

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 you submitted your DSP claim (or within the following 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 tests or confirmation 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 valid medical reason or other strong reason for you not to pursue it, such as religious or cultural beliefs, or genuine fear or lack of understanding.

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 here:

<https://brq.org.au/centrelink-dsp-impairment-tables/>

You can only have one rating assigned on each Table, no matter how many conditions you have. The rating will be based on the combined impact of all diagnosed, reasonably treated and stabilised conditions that can be rated on that Table. However, where a condition impacts different areas of functioning, it 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, it may be considered you have a severe difficulty doing the activity and assigned a higher rating.

Continuing Inability to Work

This means you must be unable to work 15 hours per week for the next 2 years. “Work” is defined as any job in the open market in Australia that you can continue to do without needing to take a month or more of leave within a 26-week period.

Active Participation in a POS

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



A POS is a Commonwealth government-funded program designed to help with vocational, rehabilitation or employment support. It is usually provided through an Employment Service or a Disability Employment Service. The program is tailored to address your impairments and other barriers to employment and may include job search, job preparation, education and training, work experience, employment, return-to-work support, vocational and occupational rehabilitation, injury management or an activity designed to assist you to prepare for, find or maintain work.

To meet this requirement, you must have actively participated in a POS for 18 months during the 3 years before you submitted the DSP claim. **Time spent on exemptions, such as medical certificate exemptions, will not count towards the 18 months.** The main exception to this requirement may apply 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 (BRQ) for advice if you think this applies to you.

Requesting your DSP assessment report

If your claim is rejected, we recommend requesting a copy of your DSP assessment report from Centrelink. This could be a MAT assessment, JCA assessment or DMA assessment depending on how far your claim has progressed 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 from when you were notified of the decision to lodge an appeal, otherwise you may not receive full arrears if your review is successful. To appeal, you can tell Centrelink that you wish to appeal the decision and obtain a receipt number for your request, or you can complete and upload the "Explanation or formal review of a decision (SS351)" form using your Centrelink online account.

If you disagree with the decision made by the Authorised Review Officer (ARO), you have the right to appeal further to the Administrative Review Tribunal - Level 1 (ART1) and you should do this within 13 weeks of being notified of the ARO decision to receive full arrears.

You can appeal a decision of the ART1 to the Administrative Review Tribunal - Level 2 (ART2) within

28 days of being notified of the decision. In limited cases where there is an "error of law" a matter can be further appealed to the Federal Court; however, you should get legal advice as the process can be complex and expensive.

If your circumstances have changed since you first lodged your claim (for example, 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 continuing 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.

***This fact sheet was last updated in November 2024.**