Skin Cancer Management

Practice Information

Last updated: Oct 2026

West Coast Health
Community Wellbeing Services

General Information:

Please use the Web Portal Skin Cancer Management to make claims for patients who qualify for this service.

This programme aims to enable timely skin cancer management services by the most appropriate person in general practice.

This programme has quarterly, funding allocations for each practice, visible on Te Pokapū web portal.

Programme Objectives:

- Supporting general practice to manage timely skin cancer management.
- To improve health outcomes for Māori and Pacifica and those living in financial hardship.
- To reduce equity of access to priority populations for skin lesion management.

Eligibility Criteria:

- Suspected or confirmed Skin Cancers and one of the below:
- Patients holding a Community Services Card or
- Māori and Pacific peoples
- Patients whose circumstances mirror deprivation as determined by the individual clinician. Example: would likely be eligible for a CSC but does not have one.

Exclusion Criteria:

- Patients not eligible for New Zealand funded Health care
- Lesions that are not high suspicion of cancer i.e., dermatological diagnosis
- Shave excisions
- Lesion curettage
- Initial consultations are not covered in this service funding.

Programme Processes:

1. Presentation to General Practice with suspected or confirmed skin cancer.
2. Patient meets eligibility criteria for funded skin lesion excision
3. Procedure, Post Op complication follow-up, or GP referral completed

Questions or Feedback?
Please contact the West Coast Health Clinical Quality Team

Top Floor,
163 Mackay Street
Greymouth, 7805
Phone: +64 3 768 6182

QualityTeam@westcoasthealth.nz

4. Make claim on Community Skin Care Management form through Te Pokapū portal, including details of type of skin lesion and amount of co-payment that is charged.
5. Quality audit provided to clinicians involved in supporting this work

Payment:

Patient co-payment

The initial consultation is not included in the above service funding and patients can be charged for the initial consult in line with normal practice processes.

A patient co-payment will enable more patients to get a funding subsidy towards community skin excisions. A flexible patient co-payment can be introduced when it is identified that that the patient is able to contribute to payment of the service fully or partially, excluding CSC holders.

CSC holders cannot be charged an amount over and above the normal general practice fee.

At the time of claiming the amount of co-payment charged to the patient needs to be stated. The co-payment will be deducted from the full subsidy.

Claiming and Subsidy Rates

Claiming a subsidy is appropriate to remove a financial barrier for a priority patient who would otherwise be referred to public speciality services.

The subsidy covers the procedure, routine follow-up for removal of sutures, and all consumables.

The funding follows the patient. The practice who performs the procedure enters the claim.

Skin excision subsidy is based on the time required to undertake the procedure (surgical time, not including set-up and clean-up).

Procedure Type	Rate
Punch biopsy	$120.75
Skin excision: Simple	$301.86
Skin excision: Moderate	$414.06
Multiple Excisions over 45 minutes OR Complex Excision performed by GPSI over 45 minutes	$650.37
One off Post Op Wound Complication	$88.87

Clinical assessment following referral	$88.87

Procedure Type Explanations:

Procedure Type	Time	Example
Skin Excision Simple	Up to 30 mins	Smaller lesions: one or two-layer closure
Skin excision: Moderate	30-44 minutes	Two-layer closure. More complex patient needs including anti-coagulant & haemostasis management, interpreter, people with disabilities or other needs which require extra time. Extra time required to supervise and/or training a colleague in the practice
Higher Complexity & Special Interest GP referral	Over 45 minutes	Like Moderate, except 45-60 minutes. This category is only expected to be used by a small minority of general practitioners who have additional skills and training, for a small minority of excisions in the community.
One off Post Op Wound complication		Excludes routine suture removal and histology follow up.
Clinical assessment following referral		When referring to a GP colleague at another practice

Further Clarification:

Multiple Procedures

Multiple excisions may be necessary and where possible, this should be carried out within the same appointment. Claiming is based on the length of the appointment, not per lesion excised and the number of excision samples advised on the claiming form.

Examples:

- If the patient has one simple lesion **and** one moderately complex lesion excised in the **same** appointment where both procedures took 50 minutes total, a single High Complexity claim is made for the two excisions under 'multiple excisions (over 44 minutes).
- If the patient has two simple lesions excised in the same appointment where both procedures took a total of 35 minutes, a single claim is made under 'skin excision: moderate (30-44 minutes)'.

General Practitioner with Special Interest (GPSI)

It is expected that any GP with FRNZCGP qualification will have basic minor surgery skills and dermoscopy skills and should be able to undertake simple excisions in a primary care setting.

GPs who have undertaken further surgical training (they may have previously worked in hospital surgical departments, have completed specific postgraduate training or be experienced GPs with significant experience in minor surgery), and participate in regular minor surgical updates, peer review processes or regular audit of surgical practice can deliver the advanced excisions. *A GP with this qualification would be considered a GPSI in Skin Lesion.*

A GPSI in Skin Lesion who completes a complex excision with surgical time of 45 minutes or more can claim their excision under the 'multiple excisions (over 44minutes)' procedure type.

Clinical Assessment Following Referral

If preferred, a GP can refer the patient to another GP who has a special interest or specific skill in skin lesion excision. This referral can be to any listed GP, irrespective of PHO.

If a patient from a different practice is referred to the GP for potential skin excision, the GP can claim funding for the skin assessment appointment. This claim type is named 'clinical assessment following referral' in the procedure drop-down on the online form.

Please note: we require a provisional skin classification for the lesion(s) assessed at the 'referral' appointment. If the skin class you require is not on the drop down, please choose the 'other' option to write in the skin classification.

The excision/biopsy appointment should be claimed under the appropriate excision/biopsy procedure type as a separate claim.

Frequently Asked Questions

If I perform a skin excision and a punch biopsy in the same appointment, do I claim under 'multiple excisions'?

No, you need to enter two claim forms. One for the punch biopsy and one for the excision.

Please back date the claim on the punch biopsy by 1-day. This is necessary for the system to accept both claims. Please note: if Te Pokapū rejects your second claim in this situation, please email qualityteam@westcoasthealth.nz with the NHI and date of rejected claim. We will approve your second claim.

If my colleague in the same practice refers a patient to me for a skin check, can I claim 'Clinical Assessment following Referral'?

No, this claim is only for patients who are referred from outside your practice.

The patient isn't going to be charged a co-pay, but the form won't let me leave it blank. What do I do?

If the patient is not going to be charged a co-pay, please enter '0' (zero) into the box. Then, click submit. The form should be accepted.

If I am not a GPSI in skin lesion and my single excision takes longer than 45 minutes can I claim under the 'multiple excisions (over 44 minutes)' procedure type?

No, only qualified GPSI in skin lesion can claim for a single excision over 45 minutes in this category.

If I performed two excisions and each one took 20 minutes, what Procedure type category do I enter a claim under?

You would enter a claim under 'Moderate Excision (30-44minutes)' because the total surgical time was 40minutes. If the procedure time was over 45 minutes (for example one excision was 20minutes and the other was 30minutes) you would claim under Multiple excisions (over 45 minutes).

Does the practice get funded per punch biopsy if more than one is done in a single visit?

No, it is a flat rate regardless of the number of punch biopsies done in the single visit.

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