June 2022
https://provider.amerigroup.com/WA
Provider Services:
Medicaid: **800-454-3730** • Medicare: **866-805-4589**

Amerigroup

Provider News

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Submit your information to us using the QR code to the left or click **here**.

Coverage provided by Amerigroup Inc.

WA-NL-0701-22

Medicaid | Medicare Advantage

COVID-19 information from Amerigroup Washington, Inc.

Amerigroup is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and the Washington State Department of Health to help us determine what action is necessary on our part. Amerigroup will continue to follow Washington State Department of Health guidance policies.

For additional information, reference our **website**.

WAPEC-2237-20

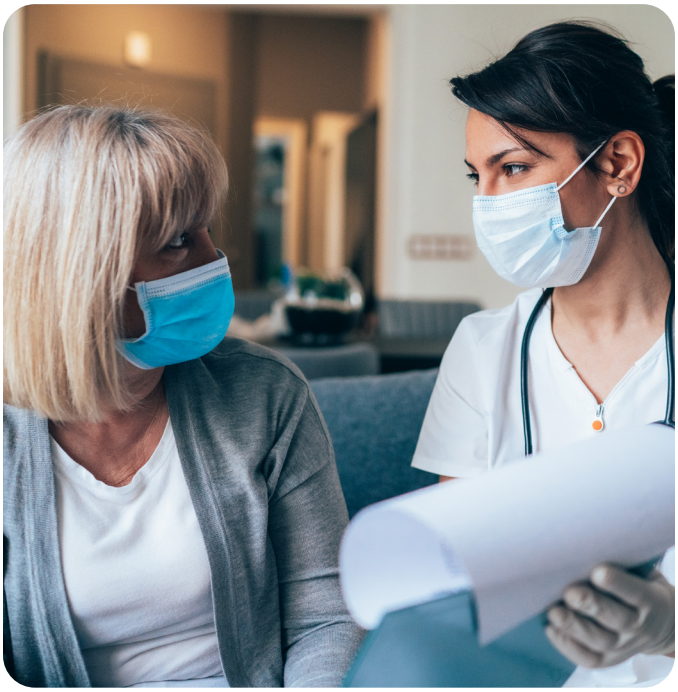
Medicaid | Medicare Advantage

Provider notice for COVID-19 testing

Evaluation and management services for COVID testing — professional

Effective with dates of service on or after September 1, 2022, Amerigroup Washington, Inc. will facilitate review of selected claims for COVID-19 visits reported with evaluation and management (E&M) services submitted by professional providers to align with CMS reporting guidelines. When the purpose of the visit is for COVID-19 testing only, reimbursement for CPT® code 99211 (office or other outpatient visit) is allowed when billed with place of service office (11), mobile unit (15), walk-in retail health clinic (17), or urgent care facility (20). Claims for exposure only may be affected. Professional providers are encouraged to code their claims to the highest level of specificity in accordance with ICD-10 coding guidelines.

Prior to payment, Amerigroup will review the selected claims to determine, in accordance with correct coding requirements and/or reimbursement policy as applicable, whether the E&M code level submitted as appropriate for the COVID-19 visit reported. If the visit is determined to be solely for the purpose of COVID-19 testing, Amerigroup will reimburse using CPT code 99211.



Professional providers that believe their medical record documentation supports reimbursement for the originally submitted level for the E&M service will be able to follow the Claims Payment Dispute process (including submission of such documentation with the dispute) as outlined in the provider manual.

If you have questions on this program, contact your Provider Solutions representative.

WA-NL-0694-22/AGPCRNL-0415-22

Network providers must be in active status in ProviderOne

The Health Care Authority (HCA) has announced that they will begin rejecting encounters for medical providers who are not in active status in ProviderOne. Effective January 1, 2022, Amerigroup Washington, Inc. will begin rejecting claims for providers who are not in active status with the HCA. If you are not in active status, contact the HCA at providerenrollment@hca.wa.gov or **800-562-3022, ext. 16137**.

