

# Medical Grade Footwear (High Risk Foot)

## Queensland Health Guideline

QH-GDL-959:2020

### 1. Purpose

This guideline provides recommendations regarding best practice eligibility criteria and payment responsibilities for the provision of customised, custom-made and prefabricated medical grade footwear (MGF) to prevent hospital admissions.

### 2. Scope

This guideline provides a recommended approach to follow for Hospital and Health Services (HHS) clinicians who prescribe medical grade footwear to adults who have been classified as *acute* or at *high risk of* lower limb complications and the facilities which provide this footwear and/or are responsible for contributing to payment of this footwear.

Compliance with this guideline is not mandatory, but sound reasoning must exist for departing from the recommended principles within a guideline.

### 3. Related documents

#### Standards, procedures and guidelines

- Foot classification criteria
- Grading of medical grade footwear

#### Forms, templates

- MGF application form:  
[https://qheps.health.qld.gov.au/\\_data/assets/pdf\\_file/0024/450447/medicalfootwear.pdf](https://qheps.health.qld.gov.au/_data/assets/pdf_file/0024/450447/medicalfootwear.pdf)

## 4. Guideline for provision of medical grade footwear

Note: Include guideline content information below.

### 4.1. Eligibility to receive funding for medical grade footwear

- 4.1.1. Hospital and Health Service clients meeting all of the following criteria should be provided with funding for medical grade footwear:
- holding a clinical prescription by an authorised prescriber
  - holding one of the following cards:
    - Centrelink Pensioner Card  
<https://www.servicesaustralia.gov.au/individuals/services/centrelink/pensioner-concession-card>
    - Centrelink Health Care Card  
<https://www.servicesaustralia.gov.au/individuals/services/centrelink/health-care-card>
  - Medicare eligible
  - permanent resident of Queensland.
- 4.1.2. The following criteria would make the client ineligible for funding for medical grade footwear through the HHS in accordance with this guideline:
- clients who have a permanent and stable disability who are eligible for subsidies under other schemes.
- 4.1.3. The HHS should provide subsidies as listed below for medical grade footwear based upon the type of footwear prescribed. Attachment 2 outlines the grading of medical grade footwear.
- Prefabricated footwear subsidy \$250
  - Customised level 1 footwear subsidy \$380
  - Customised level 2 footwear subsidy \$580
  - Custom made footwear subsidy \$750
- 4.1.4. The HHS may determine local medical grade footwear provision for clients not meeting all of the above criteria.
- 4.1.5. Where a client wishes to obtain medical grade footwear and is not to be provided by the HHS, the HHS should assist the client by providing contact details for medical grade footwear manufacturers/suppliers.
- 4.1.6. Despite ineligibility for subsidised provision of medical grade footwear, clients should not be excluded from therapy intervention, prescription, fitting and problem solving for self-funded footwear.
- 4.1.7. If a client can demonstrate significant financial disadvantage the HHS can consider increasing the subsidy level to ensure that this client is able to access appropriate medical grade footwear.

## 4.2. Clinical prescription of medical grade footwear

4.2.1. In order to prescribe medical grade footwear the client must be classified as acute or high risk as per the foot classification criteria outlined in attachment 1 which has been adapted from the National Health and Medical Research Council guidelines.

## 5. Definitions

Term	Definition / Explanation / Details	Source
Prescribers	<p>All health professionals that intend to prescribe medical grade footwear must ensure that they have adequate experience and competency in the prescription of medical grade footwear for clients with high risk and acute feet.</p> <p>Authorised prescribers include suitably experienced and qualified public sector:</p> <ul style="list-style-type: none"><li>• medical specialists</li><li>• podiatrists</li></ul> <p>It is noted that access to suitably qualified prescribers may differ across HHSs. The HHS should determine whether other professions can be authorised prescribers within their HHS to improve access to MGF.</p> <p>The HHS should consider the use of telehealth to facilitate appropriate client assessment where there is a lack of suitably qualified prescribers.</p>	Consensus opinion from the MGF Trial Working Group, the Diabetic Foot Working Group and the Statewide Diabetes Clinical Network Steering Committee
Providers	Approved medical grade footwear suppliers including retailers, custom boot makers and certified pedorthists.	
Prefabricated MGF	Off the shelf footwear has features such as extra depth, width and fractional fittings or insoles	
Customised MGF	MGF that is modified to meet the necessary prescription	
Custom made MGF	Medical grade footwear that has been designed and manufactured for a specific applicant requires an individual mould and distinct set of specifications, patterns and lasts to be established for each foot	
MGF	Medical grade footwear that meets the Australian Pedorthic Medical Grade Footwear Association specifications.	

Term	Definition / Explanation / Details	Source
Acute	People meeting any of the following criteria: <ul style="list-style-type: none"> <li>• current foot ulceration +/- infection</li> <li>• acute charcot arthropathy</li> <li>• necrosis / acute ischemia</li> </ul>	NHMRC
High risk	People with a previous history of foot ulcer or amputation and / or two or more of the following risk factors: <ul style="list-style-type: none"> <li>• peripheral neuropathy</li> <li>• peripheral arterial disease (PAD)</li> <li>• foot deformity</li> </ul>	NHMRC

## 6. Document approval details

### Document custodian

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### Approval officer

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## Version Control

Version	Date	Comments
1.0	May 2015	Development of new document.  Endorsed by the Statewide Diabetes Clinical Network Steering Committee.
2.0	02 Nov 2020	Review of initial document. No changes to recommendations. Endorsed by Statewide Diabetes Clinical Network Steering Committee