

AMBULATORY SURGICAL CENTER Q&A

Q: What is an Ambulatory Surgical Center (ASC)?

A: An Ambulatory Surgical Center (ASC) is a facility separate from a hospital that focuses on a limited number of lower-risk surgeries and tests. It may or may not be owned by a hospital.

Q: What is changing for my plan regarding ASCs?

A: As of July 1, 2026, new rules will go into effect for cost sharing of specific non-emergency procedures when performed at an in-network hospital instead of at an in-network ASC.

Q: What procedures are covered if done at an ASC?

A: The ASC Covered Procedures are:

- Endoscopy (any)
- Intraocular Lens Procedures
- Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Procedures on the Somatic Nerves
- Injection, Drainage, or Aspiration Procedures on the Spine and Spinal Cord
- Destruction by Neurolytic Agent Procedures on the Somatic Nerves
- Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Procedures on the Paravertebral Spinal Nerves and Branches
- Hernia surgery
- Carpal Tunnel surgery
- Arthroscopy
- Knee Arthrotomy
- Lumpectomies
- Tonsillectomies
- Colonoscopy (except for preventative colon cancer screenings, which has no out-of-pocket cost to you when done at any in-network ASC facility)

Q: Do all ASCs perform all of the ASC Covered Procedures?

A: No, not all ASCs perform all of the above procedures. Verify that the in-network ASC you want to use will perform your procedure.

Q: What are some benefits for me of using an ASC instead of a hospital?

A: ASCs perform common procedures at no or lower out-of-pocket cost, have shorter scheduling wait times and still have highly trained doctors like in a hospital.

Q: What are the benefits of using an ASC instead of a hospital for the State Health Benefits Program?

A: The SHBP Plan Design Committee recognizes that when ASC Covered Procedures are performed at an in-network ASC, they are less expensive to the SHBP than when the procedures are performed in a hospital.

Q: How can I avoid paying more out of pocket?

A: You can have the procedure done at an in-network Ambulatory Surgical Center (ASC).

Q: What if I want to use an out-of-network ASC?

A: If you use an out-of-network ASC, you will have to pay 50% of the coinsurance after your deductible.

Q: What if I want to use an in-network hospital?

A: If you use a hospital, you will have to pay 50% of the coinsurance after your deductible. But, there are three cases in which you will not be subject to the 50% coinsurance cost if you use an in-network hospital:

- The ASC Covered Procedure is ordered by a provider on an emergency basis that necessitates that it be performed in a hospital; OR
- The member's provider orders the ASC Covered Procedure to be performed in a hospital due to medical necessity or while the member is already or currently admitted to the hospital; OR
- There is no in-network ASC, or in the case of members in the Tiered Network plans no Tier 1 ASC, within 50 miles of the member's residence.

Q: What if I want to use an out-of-network hospital?

A: If you use an out-of-network hospital, you will have to pay 50% of the coinsurance after your deductible.

Q: How will my appointment be scheduled if I am enrolled in an Aetna plan?

A: Your doctor can schedule you at an in-network ASC for your Covered Procedure. Make sure you verify that the ASC you plan to use is an in-network ASC. If the procedure will be performed in an ASC, no Prior Authorization (PA) is required for Site of Service. The ordering physician must obtain a PA before the procedure is performed at an in-network hospital outpatient department (HOPD). If one of the three exceptions above (emergency, medical necessity, no ASC within 50 miles) does not apply, the procedure will be denied and you will be steered to an appropriate ASC. Aetna will send a letter to you and your provider confirming or denying approval. If the procedure is performed in the HOPD despite the denial, you will have to pay 50% of the coinsurance.

Q: How will my appointment be scheduled if I am enrolled in a Horizon BCBSNJ plan?

A: Your doctor can schedule you at an in-network ASC for your Covered Procedure. Make sure you verify that the ASC you plan to use is an in-network ASC. If the procedure will be performed in an ASC, no Prior Authorization (PA) is required for Site of Service. The ordering physician must obtain a PA before the procedure is performed at an in-network hospital outpatient department (HOPD). There is no denial for a PA for the procedure performed at the HOPD; you and your provider will receive a letter of modification stating that a modified PA is approved and that you will have to pay 50% of the coinsurance if the services are rendered in an in-network HOPD.

Q: What is the process if I use an ASC?

A: Your doctor decides you need an ASC Covered Procedure. Your appointment is scheduled with an in-network ASC. The procedure is performed by highly trained doctors. You go home the same day.

Q: How do I find an in-network ASC if I have an Aetna plan?

A: Follow the instructions for Aetna's website below.