As a reminder, providers cannot bill the client unless the client was informed prior to receiving services that the provider is not an active Apple Health provider. The client must agree to receive and pay for the services, and this agreement must be documented in the client's record.

Visit **https://bit.ly/3CZU5BT** to read the FAQ for Medicaid requirements for ordering, prescribing, and referring providers to assist your network. If you have further questions, email the HCA at mailbox hcamcprograms@hca.wa.gov with *Provider not in Active Status* in the subject line.

WA-NL-0606-21

Provider Coding Education (CME/CEU)

Webinar trainings are now available!

You can access all provider-coding education events for Amerigroup Washington, Inc. with one link. Amerigroup will add new topics to the training page, so please check it often. Enjoy informative webinars designed specifically for network providers, coders, billers, and office staff. A variety of helpful and educational topics relating to coding and documentation, claims and billing issues, member care, quality measures, and more are available. Join us!

Topic	Date	Time
HEDIS® Pediatric Prevention and Screening	Thursday, May 5, 2022	Noon PST
2022 updates for complete and accurate coding and billing	Wednesday, May 11, 2022	Noon PST
HEDIS Behavioral Health	Friday, May 13, 2022	6 a.m. PST
Improving cultural competency and reducing health disparities	Tuesday, May 24, 2022	Noon PST
HEDIS Chronic Conditions	Tuesday, June 7, 2022	Noon PST
HEDIS Adult Prevention and Screening	Thursday, June 23, 2022	Noon PST
2022 updates for complete and accurate coding and billing	Thursday, June 30, 2022	Noon PST
Improving cultural competency and reducing health disparities	Thursday, July 14, 2022	Noon PST
HEDIS Chronic Conditions	Thursday, July 21, 2022	Noon PST
HEDIS Adult Prevention and Screening	Wednesday, July 27, 2022	Noon PST

Live Events:

Each live training webinar event offers awards one unit of continuing education.

Register today!

- Access the Amerigroup care training site,
  - **Sign up** for a live webinar today.
- You may also access the page using the QR code below.
  - Use the camera on your device to capture the QR code. A link will appear. Tap the link to open the training page.
- On-demand events password: Washington22

For questions, comments, or suggestions, contact us at continuing-education@anthem.com.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

WA-NL-0698-22

Dementia care planning

As of January 1, 2022, the Washington Health Care Authority (HCA) implemented Evaluation and Management (E&M) code 99483 for comprehensive assessment and care planning. The purpose of this service is to provide access to clients requiring this service who are not covered by Medicare — This is a Medicare-covered service. Please refer to the *Physician Related Services/Health Care Professional Services* section of the **HCA website** for comprehensive guidelines on billing this code.

Amerigroup Washington, Inc. will allow claims billed with code 99483, within the following guidelines:

- Limited to one claim every 180 days.
- For face-to-face visits up to 50 minutes, either in-person or audio/visual encounters.
- Services must be billed by physicians, physician assistants, nurse practitioners, clinical nurse specialists, or certified nurse midwives.
- *Only* available for qualified clients with an independent historian.
- Components of the 99483 visit include an independent historian; multidimensional assessment that includes cognition, function, and safety; evaluation of neuropsychiatric and behavioral symptoms; review and reconciliation of medications; and assessment of the needs of the client's caregiver.
- The comprehensive clinical visit must result in a written care plan.

