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TABLE OF CONTENTS

Plans In Scope 1

Background & Purpose: 1

Coverage Indications: 2

- Medically Necessary Use 2
- Experimental/Investigational Use 2
- Exclusions 2

Limitations 2

Medical Records Documentation 3

Definitions 3

Applicable Codes 3

Policy/Revision History 4

References: 4

PLANS IN SCOPE

Aspirus Health Plan

BACKGROUND & PURPOSE:

Implantable surgical mesh is a medical device used to reinforce weakened or damaged tissue during surgical procedures. Mesh has been utilized for decades in hernia repair and abdominal wall reconstruction, and its use has been evaluated in randomized controlled trials, systematic reviews, and evidence-based national and international clinical guidelines.

The purpose of this policy is to:

- Define when implantable mesh is considered medically appropriate
- Distinguish evidence-supported indications from those considered experimental or investigational

- Clarify that coding or billing designations do not establish medical necessity or coverage

This policy is structured as a framework medical policy. It does not endorse specific products, manufacturers, or surgical techniques and delegates procedural and technical decision-making to evidence-based clinical guidelines and provider judgment.

COVERAGE INDICATIONS:

Medically Necessary Use

Implantable mesh may be considered medically necessary when all of the following conditions are met:

- The mesh is used as part of a hernia repair or abdominal wall reconstruction
- The underlying surgical procedure is otherwise medically necessary
- The use of mesh is consistent with:
  - Evidence-based national or international specialty society guidelines (e.g., HerniaSurge, SAGES, European Hernia Society, Americas Hernia Society)
  - Accepted standards of surgical practice for the specific hernia type and clinical scenario

This policy does not mandate or restrict the use of a specific mesh material, fixation method, or surgical approach for covered indications.

Experimental/Investigational Use

Implantable mesh is considered experimental and investigational when used for indications for which there is insufficient evidence of safety and effectiveness, including but not limited to:

- Breast reconstruction or cosmetic soft-tissue reinforcement
- Transvaginal pelvic organ prolapse repair
- Other non-hernia indications lacking support from high-quality clinical evidence or specialty society guidelines

Services determined to be experimental or investigational are not covered.

Exclusions

The following are not covered under this policy:
Implantable mesh used solely for:

- Experimental or investigational indications
- Procedures that are otherwise non-covered or not medically necessary
- Implantable mesh used outside the scope of a covered surgical service

LIMITATIONS

Coverage under this policy is subject to the following limitations:
This policy:

- Does not guarantee coverage based on the presence of a HCPCS, CPT, or ICD-10 code
- Does not endorse specific mesh products, brands, or manufacturers

Synthetic mesh:

- Is generally supported by higher-quality clinical evidence
- Is considered standard of care for most hernia repair indications

Biologic and biosynthetic mesh:

- Have not demonstrated superiority over synthetic mesh in clinical outcomes
- Are supported by limited or inconsistent evidence
- May be associated with higher recurrence rates and increased cost
- May be subject to additional utilization management review

Selection of mesh type, surgical technique, and fixation method is delegated to the treating provider and should be informed by:

- Specialty society guidelines
- Patient-specific clinical factors
- Professional judgment

Use of implantable mesh in high-risk or complex clinical scenarios may be reviewed on a case-by-case basis.

MEDICAL RECORDS DOCUMENTATION

Benefit coverage is determined by review of member specific benefit plan information and all applicable laws. Medical records documentation may be required to assess if the member meets criteria; however, provision of records does not guarantee coverage.

DEFINITIONS

Implantable Mesh: A surgically implanted medical device intended to reinforce, repair, or replace weakened or damaged tissue.

Hernia Repair: A surgical procedure performed to correct a hernia defect, which may include reinforcement of tissue with mesh.

Abdominal Wall Reconstruction: A surgical procedure intended to restore the structure and function of the abdominal wall, which may include the use of mesh.

Experimental / Investigational: A service or device for which there is insufficient evidence to establish safety and effectiveness for the intended use.

APPLICABLE CODES

Note: The code list below is provided for guidance. Not all procedures will contain these codes. Code coverage will depend on coverage guidelines above. All intrauterine procedure coverage requests will require medical review.

Code Type	Code	Description
C7181	HCPCS	Mesh, implantable

POLICY/REVISION HISTORY

Date	Summary of Changes	Approval By
06/10/26	Initial Policy Development	Optum Medical and Pharmacy Subcommittee

REFERENCES:

Guidelines (National & International)

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Rosen, M. J., Krpata, D. M., Petro, C. C., Carbonell, A. M., Warren, J., Poulose, B. K., … Prabhu, A. S. (2022). *Biologic vs synthetic mesh for single-stage repair of contaminated ventral hernias: A randomized clinical trial*. **JAMA Surgery, 157**(4), 293–301. https://doi.org/10.1001/jamasurg.2021.6902

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U.S. Food and Drug Administration. (2016). *Premarket approval for surgical mesh for transvaginal pelvic organ prolapse repair*. **Federal Register, 81**, 364–368. Accessed 04/22/26.

U.S. Food and Drug Administration. (2019). *FDA orders manufacturers of surgical mesh intended for transvaginal repair of pelvic organ prolapse to stop selling all devices*. https://www.fda.gov. Accessed 04/22/26.

Nondiscrimination & Language Access Policy

Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:
Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If *you* need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If *you* believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If *you* need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help *you*.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.Telefononi në 1-800-332-6501 (TTY: 711).

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف1-800-332-6501(رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zurVerfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: _यान द_: य_द आप ि हंदी बोलते ह_ तो आपके ि लए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_।1-800-332-6501 (TTY: 711) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.1-800-332-6501 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文， 您可以免費獲得語言援助服務。請 致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-332-6501 (TTY: 711).

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