1. Go to <https://www.aetnastatenj.com>.
2. Click on **Find a Provider**.



3. Enter your location, select **Medical**, and click **View Plans**.

State of New Jersey SHBP and SEHBP Members 

Enter your location and pick a plan type. We'll use this info to show you plans and the providers they cover.

Where do you live? Enter a city, county, state or ZIP code.

What type of plan do you need?

Medical

Dental

[View Plans](#)

4. Find and click your plan. Then click **Continue**.

Medical Plans

Freedom, CWA Unity Freedom, Freedom HDHP, & NJEHP plans (Aetna Open Access Plans)

Aetna Choice® POS II (Open Access)

HMO (Aetna Standard Plan)

Aetna Select

Liberty Plus (Aetna Premier Care Network Plus (APCN Plus) Multi-tier)

Aetna Premier Care Network Plus (APCN Plus) Multi-Tier - New Jersey AWH - Open Access Aetna Select

Garden State Health Plan

(NJ) Aetna Whole Health™- New Jersey Choice POSII

Aetna Medicare Advantage PPO

2026 Nationwide for Aetna Medicare Advantage PPO/ESA Network for all Retirees on Medicare Advantage ONLY

2025 Nationwide for Aetna Medicare Advantage PPO/ESA Network for all Retirees on Medicare Advantage ONLY

Aetna Medicare Advantage HMO Plans

2026 Nationwide Aetna Open Access HMO Medicare HMO Network for all Retirees on Medicare Advantage ONLY

2025 Nationwide Aetna Open Access HMO Medicare HMO Network for all Retirees on Medicare Advantage ONLY

5. Click the **Hospitals, Labs & Clinics** button under **Browse by Category**.

What are you looking for today?

Search by name, specialty or something else

Popular Searches

[Primary Care Physicians](#) [Dermatologists](#) [OB-GYNs](#) [Chiropractors](#)

Browse by Category

[Providers & Specialists](#) [Hospitals, Labs & Clinics](#) [Mental Health](#) [Durable Medical Equipment](#)

6. Click **Ambulatory Surgery Center** under the **What kind of location?** list.

Browse by Category

Hospitals, Labs & Clinics

Popular Searches

Blood Work Dialysis Centers

Imaging (X-Rays, MRIs...) Physical Therapy

What kind of location?

Ambulatory Surgery Center

Emergency Rooms

Hospitals

Independent Labs

7. Select your distance and wheelchair accessibility options and then click **View Search Results**.

Find Hospitals, Labs & Clinics

Ambulatory Surgery Center

Additional Options

Loved Miles

No Preference

Wheelchair Accessible

No Preference

View Search Results

Back

8. A list of providers will be displayed.

Q: How do I find an in-network ASC if I have a Horizon plan?

A: Follow the instructions for Horizon’s website below.

1. Go to <https://www.horizonblue.com/shbp>.
2. Click on **Tools & Services** and then **Find a Doctor**. You do NOT need to log in first.

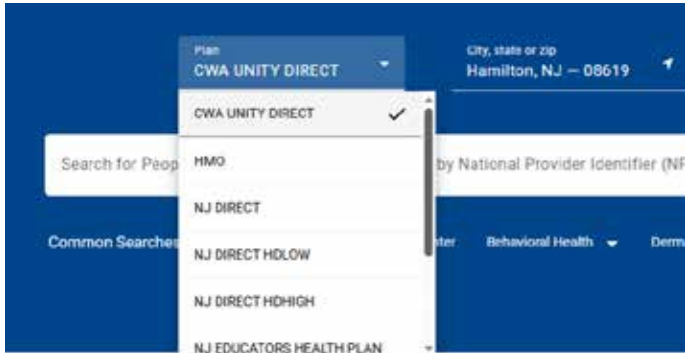


3. Scroll down and choose **Find a Doctor in New Jersey**.

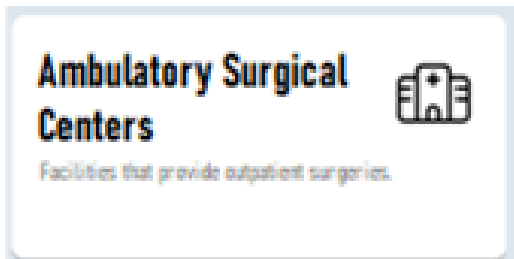
[Find a Doctor in New Jersey](#)

4. Enter the City and State where you want to get care.

5. Pick your plan from the dropdown menu.



6. Click on the **Ambulatory Surgical Centers** tile.



7. A list of providers will be displayed.