Patients must have a cognitive impairment, as defined by one of the following ICD-10 code diagnoses:

Code	Description
G300	Dementia Alzheimer's disease with early onset
G301	Dementia Alzheimer's disease with late onset
G309	Dementia Alzheimer's disease, unspecified
F01.50	Vascular dementia without behavioral disturbance
F01.51	Vascular dementia with behavioral disturbance
F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance
F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance
F03.90	Unspecified dementia without behavioral disturbance
F03.91	Unspecified dementia with behavioral disturbance
G31.01	Pick's disease
G31.09	Other frontotemporal dementia
G31.85	Corticobasal degeneration
G31.83	Dementia with Lewy bodies
G31.84	Mild cognitive impairment, so stated

WA-NL-0692-22

Policy Updates

Medicare Advantage

New specialty pharmacy medical step therapy requirements

Effective July 1, 2022, the following Part B medications from the current *Clinical Utilization Management (UM) Guidelines* will be included in our medical step therapy precertification review process.

Clinical UM Guidelines	Preferred drug(s)	Nonpreferred drug(s)
ING-CC-0107	Avastin, Mvasi	Zirabev

AGPCARE-1312-22

Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

Clinical Utilization Management (UM) Guidelines are publicly available on the provider website. Visit the ***Clinical Criteria*** **page** to search for specific criteria.

Medicaid | Medicare Advantage

Medical drug benefit *Clinical Criteria* updates

February 2022 update

On November 19, 2021, January 4, 2022, and February 25, 2022, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Washington, Inc. These policies were developed, revised, or reviewed to support clinical coding edits.

Medicare Advantage:

AGPCRNL-0414-22

Medicaid:

WA-NL-0687-22

Visit the ***Clinical Criteria*** **website** to search for specific policies. If you have questions or would like additional information, reach out via **email**.

Updates to AIM Specialty Health *Clinical Appropriateness Guidelines*

As part of the AIM Specialty Health®* (AIM) guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

Medicaid and Medicare Advantage:

Advanced Imaging

Effective for dates of service on and after September 11, 2022, the several updates will apply to the AIM Advanced Imaging *Clinical Appropriateness Guidelines*.

Read more online.

WA-NL-0682-22

Medicare Advantage:

Musculoskeletal

Effective for dates of service on and after September 11, 2022, several updates will apply to the AIM Musculoskeletal *Clinical Appropriateness Guidelines*.

Read more online.

AGPCRNL-0405-22

Sleep Disorder Management

Effective for dates of service on and after September 11, 2022, the several updates will apply to the AIM Sleep Disorder Management *Clinical Appropriateness Guidelines*.

Read more online.

AGPCRNL-0407-22

** AIM Specialty Health® is an independent company providing some utilization review services on behalf of Amerigroup Washington, Inc.*

Medicare Advantage

Amerigroup Washington, Inc. expands specialty pharmacy precertification list

Effective for dates of service on and after September 1, 2022, the specialty Medicare Part B drugs listed in the table below will be included in our precertification review process.

HCPCS or CPT® codes	Medicare Part B drugs
C9399, J3490, J3590, J9999	Kimmtrak (tebentafusp-tebn)
C9399, J3490, J3590, J9999	Enjaymo (sutimlimab-jome)
C9399, J3590	Tezspire (tezepelumab-ekko)
J3490, J3590	Vabysmo (faricimab-svoa)

AGPCARE-1339-22

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions and exclusions, take precedence over these precertification rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

Medicaid

Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after July 1, 2022, the following medication codes billed on medical claims from current or new *Clinical Criteria* documents will require prior authorization.

Please note, inclusion of a national drug code on your medical claim is necessary to expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

Clinical Criteria	HCPCS or CPT® code(s)	Drug name
ING-CC-0096	J9021	Rylaze

Note: Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

WAPEC-3377-22

Visit the ***Clinical Criteria* website** to search for specific policies.

Authorizations for post-acute care services for Medicare Advantage individual, Group Retiree Solutions (GRS), and Dual-Eligible Plan members

Applicable to the following states: California, Colorado, Connecticut, Georgia, Kentucky, Maine, Missouri, Nevada, New Hampshire, New Mexico, Ohio, Virginia, Washington, and Wisconsin.

