MEDICAL POLICY – 7.01.84

Semi-Implantable and Fully Implantable Middle Ear Hearing Aids

BCBSA Ref. Policy: 7.01.84

Effective Date: April 1, 2020
Last Revised: March 10, 2020
Replaces: N/A

RELATED MEDICAL POLICIES:
1.01.528 Hearing Aids (Excludes Implantable Devices)
7.01.03 Implantable Bone Conduction and Bone-Anchored Hearing Aids
7.01.05 Cochlear Implant

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | CODING | RELATED INFORMATION
EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

To hear, sounds waves travel through the outer ear to the eardrum, to the tiny bones of the middle ear, and into inner ear. The structures in the inner ear convert the vibrations into nerve signals that then travel along the auditory nerve to the brain. Typical hearing aids amplify or increase sounds as they are passed through the outer ear and middle ear. Other types of hearing aids can be implanted in the middle ear. These require a sound processor and an internal implant, which is located on one of the bones of the middle ear or the membrane of the inner ear. The processor picks up the sound and transmits the vibrations to the implant. The implant vibrates, which then sends signals to the inner ear. Middle ear implantable and semi implantable hearing aids are investigational (unproven). Studies to date have been small, and there’s not enough information to determine the safety and effectiveness of these types of middle ear hearing aids. More and larger studies are needed.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
Policy Coverage Criteria

<table>
<thead>
<tr>
<th>Device</th>
<th>Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle ear hearing aids</td>
<td>Semi-implantable and fully implantable middle ear hearing aids are considered investigational (eg, Vibrant Sound Bridge, Maxum System, and Esteem device)</td>
</tr>
<tr>
<td>Semi-implantable</td>
<td></td>
</tr>
<tr>
<td>Fully implantable</td>
<td></td>
</tr>
</tbody>
</table>

Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2230</td>
<td>Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear.</td>
</tr>
<tr>
<td>V5095</td>
<td>Semi-implantable middle ear hearing prosthesis</td>
</tr>
</tbody>
</table>

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Consideration of Age

The application of this policy to those 18 years of age or older is based on the FDA labeling. The FDA approval for the devices states that the devices are intended for use in adults, 18 years of age or older who have a moderate to severe sensorineural hearing loss and desire an alternative to an acoustic hearing aid.
Benefit Application

Benefit/contractual restrictions or exclusions for acoustic hearing aids for moderate-to-severe sensorineural hearing loss may apply.

Evidence Review

Description

Moderate-to-severe sensorineural hearing loss is often treated with external acoustic hearing aids, while conductive hearing loss can be treated with acoustic or bone conduction hearing aids when surgical or medical interventions do not correct hearing loss. Semi-implantable and fully implantable middle ear hearing aids detect sound and transduce signals directly to the ossicles in the middle ear and have been used as an alternative to external acoustic hearing aids.

Background

Hearing Loss

Hearing loss is described as conductive, sensorineural, or mixed, and can be unilateral or bilateral. Normal hearing is the detection of sound at or below 20 decibels (dB). The American Speech Language-Hearing Association has defined the degree of hearing loss based on pure-tone average detection thresholds as mild (20-40 dB), moderate (40-60 dB), severe (60-80 dB), and profound (≥80 dB).

Treatment

Sound amplification through the use of an air-conduction hearing aid can provide benefit to patients with sensorineural, conductive, or mixed hearing loss. Contralateral routing of signal is a system in which a microphone on the affected side transmits a signal to an air-conduction hearing aid on the normal or less affected side.

Patients with moderate-to-severe sensorineural hearing loss are typically fitted with external acoustic hearing aids. Conductive hearing loss may be treated with acoustic or bone conduction...
hearing aids when surgical or medical interventions are unable to correct hearing loss. However, these hearing aids may not be acceptable to patients, either due to issues related to anatomic fit, sound quality, or personal preference. In some cases, external acoustic hearing aids cannot be used due to external ear pathologies (eg, otitis externa).

Semi- and Fully Implantable Middle Ear Hearing Aids

Semi-implantable and fully implantable middle ear hearing aids are alternatives to external acoustic hearing aids. Two semi-implantable devices have Food and Drug Administration (FDA) approval: the Vibrant Soundbridge and the Maxum System. The devices consist of three components: a magnetic component that is implanted onto the ossicles of the middle ear, a receiver, and a sound processor. The Soundbridge device is implanted subcutaneously behind the ear while the processor is worn externally on the scalp over the receiver unit and held in place by a magnet. The Maxum System device is placed in the user’s ear canal while the processor rests over the external ear. In general, the sound processor receives and amplifies the sound vibrations and transforms the sound pressure into electrical signals that are received by the receiver unit. The receiver unit then transduces these electrical signals into electromagnetic energy and creates an alternating electromagnetic field with the magnetic component (floating mass transducer) implanted on the ossicles of the middle ear. This electromagnetic field results in attractive and repulsive forces on the magnetic implant, causing vibration of the bones of the middle ear similar to normal hearing.

