COVERAGE:

Transjugular Intrahepatic Portosystemic Shunt (TIPS) MAY BE ELIGIBLE FOR COVERAGE for the following indications:

• 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 control from esophageal varices.

TIPS is considered investigational and IS NOT ELIGIBLE FOR COVERAGE for the following situations:

• as therapy for refractory ascites and portal decompression for patients with hepatic venous outflow obstruction (Budd-Chiari syndrome); and

• for reduction of intra-operative morbidity during liver transplant surgery.

As initial therapy, TIPS is considered not medically necessary and IS NOT ELIGIBLE FOR COVERAGE for the following situations:

• acute variceal hemorrhage; and
• prevention of initial or recurrent variceal hemorrhage.

SPECIAL COMMENT ON POST-OPERATIVE SONOGRAMS: A tendency to shunt closure requires close observation of the inserted metallic shunt. Sonograms are generally performed:

• within 24 hours of insertion,
• at 3 to 6 month intervals for the first year, and
• at 6 to 9 month intervals thereafter.

Sonograms performed post-operatively following a TIPS procedure MAY BE ELIGIBLE FOR COVERAGE as a method to monitor shunt patency.

DESCRIPTION:

Transjugular Intrahepatic Portosystemic Shunt (TIPS) is a procedure to introduce, via the jugular vein, a channel of blood flow between the hepatic and portal veins. The shunt is maintained by a metallic stent. This procedure takes one to three hours and is performed in
the angiography or interventional radiology lab under intravenous anesthesia.

The primary goal of TIPS is to ease portal hypertension, a complication of liver disease, and was originally created as a bridge to liver transplantation.

RATIONALE:
None

DISCLAIMER:
State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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