

Disability Support Pension Medical evidence requirements Information for treating health professionals

Purpose of this form



This form assists treating health professionals in supporting a patient who needs to provide medical evidence for a Disability Support Pension new claim or medical review. It also provides information about the eligibility requirements and assessment process for Disability Support Pension.

As a treating health professional, you can use this form to evaluate your patient's medical evidence and ensure it includes relevant information about their condition(s).

Important information

Use of this form is optional – a person claiming or receiving Disability Support Pension is not required to give this form to us. The information you provide here may help us better understand your patient's circumstances and allow us to:

- assess their claim or medical review quicker
- reduce the need to ask your patient for additional medical evidence
- avoid contacts with you or your patient's other treating health professionals to clarify the medical evidence provided to us.

Eligibility and assessment for Disability Support Pension

Medical eligibility requirements

Medical eligibility for Disability Support Pension is generally not based just on the diagnosis of a condition, but rather how the condition affects a person's capacity to work (or its functional impact). The assessment of eligibility for Disability Support Pension cannot take into account non-medical factors such as a person's age, education, work experience, literacy or language skill, or the local availability of work. These requirements are set in legislation and policy guidelines, which we must follow when assessing eligibility for Disability Support Pension.

To be medically eligible for Disability Support Pension, your patient must:

- meet specific manifest eligibility criteria, or
- have a fully diagnosed, treated and stabilised condition which attracts a rating of at least 20 points under the Impairment Tables, and
- have actively participated in a Program of Support, unless they have a severe impairment (20 points on a single Impairment Table), and
- be unable to work, or be retrained for any work of at least 15 hours per week within the next 2 years.

We may require your patient to attend one or more assessments to help us determine if they are medically eligible for Disability Support Pension. This may include a Job Capacity Assessment conducted by our own assessors, and a Disability Medical Assessment conducted by a Government contracted Doctor.

To be granted Disability Support Pension, your patient also needs to meet all other eligibility criteria for their circumstances, including age, residence and income and assets tests.

Manifest medical eligibility criteria

The manifest medical eligibility criteria allow a person's claim for Disability Support Pension to be granted based on the medical evidence provided, without further assessment of medical eligibility. Your patient may be manifestly medically eligible for Disability Support Pension if medical evidence clearly shows they:

- are permanently blind
- have a terminal illness, where average life expectancy for a patient with this condition is less than 2 years
- have an intellectual disability with an IQ of less than 70
- require nursing home level care, or
- have category 4 HIV/AIDS

Your patient may also be manifestly medically eligible if they are receiving a Department of Veterans' Affairs Disability Compensation Payment at the Special Rate (Totally and Permanently Incapacitated) paid under the *Veterans' Entitlements Act 1986* (VEA).

If the evidence provided to us clearly shows that your patient meets one or more of the above manifest eligibility criteria, they should not be required to attend a Job Capacity Assessment or Disability Medical Assessment.

Where the medical evidence provided to us suggests your patient may be manifestly eligible but does not clearly show this, we may need to contact you or your patient's other treating health professionals for more information.

If you consider that your patient may be manifestly medically eligible for Disability Support Pension, this form allows you to provide information that may help us to make this assessment. For example, you can indicate if there is information you would prefer to discuss verbally with an assessor, such as prognosis or further avenues of referral and treatment.

The Disability Support Pension Impairment Tables

If a person is not manifestly medically eligible for Disability Support Pension, their condition is assessed under the *Social Security (Tables for the Assessment of work-related Impairment for Disability Support Pension) Determination 2011* (the Impairment Tables).

Revised Impairment Tables were introduced in January 2012. There are 15 Tables which cover a range of functions. The Tables focus on functional ability, concentrating on what a person can do rather than what they cannot do and are consistent with contemporary medical and rehabilitation practice. All Disability Support Pension new claims and medical reviews must be assessed under the revised Impairment Tables. We use the Tables to assess how a person's condition affects their ability to work.

To be assessed under the Impairment Tables, a condition needs to be fully diagnosed, treated and stabilised, and likely to persist for more than 2 years.