One fully implantable middle ear hearing aid has FDA approval: the Esteem Implantable Hearing System. Similar to the semi-implantable devices, the fully implantable device consists of a sensor, a sound processor, and a driver connected to the ossicles. The sensor detects vibrations of the tympanic membrane and transforms the vibrations into electrical signals that are processed by the sound processor. The processor transduces these signals via piezoelectric transduction, as opposed to the electromagnetic transduction used in the semi-implantable devices. A piezoelectric transducer (the sensor) is placed at the head of the incus and converts mechanical vibrations detected from the tympanic membrane into electrical signals that are delivered to the stapes by another piezoelectric transducer (the driver).

Summary of Evidence

For individuals with hearing loss who receive semi-implantable or fully implantable middle ear hearing aids, the evidence includes the single-arm interventional studies submitted to the FDA, systematic reviews, and a number of observational series. The relevant outcomes include
symptoms, functional outcomes, quality of life, and treatment-related morbidity. The data have suggested implantable middle ear hearing aids may provide some improvement in hearing compared with conventional external acoustic hearing aids in patients with sensorineural hearing loss. However, given the safety and effectiveness of external acoustic hearing aids and the increased risks inherent in a surgical procedure, the semi- and fully implantable device must be associated with clinically significant improvement in various hearing parameters compared with external hearing aids. While safety concerns appear to be minimal, only a limited number of patients have been included in the clinical trials, and with a median duration of follow-up less than 5 years. Studies of patients with conductive or mixed hearing loss and aural atresia, when external acoustic hearing aids are not an option, have also demonstrated hearing benefit with semi-implantable middle ear hearing aids. However, these studies are few and limited to small numbers of patients. Therefore, conclusions on the safety and effectiveness of semi-implantable hearing aids are limited. Comparisons of semi-implantable devices with alternative hearing devices such as implantable bone-conduction and bone-anchored hearing aids would also be useful to determine device appropriateness for patients who are unable to use external air-conduction hearing aids. The evidence is insufficient to determine the effects of the technology on health outcomes.

Ongoing and Unpublished Clinical Trials

A search of ClinicalTrials.gov in January 2019 did not identify any ongoing or unpublished trials that would likely influence this review.

Practice Guidelines and Position Statements

The American Academy of Otolaryngology – Head and Neck Surgery

The American Academy of Otolaryngology – Head and Neck Surgery (2016) issued a position statement on implantable hearing devices, recently updated, which stated:

The American Academy of Otolaryngology – Head and Neck Surgery considers active middle ear implants as appropriate treatment for adults with moderate to severe hearing loss when performed by a qualified otolaryngologist-head and neck surgeon. Based on available literature demonstrating that clinically selected adults receive substantial benefit, implanting active middle ear implants is accepted medical practice in those who benefit from amplification but are unable to benefit from the amplification provided by conventional
hearing aids. Use of active middle ear implants, which have been Food and Drug Administration (FDA)-approved for these indications, should adhere to the restrictions and guidelines specified by the appropriate governing agency...

**Medicare National Coverage**

No national coverage determination has been published. The Medicare Benefit Policy Manual references hearing aids and auditory implants, stating that hearing aids are excluded from coverage. However, devices producing the “perception of sound by replacing the function of the middle ear, cochlea, or auditory nerve are payable by Medicare as prosthetic devices. These devices are indicated only when hearing aids are medically inappropriate or cannot be utilized due to congenital malformations, chronic disease, severe sensorineural hearing loss or surgery.” The benefit manual does not specifically refer to semi- or fully implantable hearing aids as prosthetic devices.

**Regulatory Status**

Two semi-implantable devices were approved by the FDA through the premarket approval process: the Vibrant® Soundbridge™ (MED-EL Corp.) in 2000 and the Direct System™ (Soundtec) in 2001. The Soundtec System was discontinued by the manufacturer Ototonix in 2004 due to performance issues; it was re-released in 2009 under the name Maxum™ System. Approved FDA labeling for both states that the devices are “…intended for use in adults, 18 years of age or older, who have a moderate to severe sensorineural hearing loss and desire an alternative to an acoustic hearing aid.” FDA product code: MPV.

