled by more conservative measures.

II. Benefit Information:

Appropriate hospital copayments will apply

- BCN 1, BCN 5, BCN 5 Michigan Catholic Conference, FEP – no copayment
- BCN 10, BCN Non-Group, Personal Plus – The hospital copayment is 25% of all hospital-billed fees for facility, professional and related services received while an inpatient and for outpatient surgery. All copayments made for hospital-billed fees apply to a hospital copayment maximum. Once the maximum is reached, no copays will be taken for hospital-billed services for the rest of the year.
- BCN Basic – All hospital inpatient and outpatient services are subject to a 20% copayment. Where more than one service is provided at one time, all the applicable copayments apply. Certain copayments will accumulate toward an annual copayment. Once the annual copayment maximum is reached in any calendar year, the copayments for benefits that are described as applicable toward the annual copayment maximum are waived.

Requires plan approval with clinical review? ☐ Yes ☒ No ☐ N/A (Not covered)

III. Benefit Exclusions:

The TIPS procedure is not considered medically appropriate in the treatment of the following:

- refractory ascites resulting from venous outflow obstruction
- initial treatment for acute or recurrent variceal bleeding that has not had a trial of more conservative treatment

IV. Administrative Guidelines:

The member's contract must be active at the time the service is rendered.
The service must be authorized by the member's PCP.
Services must be performed by a BCN-contracted provider, if available.
Appropriate copayments will apply.
CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.
Payment is based on BCN payment rules, individual certificate benefits, and certificate riders.
Duplicate (back-up) equipment is not a covered benefit.

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V. Effective Date:

Policy taken off routine review schedule: 11/18/03
Joint policy effective date: 6/04/02
Supersedes benefit information of: N/A

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