For services beginning on September 1, 2022, prior authorization requests for admission to or concurrent stay in a skilled nursing facility (SNF), an inpatient acute rehab facility (IRF), or a long-term acute care hospital (LTACH) will be reviewed by myNEXUS.* Through this program, myNEXUS clinicians will collaborate with caregivers and facility care managers/discharge planners to provide transition planning as well as the pre-service and concurrent review authorizations of post-acute care services. The goal of this program is to support members through their recovery process in the most appropriate, least restrictive environment.

How to submit or check a prior authorization request

For SNF, IRF, or LTACH admissions, myNEXUS will begin receiving requests on Tuesday, August 30, 2022, for members whose anticipated discharge date is September 1, 2022, or after.

Providers are encouraged to request authorization using NexLync. Go to **https://portal.mynexuscare.com/home** to get started. You can upload clinical information and check the status of your requests through this online tool seven days a week, 24 hours a day.

If you are unable to use the link or website, you can call the myNEXUS Provider Call Center at **844-411-9622** during normal operating hours from 7 a.m. to 7 p.m. CT, Monday through Friday, or send a fax to myNEXUS at **833-311-2986**.

Please note: myNEXUS will not review authorization requests for durable medical equipment (DME), ambulance, and other related services that do not fall under Medicare-covered home healthcare services, such as home infusion, hospice, outpatient therapy, or supplemental benefits that help with everyday health and living such as personal home helper services offered under Essential/Everyday Extras.

To learn more about myNEXUS and upcoming training webinars, visit **www.myNEXUScare.com** or email Provider_Network@myNEXUScare.com.

If you have additional questions, please call the myNEXUS Provider Call Center at **844-411-9622**.

Note: Concurrent stay review requests for members admitted to SNF, IRF, or LTACH facilities prior to September 1, 2022, should be directed to the health plan.

** myNEXUS is an independent company providing post-acute benefits management services on behalf of Amerigroup Washington, Inc.*

AGPCRNL-0410-22

The *Medical Policies, Clinical Utilization Management (UM) Guidelines*, and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

To view a guideline, visit **https://medpol.providers.amerigroup.com/green-provider/medical-policies-and-clinical-guidelines**.

