

**Bulletin 01-001**

**March 28, 2001**

**PRIOR AUTHORIZATION AND REFERRAL FORM**

Since 1985, NRS 687B.113 has required health insurers to include provisions in their policies, which encourage the insured's use of medically appropriate services and facilities that are the most efficient and that tend to control or reduce the cost of health care. Such requirements place emphasis on managed care practices, including the use of prior authorization for certain covered health care services. Delays in obtaining prior authorization of care from insurers, health maintenance organizations, and utilization review agents, can delay and even jeopardize appropriate health care to consumers.

The Governor's Office of Consumer Health Assistance, in collaboration with the Nevada Association of Health Plans, the Nevada State Medical Association, health plans, utilization review organizations, providers, other interested parties, and the Department of Business and Industry, Division of Insurance (Division), has developed a standard form to be used by medical providers when they request prior authorization of health care services and specialist referrals. This form is intended to be voluntary. However, by issuing this bulletin, the Division recognizes that the use of this form can minimize delays in the review of prior authorization requests and will expect acceptance by all insurers and health plans

The form, NEVADA UNIVERSAL PRIOR AUTHORIZATION AND REFERRAL FORM, may be found at web site for the Governor's Office of Consumer Health Assistance, <http://cha.state.nv.us/>.

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Commissioner of Insurance