

For this update, VA added a special task to the committee's charge to evaluate the evidence of any association between neurodegenerative diseases with Parkinson-like symptoms and herbicide exposure. Strictly speaking, "genuine" or primary PD is a diagnosis of exclusion, and a patient with Parkinson-like symptoms would be diagnosed as having "Secondary Parkinsonism" if his condition were known to have been caused by exposure to herbicides, as indicated by the description of ICD-9 332.1 in [Table 11-2](#). For some patients with Parkinson-like symptoms, the details of their medical records may establish that their condition is definitively attributable to a specific genetic syndrome or to some identified external agent (other than possible exposure to herbicides in Vietnam). Contemporary sophisticated techniques and a thorough knowledge of a patient's history may permit making distinctions among conditions having characteristics of PD with some degree of confidence, but in practice clinicians would not be expected to uniformly settle on the same diagnostic code for a given patient. Such variations in diagnostic specificity are factors that extend to the epidemiology studies supporting the conclusion of prior VAO committees that there is limited or suggestive evidence of association between PD and exposure to the herbicides sprayed in Vietnam.

In the ICD coding system, several codes are allocated to conditions with constellations of symptoms that are Parkinson-like, but their assignments differ somewhat between the ICD-9 and the ICD-10 classifications, as shown in [Table 11-2](#). The revised coding system has progressed by providing individual codes for specific types of secondary Parkinsonism, which should facilitate VA's processing of claims submitted since the ICD-10 codes became effective on October 1, 2015. Because the veteran is to be given the benefit of the doubt in the claims process, the current committee does not judge it reasonable to exclude from coverage for this presumptively service-related condition any Vietnam veterans with Parkinsonian symptoms unless VA can definitively establish, on a case-by-case basis, that those symptoms are secondary to an external agent other than the herbicides sprayed in Vietnam or to a specific genetic condition.

Conclusions

On the basis of the evidence reviewed here and in previous VAO reports, the committee concludes that there is limited or suggestive evidence of an association between exposure to the COIs and PD, including Parkinson-like conditions such as Parkinsonism, in the setting of dementia, multiple system atrophy, and progressive supranuclear palsy.