Fully diagnosed, treated and stabilised

For a condition to be accepted as fully diagnosed, generally a diagnosis must be made by an appropriately qualified medical practitioner. For most conditions this can be a general practitioner (GP). Diagnosis of conditions resulting in low intellectual function requires assessment by an appropriately qualified psychologist.

For some conditions, a medical practitioner's diagnosis must be supported by evidence from another treating health professional. For example, for mental health conditions such as depression or anxiety disorders the medical practitioner's diagnosis needs to be supported by a clinical psychologist assessment if the medical practitioner is not a psychiatrist. There is more information under the heading, Specific medical evidence required for some conditions, on page 5. We carefully consider all medical evidence provided to us from a person's treating health professionals, including diagnosis of conditions made by their GP.

To assess if a condition is **fully treated** we consider whether reasonable treatment or rehabilitation has occurred. For Disability Support Pension purposes, this generally includes treatment of a low risk nature with a high success rate and where substantial improvement can be expected. It should also be treatment that is available and reasonably accessible to the person at a reasonable cost. This assessment takes into account the effectiveness of past treatment, the expected outcome of current treatment and any plans for further treatment, including the duration of waiting lists.

A condition may be accepted as **fully stabilised** if any further reasonable treatment is unlikely to result in significant functional improvement that will enable the person to undertake work of at least 15 hours per week in the next 2 years. This assessment can consider compelling reasons for the person not to undertake reasonable treatment.

A person is not eligible for Disability Support Pension if their conditions are not fully diagnosed, treated and stabilised. Note that this assessment is based on the person's circumstances at the time of their claim, and they can lodge another claim at any time if their condition changes. There is more information under the heading, If your patient's circumstances change, on page 6 .

Impairment rating

We assess the functional impacts of any fully diagnosed, treated and stabilised conditions under the Impairment Tables to assign an impairment rating.

- Ratings reflect the level of work related impairment due to the functional impact of a person's conditions.
- The possible numerical ratings under individual Tables range from zero points (no functional impact) to 30 points (extreme functional impact).
- The assessment of functional impact does not take into account non-medical factors such as a person's age, work experience or the local labour market.
- The Impairment Tables require a person's impairment to be assessed when they are using or wearing any aids, equipment or assistive technology that they have and regularly use.
- Our assessment of impairment ratings must be supported by medical evidence from a person's treating health professionals.
- To determine the impairment rating for a person's conditions, we generally require them to attend a Job Capacity Assessment. They may also need to attend a Disability Medical Assessment.

A person is not eligible for Disability Support Pension if available medical evidence shows their conditions do not attract a rating of at least 20 points under the Impairment Tables.

Participation in a Program of Support

Under legislation, in some circumstances we need to assess whether a person claiming Disability Support Pension has actively participated in a Program of Support. This assessment is required if:

- the person is not manifestly medically eligible, and
- their condition attracts a total rating of at least 20 points under the Impairment Tables, but less than 20 points under any single Table.

In this case, the person generally needs to show they actively participated in a Program of Support for at least 18 months in the 3 years before their claim. In some circumstances a person may be able to meet the Program of Support requirement through a shorter period of participation. We can consider evidence that a person is prevented, solely by their impairment, from further improving their work capacity through continued participation in a program.

A person may not be eligible for Disability Support Pension if they cannot show they have actively participated in a Program of Support.

For more information about Program of Support requirements for Disability Support Pension, go to servicessaustralia.gov.au/dsp

Continuing inability to work

If a person meets the impairment and Program of Support criteria, legislation requires us to assess if they have a continuing inability to work.

For a person to meet this requirement, medical evidence needs to show they are unable to work, or be retrained for work, within the next 2 years because of their impairment. For the purpose of this assessment, 'work' includes any work:

- of at least 15 hours per week, at or above the relevant minimum wage, and
- that exists in Australia, even if not within the person's locally accessible labour market.

This assessment cannot consider non-medical factors such as difficulties with literacy, numeracy or language which are not directly attributable to a person's medical condition.

A person is not eligible for Disability Support Pension if they do not have a continuing inability to work.

