

Disability Support Pension – Medical Criteria

This fact sheet outlines the medical criteria for the Disability Support Pension (DSP) in general terms. Please note that some conditions may qualify under the “manifest” medical rules, for example if you are permanently blind and these rules are not covered here.

What are the medical criteria for the Disability Support Pension (DSP)?

To be eligible for the DSP you must meet the following criteria at the date of claim (or within the subsequent 13 weeks):

- have a condition that has been **diagnosed, reasonably treated and stabilised** in order for the functional impacts to be assessed under the “impairment tables” and
- be assigned **20 points or more** under one or more of the “impairment tables” and
- have a **continuing inability to work**.

If you are not assigned 20 points under one impairment table you also need to have **actively participated in a Program of Support (POS)**.

Diagnosed, reasonably treated and stabilised

Your condition is considered **diagnosed** if no further medical confirmation/testing is required. Some conditions require mandatory specialist confirmation. If this is required, it is listed at the beginning of the relevant impairment table. For example, mental health conditions require confirmation of diagnosis from a psychiatrist or alternatively from a GP with supporting evidence from a registered psychologist.

Your condition is considered **reasonably treated and stabilised** if further reasonable treatment for the condition is not expected to result in significant functional improvement that is likely to enable you to work in the next 2 years.

“Reasonable treatment” is defined as treatment that is of a type regularly undertaken, reasonably accessible, at a reasonable cost, low risk, with a high success rate and where substantial improvement in functional capacity can be reliably expected. A treatment may not be considered reasonable if there is a medical or compelling reason for you not to pursue that treatment (which can include religious/cultural beliefs or genuine fear/lack of insight).

The 20 Points Requirement

Centrelink uses the Impairment Tables to assess how your disability impacts your functioning. If a condition is not diagnosed, reasonably treated and stabilised its functional impact will not be rated under the impairment tables. There are 15 different tables that cover different areas of functioning. The current tables which came into effect for claims lodged after 1 April 2023 can be found at <https://www.legislation.gov.au/Details/F2023L00188>.

Each Table can only have one rating assigned no matter how many conditions you have – that rating will be based on the cumulative impact of all diagnosed, reasonably treated and stabilised conditions that can be rated on that Table. However, one condition can result in ratings on more than one Table. You are only considered able to perform an activity if you can complete or sustain the activity when you would be expected to do so and not only once or rarely. If after doing the activity you suffer pain or have to rest and would have difficulty repeating the activity for the remainder of the day, you may be seen as having severe difficulty doing the activity.

Continuing Inability to Work

This means that you must be unable to work 15 hours/week in the next 2 years. Work is defined as any job in the open market in Australia, sustainable for a period of at least 26 weeks (without needing leave equating to a month or more within a 26 week period).



Active Participation in a POS

To demonstrate that you have satisfied the POS requirement for DSP you need to show that in the three years before you claimed the DSP you “actively participated” in a POS (with some limited exceptions). **This requirement does not apply if you are assigned 20 points under a single impairment table.**

A Program of Support (POS) is a Commonwealth government funded vocational, rehabilitation or employment program (usually through an Employment Service eg. JobActive or Disability Employment Service) tailored to address your impairments and other barriers to employment. It typically includes job search, job preparation, education and training, work experience, employment, return to work, vocational and occupational rehabilitation, injury management or an activity designed to assist you to prepare for, find or maintain work.

This criteria is met if you have actively participated in a POS for 18 months in the 3 years before the date of your DSP claim. **Exemption periods, such as medical certificate exemptions, will not count towards the 18 months.** The main exception to this requirement applies if you have participated in a POS at some stage in the 3 years before your DSP claim and can provide evidence that continuing would not help to improve your capacity to prepare for, find or maintain work. Contact Basic Rights Queensland for advice if you think this applies to you.

Requesting your DSP assessment report

If your claim is rejected we recommend that you request a copy of your DSP assessment report from Centrelink; this will be either a MAT assessment, JCA assessment or DMA assessment depending on how far your claim proceeded through the three DSP assessment stages. If you need help interpreting the report BRQ can assist.

Appealing a DSP rejection

If your DSP claim has been rejected you have 13 weeks to lodge an appeal, otherwise you may not receive full arrears if you are successful. To appeal, simply tell Centrelink that you wish to appeal/review the rejection of your DSP application. It is a good idea to obtain a receipt number for your request.

Once you have had a review by an Authorised Review Officer (ARO) you have the right to appeal further to the Administrative Appeals Tribunal Level 1 (AAT1) and you need to do this within 13 weeks of the ARO decision to receive full arrears.

If you have already had a review with the AAT1 you can appeal this decision within 28 days to the Administrative Appeals Tribunal Level 2 (AAT2). In limited cases where there is an “error of law” a matter can be further appealed to the Federal Court, however legal advice should be obtained and the process can be complex and expensive.

If your circumstances have changed since you first lodged your claim (e.g. your condition has deteriorated, you have seen further specialists, you have stabilised on further treatment or you now meet the POS criteria), it may be advisable to lodge a new claim for the DSP. This new claim does not prevent you from proceeding with your appeal which can only consider your eligibility for the DSP within 13 weeks of the date of your original claim.

Helpful Contacts

Basic Rights Queensland	1800 358 511
Centrelink Disability, Sickness and Carers Line	132 717
Centrelink Payments and Services Indigenous Helpline	1800 136 380
Centrelink Multilingual Call Centre	131 202
Telephone Interpreter Service	131 450
National Relay Service	1300 555 727

Please note:

This fact sheet was prepared by Basic Rights Queensland (BRQ). It contains general information only and does not constitute legal advice. BRQ is independent of Centrelink or any other government body and all assistance is free.

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