

Table 2. Paired Approach/Resection CPT Codes for Vestibular Schwannoma (VS) Excision²

CPT Code	Description	Procedure	Co-surgeon Indicator*
<i>Approach Codes</i>			
61595	Transtemporal approach to the posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization	Retrosigmoid or translabyrinthine approach	1
61596	Transcochlear approach to the posterior cranial fossa, jugular foramen or midline skull base including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery	Translabyrinthine approach	1
61591	Infratemporal approach to the middle cranial fossa (Internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of the contents of the auditory canal or petrous carotid artery	Middle fossa approach	1
<i>Resection Codes</i>			
61616	Resection or excision of a neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies, Intradural, including dural repair, with or without graft	Retrosigmoid, translabyrinthine or middle fossa excision of VS	1

²Derived from AMA, 1993.

Abbreviations: CPT, Current Procedural Terminology; VS, vestibular schwannoma

*Co-surgeon indicator: 0 = co-surgeon not permitted; 1 = co-surgeon may be allowed if documentation supports; 2 = co-surgeon permitted without additional documentation.

For vestibular schwannoma resection, these codes are linked to ICD10 code D33.3, benign neoplasm of the cranial nerves.