In 2010, the Esteem® Implantable Hearing System (Envoy Medical, St. Paul, MN), a fully implantable middle ear hearing aid, was approved by FDA through the premarket approval process. FDA-approved labeling for the Esteem® hearing implant indicates it is “intended to alleviate hearing loss … in adults 18 years of age or older with stable bilateral sensorineural hearing loss.” FDA product code: OAF.

Another fully implantable middle ear hearing aid, the Carina® Fully Implantable Hearing Device, is in development (Otologics, now Cochlear), but does not have FDA approval. Phase 1 and 2 trials have been conducted in the United States under investigational device exemptions.1
References


### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/15/03</td>
<td>Add to Surgery Section - New Policy</td>
</tr>
<tr>
<td>06/08/04</td>
<td>Replace Policy - Policy reviewed; no change in policy statement.</td>
</tr>
<tr>
<td>06/14/05</td>
<td>Replace Policy - Policy reviewed with literature search; no change in policy statement.</td>
</tr>
<tr>
<td>07/11/06</td>
<td>Replace Policy - Policy updated with literature search; reference added; no change in policy statement.</td>
</tr>
<tr>
<td>05/13/08</td>
<td>Replace Policy - Policy updated with literature search; reference added; no change to the policy statement. Reference added.</td>
</tr>
<tr>
<td>01/12/10</td>
<td>Replace Policy - Policy updated with literature search; no change to the policy statement. Reference added.</td>
</tr>
<tr>
<td>06/13/11</td>
<td>Replace Policy - Policy updated with literature review, reference numbers 10-14 added, “fully implantable” hearing aid added to policy, title changed to reflect addition, fully implantable device, previously not addressed, is now considered investigational. ICD-10 codes added to policy.</td>
</tr>
<tr>
<td>06/26/12</td>
<td>Replace policy. Policy updated with literature review, rationale section reorganized, reference numbers 10-12, 14, 16 and 20 added, policy title changed with the removal of “for moderate to severe sensorineural hearing loss.” Policy statement unchanged. HCPCS code L8613 removed, as it does not apply to this policy.</td>
</tr>
<tr>
<td>09/28/12</td>
<td>Update Coding Section – ICD-10 codes are now effective 10/01/2014</td>
</tr>
<tr>
<td>10/18/12</td>
<td>Update Related Policy – 7.01.03 renumbered to 7.01.547.</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>05/28/13</td>
<td>Replace policy. Rationale section updated based on a literature review through February 2013; references 10, 12, 15, 23-27 added; others renumbered or removed. Policy statement unchanged.</td>
</tr>
<tr>
<td>03/21/14</td>
<td>Update Related Policies. Add 1.01.528.</td>
</tr>
<tr>
<td>06/13/14</td>
<td>Annual Review. Policy updated with literature review through February 11, 2014; references 1, 18-20, and 23 added; policy statement unchanged.</td>
</tr>
<tr>
<td>05/01/16</td>
<td>Annual Review, changes approved April 12, 2016. Policy updated with literature review through December 17, 2015; references 6 and 10-11 added; outdated references removed. Policy statement unchanged.</td>
</tr>
<tr>
<td>11/08/16</td>
<td>Minor update. Language was added to support that this policy applies to those ages 18 or older to align with FDA-labelling of the devices addressed. No change in policy statements.</td>
</tr>
<tr>
<td>05/01/17</td>
<td>Annual Review, changes approved April 11, 2017. Policy updated with literature review through December 20, 2016; references 1, 6-7, 41, and 43 added. Policy statement unchanged.</td>
</tr>
<tr>
<td>10/24/17</td>
<td>Policy moved to new format; no change to policy statements.</td>
</tr>
<tr>
<td>05/01/18</td>
<td>Annual Review, approved April 3, 2018. Policy updated with literature review through December 2017; no references added; reference 43 updated. Policy statement unchanged.</td>
</tr>
<tr>
<td>04/01/20</td>
<td>Delete policy, approved March 10, 2020. This policy will be deleted effective July 2, 2020, and replaced with InterQual criteria for dates of service on or after July 2, 2020.</td>
</tr>
</tbody>
</table>

**Disclaimer.** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member
benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
- Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera 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:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592. TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights 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)

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost.
Call 800-722-1471 (TTY: 800-842-5357).

Oromoo (Cushite):
Lakkoofsa bilibilia 800-722-1471 (TTY: 800-842-5357) ti bilibilia.

