

May 2025

# BlueNews<sup>SM</sup> for Providers



BlueCross BlueShield of South Carolina and  
BlueChoice<sup>®</sup> HealthPlan of South Carolina

Don't Miss Your Chance  
To Join the 2025 Annual  
Provider Summit

Reminder: GLP-1  
Utilization Management

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Medical Policy Updates



## DON'T MISS YOUR CHANCE TO JOIN THE 2025 ANNUAL PROVIDER SUMMIT

Join one of our in-person 2026 Annual Provider Summits.  
We have lots of new information to share with you and would  
love for you to attend.

Each session will be **9 a.m. to 4 p.m.** Choose the session that works best for you.

**Note:** The same topics will be presented during each session.



**Oct. 22, 2025, and Oct. 29, 2025**

Richland Two Institute of Innovation (R2i2) Conference Center  
763 Fashion Drive  
Columbia, SC 29223

**Register** today so you do not miss out. We look forward to  
having you and look forward to a momentous event!



## REMINDER: GLP-1 UTILIZATION MANAGEMENT

### Ensuring Equitable Access

Our priority is to ensure that glucagon-like peptide-1 (GLP-1) medications are used safely and appropriately according to their current approved uses. Demand for these medications has increased significantly, often for uses that are not approved by the U.S. Food and Drug Administration (FDA). This off-label use has contributed to drug shortages, limiting access for members who rely on these medications to manage serious health conditions.

To ensure appropriate use and sustained access to GLP-1 receptor agonists, the following updates to the utilization management strategy, for all FDA-approved indications including Type 2 diabetes, chronic weight management and cardiovascular risk reduction, have been implemented.

### Aligning Use With Clinical Expertise

To ensure safe and clinically appropriate prescribing, all GLP-1 medications require prior authorization (PA) and will only be authorized for uses approved by the FDA. For Type 2 diabetes treatment, GLP-1 medications are covered if the member meets plan-specific PA criteria.

**Beginning Sept. 1, 2025**, prescriptions for GLP-1 agents used to treat Type 2 diabetes must originate from an authorized provider whose practice scope includes the diagnosis, monitoring and management of diabetes. Coverage for other FDA-approved uses (e.g., chronic weight management) varies by formulary and plan design.

### Off-Label Use and Understanding Coverage Limitations for Expanded Indications

Some GLP-1 medications now carry additional FDA-approved indications that include:

- ▶ Zepbound® (tirzepatide) for obstructive sleep apnea (OSA) in adults with obesity.
- ▶ Wegovy® (semaglutide) for major adverse cardiovascular event (MACE) reduction in adults with overweight or obesity and established cardiovascular disease.

Despite these new indications, both remain classified under the broader category of anti-obesity agents. For members whose benefit plans exclude weight loss medications, these agents are not covered, even when prescribed for OSA or cardiovascular risk reduction.

This is because:

- ▶ Coverage determinations are based on drug classification, not specific indication.
- ▶ If a plan does not cover weight loss medications, it will not cover Zepbound or Wegovy regardless of whether the diagnosis is sleep apnea or cardiovascular disease.
- ▶ These indications are still linked to obesity as the qualifying condition, and therefore subject to the same exclusion criteria.

**Note:** This information applies exclusively to our commercial and Marketplace (Exchange or Affordable Care Act) plans. It does not apply to Medicare and Medicaid, as coverage for these programs is determined by state and federal regulations.

# CHANGES WITH AUTHORIZATION REQUESTS THROUGH HEALTHHELP

As of **May 1, 2025**, HealthHelp® manages the PA requests for select procedures related to the following services:

- ▶ Cardiology
- ▶ Musculoskeletal care

HealthHelp no longer manages the PA requests for surgical procedures, sleep studies and Zoll Life Vests. To get a PA for these services, you must go through the Cohere Health platform, which is accessible through My Insurance Manager™. Requests submitted through Cohere are reviewed by BlueCross BlueShield of South Carolina's clinical staff, ensuring consistency with the BlueCross medical policies and benefit guidelines.

This only applies to our Exchange (Affordable Care Act or Marketplace) plans with group numbers that start with **61, 62** or **65**, except for our new Blue Direction plan (indicated by a "B" in the fifth space of the group number).

The procedure codes managed by HealthHelp are not new. However, all codes require clinical documentation for review when a PA is requested.

Review the list of codes to ensure you are aware of the changes.

If the request does not meet clinical criteria, providers can expect a call from a physician at HealthHelp to request a peer-to-peer review.

## How to submit a PA request through HealthHelp:

A PA can be requested by the following:

- ▶ Web: [www.HealthHelp.com](http://www.HealthHelp.com)

- ▶ Phone: 833-715-2255

- ▶ Fax: 844-470-2466

*HealthHelp is an independent company that provides utilization management services on behalf of BlueCross BlueShield of South Carolina.*



## MEDICAL POLICY UPDATES

BlueCross frequently revises the medical policies used to make clinical determinations for a member's coverage.

Review the **latest medical policy updates**. We strongly encourage you to visit the **Medical Policies and Clinical Guidelines** pages regularly to stay abreast of these changes and to read any policy in its entirety.



BlueCross BlueShield of South Carolina and  
BlueChoice® HealthPlan of South Carolina

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**Benefits Disclaimer:** The information listed is general information and does not guarantee payment. Benefits are always subject to the terms and limitations of specific plans. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan of South Carolina has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage and contract termination can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

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