Medical evidence requirements for Disability Support Pension

Information we need about your patient's conditions

Your patient must provide medical evidence to support their Disability Support Pension claim or medical review. We require medical evidence for each condition that significantly affects your patient's ability to work. In most cases, we need current information about the diagnosis, treatment, symptoms, functional impact and prognosis for each condition. In some cases, we may not need all of this information.

In all cases, we need the full names and contact details of your patient's treating health professional(s). This helps us to confirm which health professionals have been involved in the assessment and treatment of any conditions with significant functional impact. It also helps us if we need to make contact to clarify medical evidence.

We generally need information about **all** of the following:

Diagnosis

- Diagnosis of the conditions that impact your patient's ability to function.
- When each condition was diagnosed.
- The name, qualification and contact details of the health professional who made the diagnosis.

Treatment and care

- The type of treatment or rehabilitation undertaken in the past, and currently being undertaken.
- Treatments ruled out as ineffective or unsuitable (if applicable).
- Planned or future treatment, including whether your patient is on a waiting list, and the duration of any waiting lists.
- If your patient requires specific care because of their condition, including nursing home level or palliative care.

Symptoms and functional impact

- The date of onset for each condition.
- Current symptoms of your patient's conditions (persisting despite treatment, aids, equipment or assistive technology).
- The severity, frequency and duration of symptoms.
- How conditions and treatment impact on your patient's ability to function in day-to-day life, including at work if applicable.

Prognosis

- The length of time the condition is likely to impact your patient's ability to function.
- If the condition is likely to improve, remain the same or get progressively worse.
- If and how the condition is likely to significantly affect your patient's life expectancy.

In some cases, we may not need all of this information to assess your patient's medical eligibility for Disability Support Pension. For example, if your patient is profoundly disabled and needs nursing home level care, we generally need evidence from their GP or usual treating doctor confirming the diagnosis and symptoms of the conditions with greatest functional impact, and details of care required. We consider each case individually, to determine what information is required to assess your patient's eligibility.

Examples of medical evidence

Examples of medical evidence your patient may provide include:

- medical history reports/printouts
- specialist medical reports, including outcomes of referrals to specialists
- allied health professional reports, such as physiotherapy or audiology reports
- psychologist reports, including IQ testing reports
- medical imaging reports
- compensation and rehabilitation reports
- physical examination reports
- hospital/outpatient records or discharge summaries.

Medical evidence should be as current as possible. Older evidence (such as reports or records more than 2 years old) will generally be considered less relevant.

We always take into account any barriers your patient may have to obtaining medical evidence, or managing their own affairs. This form provides space for you to indicate if there are any limitations on your patient's ability to provide medical evidence.

Specific medical evidence required for some conditions

Under legislation, we need specific medical evidence for some medical conditions. This includes:

- **ear conditions affecting hearing or balance:** the diagnosis must be supported by evidence from an audiologist or ear, nose and throat specialist.
Note: Evidence from an audiologist alone is not sufficient – a diagnosis is also required by an appropriately qualified medical practitioner.
- **eye conditions affecting vision:** the diagnosis must be supported by evidence from an ophthalmologist.
- **mental health conditions** (such as depression, schizophrenia, anxiety disorders): the diagnosis must be made by a psychiatrist, or by another appropriately qualified medical practitioner with evidence from a clinical psychologist.
- **intellectual impairment:** we need an assessment of intellectual function and assessment of adaptive behaviour from a psychologist, or a report from your patient's special school which includes these psychologist assessments. Evidence must include information supported by a psychologist about your patient's IQ or ability to undergo testing.

Clarifying information with treating health professionals

Our assessors and Government Contracted Doctors may contact you or your patient's other treating health professional(s) to clarify or confirm information provided about their condition.

We do not require the patient's consent to make this contact, as social security law enables us to make relevant and necessary enquiries to establish a patient's eligibility for Disability Support Pension. To support any required contact with their treating health professionals, the patient has the option of completing a **Consent to disclose medical information (SA472)** form. We will show this form to the treating health professional if they ask for confirmation that their patient has consented for them to disclose their medical information to us or assessors engaged by us.

If a medical practitioner assists with gathering medical evidence and it forms part of a clinical consultation where examination of the patient is required, the usual Medicare consultation fee can be applied.