Frisch (French):

Kreyòl ayisyen (Creole):

Deutsche (German):

Hmooob (Hmong):
Tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb tsox koy daim ntawv thoiv koy peb koy cov tshaj xo no muaj cov ntsiab lus tseem ceeb. Tej zaum cov hnub tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum cov koy juav tau uu quee yam uas peb kom koy uf tshaj xo no. Tej zaum melas tsox koy juav tau uu quee yam uas peb kom koy uf tshaj xo no.

Illoko (Ilocano):
Daytoy a Pakdaar ket naglaon iti Napateg nga Impomarsyon. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impomarsyon maianggee iti aplikasyonu woy coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsy iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidieny nga addang sabbay dagiti partikular a naituding nga aldaw tapno mapagtalainedyo ti coverage ti salan-aty woy tulong katadgit gastos. Adda karbenganyo a mangala iti daytoy nga impomarsyon ken tulong iti bukodyo a pagasasao nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente.
Chiamate 800-722-1471 (TTY: 800-842-5357).
Este aviso poderá conter informações importantes. Pode ser necessário que você tome providências dentro de um certo período de tempo para se valer de seus direitos. Poderão existir datas importantes neste aviso.

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thể thông tin quan trọng về doanh sinh hoạt hàng ngày hoặc điều chỉnh các biện pháp tự bảo vệ. Không để, bạn có thể không thể giữ được trạng thái sức khỏe hoặc điều trị đúng đắn về các vấn đề khác.

Tabalog (Tagalog): Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay pag-aaral ng paksa sa pamamagitan ng Premera Blue Cross. Maaaring magaunang imparatibong开机或在过期前使用Premera Blue Cross.

日语 (Japanese): これに重要情報が含まれています。Premera Blue Crossの申請または補償に関する重要情報が含まれている場合があります。この情報は記載されている可能性がある重要な日付をご確認ください。健康保険やサポートを維持するには、特定の期限までに行動を取りなければならない場合があります。ご用命の言語による情報とサポートが電話番号で提供されます。800-722-1471 (TTY: 800-842-5357) までお電話ください。

한국어 (Korean): 본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관련하여 그리고 Premera Blue Cross 를 통해 커버지에 관련 정보를 포함하고 있을 수도 있습니다. 본 통지서는 빠끄나 되는 법안들이 있을 수 있습니다. 귀하와 귀하의 신청 커버지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일을 지키는 것이 필요할 수 있습니다. 귀하와 귀하의 신청과 관련된 비용 부담이 없을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

Русский (Russian): Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

日本語 (Japanese): この通知には重要な情報が含まれています。この通知には、Premera Blue Crossの申請または補償に関する重要な情報が含まれている場合があります。この情報は記載されている可能性がある重要な日付をご確認ください。健康保険やサポートを維持するには、特定の期限までに行動を取りなければならない場合があります。ご用命の言語による情報とサポートが電話番号で提供されます。800-722-1471 (TTY: 800-842-5357) までお電話ください。

한국어 (Korean): 본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관련하여 그리고 Premera Blue Cross 를 통해 커버지에 관한 정보를 포함하고 있을 수도 있습니다. 본 통지서는 빠끄나 되는 법안들이 있을 수 있습니다. 귀하와 귀하의 신청 커버지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일을 지키는 것이 필요할 수 있습니다. 귀하와 귀하의 신청과 관련된 비용 부담이 없을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

Русский (Russian): Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas claras en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costos alguno. Líme al 800-722-1471 (TTY: 800-842-5357).

اللغة العربية: هذا الردوى يحتوي على معلومات مهمة. عليك أن تأخذ هذه الملاحظة بعين الاعتبار في هذه الملاحظة لتتمكن من الحفاظ على معلوماتك وحماية مخاطرك. تقوم بتقديم خدماتك الصحيحة أو الدعم للاستماع إلى طلبك. 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai): ประกาศนี้มีข้อมูลที่สำคัญในการขอความร่วมมือของคุณและทีมงานเพื่อให้บริการสิทธิ์ของคุณในการขอความร่วมมือของคุณที่มีประโยชน์ต่อคุณ 800-722-1471 (TTY: 800-842-5357).


Український (Ukrainian): Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити деякі кроки у конкретній ситуації для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дозвоніться за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese): Thông báo này cung cấp thông tin quan trọng. Thông báo này có thể thông tin quan trọng về doanh sinh hoạt hàng ngày hoặc điều chỉnh các biện pháp tự bảo vệ. Không để, bạn có thể không thể giữ được trạng thái sức khỏe hoặc điều trị đúng đắn về các vấn đề khác.