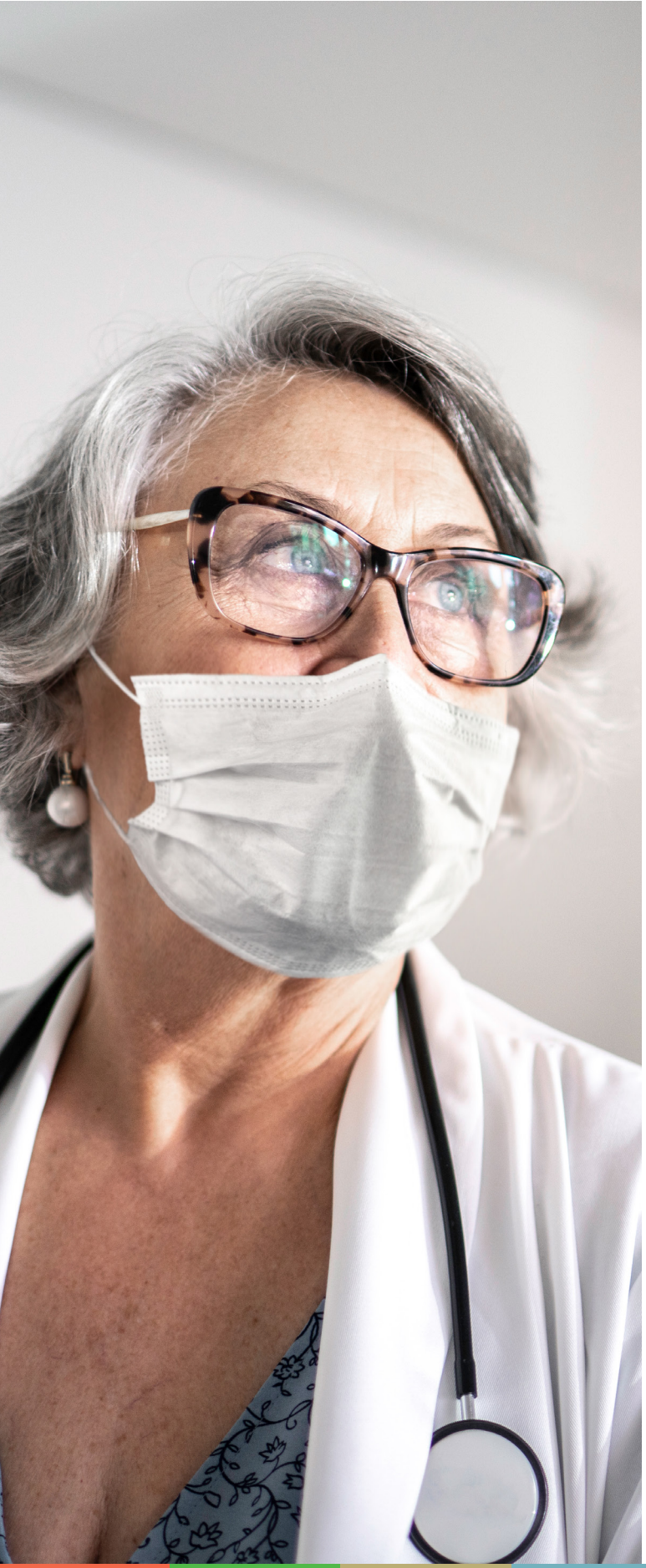
Medicare Advantage

February 2022 update

Notes/updates:

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive:

- *CG-LAB-20 — Thyroid Testing:
  - Outlines the Medically Necessary and Not Medically Necessary criteria for thyroid testing.
- *CG-LAB-21 — Serum Iron Testing:
  - Outlines the Medically Necessary and Not Medically Necessary criteria for serum iron testing.
- *LAB.00043 — Immune Biomarker Tests for Cancer:
  - Oncologic immune biomarker tests are considered Investigational and Not Medically Necessary for all indications.
- *LAB.00044 — Saliva-Based Testing to Determine Drug-Metabolizer Status:
  - Saliva-based testing to determine drug-metabolizer status is considered Investigational and Not Medically Necessary for all indications.
- *LAB.00045 — Selected Tests for the Evaluation and Management of Infertility:
  - The following tests or procedures are considered Investigational and Not Medically Necessary for diagnosing or managing infertility:
    - Endometrial receptivity analysis
    - Sperm-capacitation test
    - Sperm deoxyribonucleic acid (DNA) fragmentation test
    - Sperm penetration assay
    - Uterine natural killer (uNK) cells test
- *LAB.00046 — Testing for Biochemical Markers for Alzheimer's Disease:
  - Measurements of biochemical markers (including but not limited to tau protein, AB-42, neural thread protein) is considered Investigational and Not Medically Necessary as a diagnostic technique for individuals with symptoms suggestive of Alzheimer's disease.
  - Measurements of biochemical markers as a screening technique in asymptomatic individuals with or without a family history of Alzheimer's disease is considered Investigational and Not Medically Necessary.
  - Moved content related to biomarker testing for Alzheimer's disease from GENE.00003 Biochemical Markers for the Diagnosis and Screening of Alzheimer's Disease to this document.



February 2022 update (cont.)

- *RAD.00067 — Quantitative Ultrasound for Tissue Characterization:
  - Quantitative ultrasound for tissue characterization is considered Investigational and Not Medically Necessary for all indications.
- *SURG.00154 — Microsurgical Procedures for the Prevention or Treatment of Lymphedema:
  - Revised Position Statement to include the prevention of lymphedema.
- *SURG.00160 — Implanted Port Delivery Systems to Treat Ocular Disease:
  - The use of a port delivery system to treat ocular disease is considered Investigational and Not Medically Necessary for all indications.
- *TRANS.00038 — Thymus Tissue Transplantation:
  - Outlines the Medically Necessary and Investigational and Not Medically Necessary criteria for allogeneic processed thymus tissue.