A medical practitioner may also request a payment if a health or allied health professional engaged by us contacts to discuss the medical evidence for a patient's Disability Support Pension claim or medical review. You can talk to the assessor who contacts you about this.

Claim outcomes, reviews and changes in circumstances

Disability Support Pension claim outcome

When a person claims Disability Support Pension, legislation requires us to assess their eligibility at the time of their claim. This includes their medical eligibility, which we must assess based on the medical evidence provided to us.

If the evidence shows that a person is not medically eligible at the time of claim, we will reject their claim. We will also reject the claim if the person does not meet any of the non-medical eligibility requirements, such as age, residence or income/assets.

When we reject a claim for Disability Support Pension, we send the person a letter which provides a concise explanation of the decision, and their avenues of review if they do not agree. We also attempt to contact the person (or their nominee) to explain the decision in more detail, and to discuss their eligibility for alternative assistance.

An example of alternative assistance is JobSeeker Payment. A person receiving this payment normally needs to look for work and meet other mutual obligation requirements. We can modify these requirements if current medical evidence shows us the person's ability to work is significantly reduced by their conditions.

If your patient does not agree with our decision

If your patient does not understand or agree with a decision about their claim, they should let us know when we contact them to explain the decision, or contact us. In this case we will:

- give your patient an opportunity to provide additional information
- check the decision is correct
- arrange additional assessments of any significant new medical evidence, if required
- change the decision if it is incorrect, or if new evidence shows your patient was medically eligible
- provide a full explanation of the decision.

If your patient does not agree with our explanation, they can ask for the decision to be reviewed by an Authorised Review Officer (ARO). The ARO can change the decision if it is incorrect. The ARO will provide your patient with a full written explanation of their decision.

If your patient does not agree with the ARO's decision, they can ask for it to be reviewed by the Administrative Appeals Tribunal.

Your patient can also request copies of any assessments supporting a decision to reject their claim for Disability Support Pension. We may be able to provide this information to your patient on request. In some cases, your patient may need to lodge a written application – this may include situations where releasing an assessment report directly to your patient may be detrimental to their health or wellbeing.

If your patient's circumstances change

When we review a decision to reject a claim for Disability Support Pension, legislation requires us to assess your patient's medical eligibility at the time of their claim, or within the period of 13 weeks after the claim is lodged. In some cases, we or the Administrative Appeals Tribunal may affirm a decision to reject a claim, even though new medical evidence indicates your patient may have become medically eligible for Disability Support Pension more than 13 weeks after the claim. In this case, your patient would need to lodge another claim for Disability Support Pension so we can assess their eligibility based on their current circumstances.

Your patient can lodge another claim for Disability Support Pension at any time if they would like to test their eligibility again. For example, if their condition has significantly deteriorated, or may now be fully diagnosed, treated and stabilised. Any new claim needs to be supported by current medical evidence, as explained above.

For example, a recently diagnosed serious illness may be assessed as not yet fully treated and stabilised if your patient is still in the early stages of treatment and the prognosis is not yet clear. This assessment may change if your patient lodges another claim and provides evidence which shows there is unlikely to be any significant functional improvement in the next 2 years, with or without reasonable treatment.

Your patient (or their nominee) should talk to us if they are having difficulty with the claim process, including providing evidence to support their claim.

For more information

For more information about Disability Support Pension, go to servicesaustralia.gov.au/dsp

6 Is there any other information you would like to provide?

No Go to next question

Yes Give details below

Large vertical text area with horizontal dashed lines for providing additional information.

Privacy notice

7 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Details of treating health professional completing this checklist

8 Print in BLOCK LETTERS.

Treating health professional's name

Professional qualifications

Provider number

Surgery/Medical Centre/Clinic/Hospital name

Address

Postcode

Phone number

Signature



Date

Returning this form

You can give the completed form to your patient, who can provide it to us when they submit their claim or medical evidence for a medical review.

If you prefer to provide this form directly to us, you can do this by posting it to:

Services Australia
Disability Services
PO Box 7806
Canberra BC ACT 2610