



Government of **Western Australia**
Department of **Health**

Western Australian Coding Rule

0722/18 Limbal stem cell deficiency causing conjunctivalisation

In Twelfth Edition an ICD-10-AM Alphabetic Index entry has been created for Deficiency, limbal stem cell. Q2988 *Limbal stem cell deficiency and resulting corneal conjunctivalisation* was retired on 30 June 2022.



Western Australian Coding Rule

1215/06 Limbal stem cell deficiency causing conjunctivalisation

WA Coding Rule 0515/03 *Limbal stem cell deficiency causing conjunctivalisation* is superseded by ACCD Coding Rule ***Limbal stem cell deficiency and resulting corneal conjunctivalisation*** (Ref No: Q2988) effective 1 January 2016; (log in to view on the [ACCD CLIP portal](#)).

DECISION

WA Coding Rule 0515/03 *Limbal stem cell deficiency causing conjunctivalisation* is retired.

[Effective 01 January 2016, ICD-10-AM/ACHI/ACS 9th Ed.]

RETIRED



Western Australian Coding Rule

0515/03 Limbal stem cell deficiency causing conjunctivalisation

Q.

What is the correct diagnosis code to assign for limbal stem cell deficiency causing conjunctivalisation?

A.

The limbus is the junction between the cornea and the sclera marked on the outer surface of the eyeball by a slight furrow, also called the corneo-scleral junction

The conjunctiva is a membrane that lines eyelids and covers the exposed surface of the sclera but does not line the cornea.

The corneal epithelial cells undergo constant renewal and regeneration. The stem cells responsible for this corneal epithelial renewal are in the basal epithelium at the limbus. Limbal stem cells (LSCs) maintain the integrity of the corneal surface, and the limbus also functions as a physical barrier that prevents conjunctival epithelium from growing onto the cornea.

In limbal stem cell deficiency, (LSCD) the corneal epithelium cannot be renewed and is replaced by the conjunctival epithelial cells (+/-neovascularisation), i.e. the process of conjunctivalisation of the cornea.

LSCD can lead to corneal opacity and vascularisation, with consequent visual impairment or blindness. Many acquired and congenital diseases can lead to LSCD by direct injury to the LSCs, destruction of the LSC junction, or both. Based on the severity of the disease, LSCD can present with various symptoms and signs. Common causes of acquired LSCD include chemical and thermal burns, multiple ocular surgeries involving the limbal region, contact lens wear, and ocular surface inflammatory diseases.

There is no Index entry in ICD-10-AM for conjunctivalisation caused by limbal stem cell deficiency. We recommend assigning the code H18.8 *Other specified disorders of cornea* by following the Index pathway:

Disease

- cornea

- - specified NEC

Additional codes for the underlying cause or external cause may be assigned, depending on documentation.

DECISION

Limbal stem cell deficiency causing conjunctivalisation should be coded to H18.8 *Other specified disorders of cornea*. Additional codes for the underlying cause or external cause may be assigned, depending on the documentation. This query will be sent to the ACCD.

[Effective 13 May 2015, ICD-10-AM/ACHI/ACS 8th Ed.]