Medical Policies

On February 17, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Washington, Inc. These guidelines take effect June 4, 2022.

Clinical UM Guidelines

On February 17, 2022, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines adopted by the Medical Operations Committee for our members on March 24, 2022. These guidelines take effect June 4, 2022.

Read more online.

AGPCRNL-0416-22

Medicaid

HEDIS spotlight — Prenatal and Postpartum Care (PPC)

HEDIS® definition

The percentage of deliveries of live births on or between October 8 of the year prior to October 7 of the measurement year

Two facets of care are measured:

- **Timeliness of prenatal care:** The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment with Amerigroup Washington, Inc.
- **Postpartum care:** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

Documentation tips

Prenatal Care Visit

A prenatal care visit should include one of the following:

- A visit with a diagnosis of pregnancy
- A basic OB exam including one of the following:
  - Auscultation for fetal heart tone
  - Pelvic exam with OB observations
  - Measurement of fundus height
- A visit containing one of the following:
  - Obstetric panel
  - TORCH antibody panel
  - Rubella antibody titer and (ABO/Rh) blood typing
  - Echography (ultrasound) of the uterus
- A visit documenting date of last menstrual period, estimated due date or gestational age with one of the following:
  - Prenatal risk assessment and counseling/education
  - Complete OB history

Documentation tips

Postpartum Care Visit

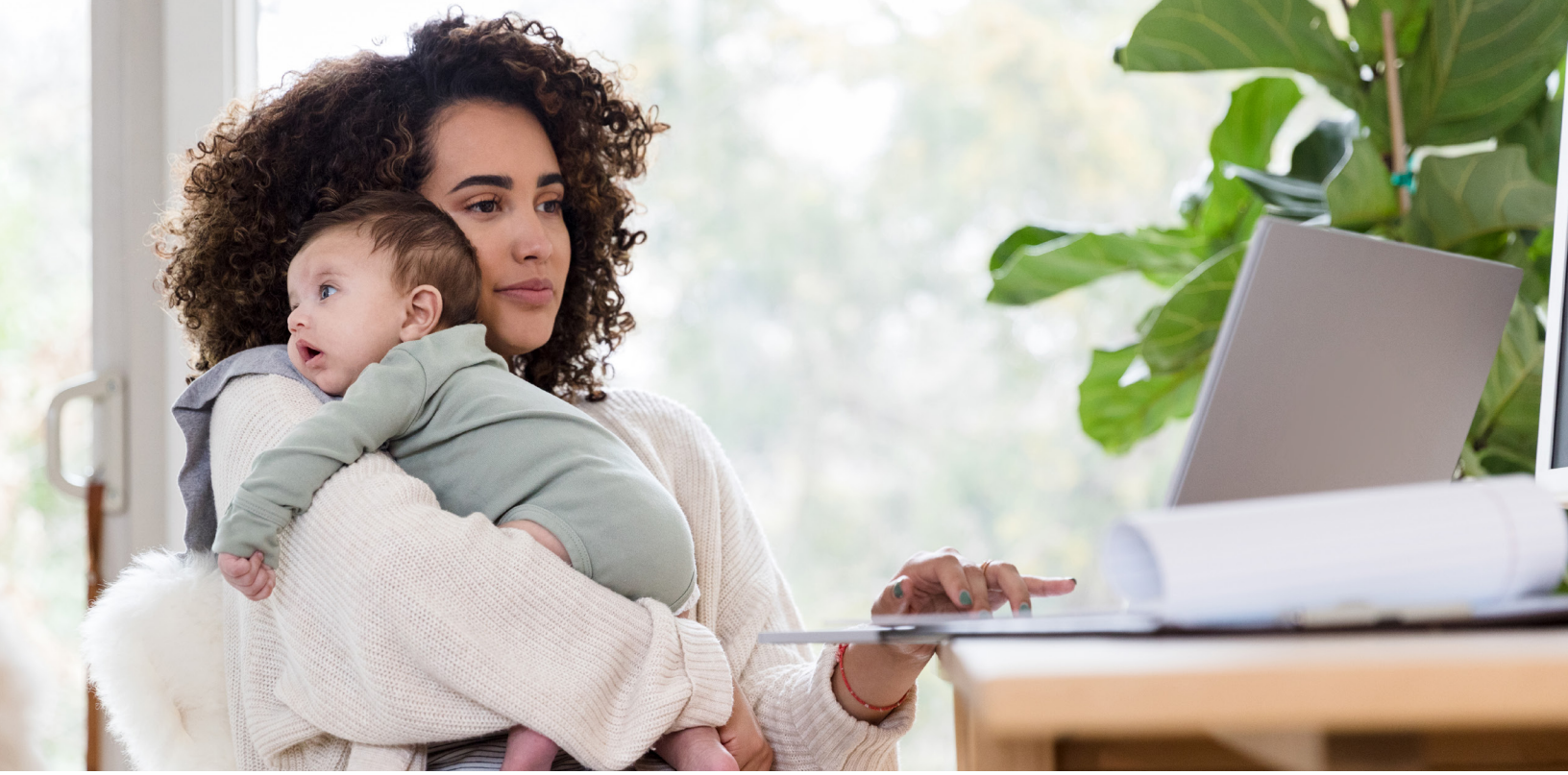
A postpartum care visit should include one of the following:

- Pelvic exam
- Evaluation of weight, blood pressure, abdomen, and breasts
- Notation of postpartum care:
  - Postpartum care or PP care
  - PP check or six-week check
  - Postpartum care form
- Perineal or cesarean incision/wound check
- Screening for the following:
  - Depression or anxiety
  - Tobacco use or substance use disorder
  - Pre-existing mental health disorder
- Glucose screening for women with gestational diabetes
- Documentation of any of the following:
  - Infant care or breastfeeding
  - Resumption of intercourse or family planning
  - Sleep or fatigue
  - Resumption of physical activity and return to healthy weight

Prenatal and Postpartum codes

- **Deliveries:**
  - **CPT:** 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622
- **Prenatal bundled services:**
  - **CPT:** 59400, 59425, 59426, 59510, 59610, 59618
  - **HCPCS:** H1005
- **Prenatal visits:**
  - **CPT:** 99202-99205, 99211-99215, 99241-99245, 99483
  - **HCPCS:** G0463, T1015
- **Stand-alone prenatal visits:**
  - **CPT:** 99500
  - **CPT CAT II:** 0500F, 0501F, 0502F
  - **HCPCS:** H1000-H1004
- **Postpartum bundles services:**
  - **CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
- **Home visit prenatal monitoring:**
  - **CPT:** 99500
- **Postpartum visit:**
  - **CPT:** 57170, 58300, 59430, 99501
  - **CPT CAT II:** 0503F
  - **HCPCS:** G0101
- **Online assessments:**
  - **CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457
  - **HCPCS:** G0071, G2010, G2012
- **Telephone visits:**
  - **CPT:** 98966, 98967, 98968, 99441, 99442, 99443

WA-NL-0693-22



Medicaid

Prenatal Depression Screening and Follow-Up

HEDIS® definition
The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care **Two rates are reported:** ■ **Depression screening:** The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument ■ **Follow-up on positive screen:** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding

Documentation tips	
Prenatal Depression Screening	**The numerator includes deliveries in which members had a documented result of a depression screening performed during pregnancy, using an age-appropriate standardized instrument:** ■ Deliveries between January 1 and December 1 of the measurement year. Screening should be performed between the pregnancy start date and the delivery date (including on the delivery date). ■ Deliveries between December 2 and December 31 of the measurement year (MY). Screening should be performed between the pregnancy start date and December 1)of the MY.

Documentation tips	
Follow-up	Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 days total). **Any of the following on or up to 30 days after the first positive screen:** ■ An outpatient, telephone, or e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health (BH) condition ■ A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other BH condition ■ A BH encounter, including assessment, therapy, collaborative care, or medication management ■ A dispensed antidepressant medication ■ Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (for example, a negative screen) on the same day as a positive screen on a brief screening instrument ■ Beck Depression Inventory Fast Screen (BDI-FS) (LOINC code 89208-3) ■ Beck Depression Inventory II (BDI-II) (LOINC code 89209-1) ■ Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) (LOINC Code 89205-9) ■ Clinically Useful Depression Outcome Scale (CUDOS) (LOINC code 90221-3) ■ Edinburgh Postnatal Depression Scale (EPDS) (LOINC code 71354-5) ■ Duke Anxiety-Depression Scale (DUKE-AD) (LOINC code 90853-3) ■ My Mood Monitor (M3) (LOINC Code 71777-7) ■ Patient Health Questionnaire 2 item (PHQ-2) (LOINC code 55758-7) ■ Patient Health Questionnaire 9 item (PHQ-9) (LOINC code 44261-6) ■ Patient Health Questionnaire 9: Modified for Teens (PHQ-9M) (LOINC code 89204-2) ■ PROMIS 29 Depression score T score (LOINC code 71965-8)
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WA-NL-0693-22

Postpartum Depression Screening and Follow-Up

HEDIS® definition

The percentage of deliveries in which members were screened for clinical depression during the postpartum period and, if screened positive, received follow-up care

Two rates are reported:

- **Depression screening:** The percentage of deliveries in which members were screened for clinical depression during the postpartum period using a standardized instrument
- **Follow-up on positive screen:** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding

Documentation tips

Postpartum Depression Screening	The numerator includes deliveries in which members had a documented result of a depression screening performed using an age-appropriate standardized instrument during 7 to 84 days following the date of delivery
Follow-up	Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 days total) **Any of the following on or up to 30 days after the first positive screen:** ■ An outpatient, telephone, or e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health (BH) condition ■ A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other BH condition ■ A BH encounter, including assessment, therapy, collaborative care, or medication management ■ A dispensed antidepressant medication ■ Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument
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WA-NL-0693-22

Chlamydia Screen in Women (CHL)

HEDIS® definition

This HEDIS measure looks at the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Two methods are used to identify sexually active women:

- Claim/encounter codes
- Pharmacy data

Documentation tips

Claim/ encounter codes	■ **CPT:** 87110, 87270, 87320, 87490-87492, 87810 ■ **LOINC:** 14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 91860-7
Pharmacy data	Members who were dispensed prescription contraceptives during the measurement year.
Record your efforts	Indicate the date the test was performed and the results

Contraceptive medications

Contraceptives	■ Desogestrel-ethinyl estradiol ■ Dienogest-estradiol (Multiphasic) ■ Drospirenone-ethinyl estradiol ■ Drospirenone-ethinyl estradiol-levomefolate (biphasic) ■ Ethinyl estradiol-ethynodiol ■ Ethinyl estradiol-etonogestrel ■ Ethinyl estradiol-levonorgestrel ■ Ethinyl estradiol-norelgestromin	■ Ethinyl estradiol-norethindrone ■ Ethinyl estradiol-norgestimate ■ Ethinyl estradiol-norgestrel ■ Etonogestrel ■ Levonorgestrel ■ Medroxyprogesterone ■ Mestranol-norethindrone ■ Norethindrone
Diaphragm	■ Diaphragm	
Spermicide	■ Nonoxynol 9	

WA-NL-0693-22