

Manitoba Public Insurance Chiropractic Service Rates

1. Rate Table:

The following fees apply to chiropractic service providers with a services agreement with Manitoba Public Insurance effective as of the date listed in the header above:

1. The following fees are included within the category limit (Initial Assessment is now included under Table 2 – fees not included in Category limit)

Service	Year 1 January 1, 2026 to March 31, 2027	Year 2 April 1, 2027 to March 31, 2028	Year 3 April 1 2028 to March 31, 2029	Year 4 April 1, 2029 to March 31, 2030
- Subsequent visit¹ - Supervisory visit¹	\$50.00	\$52.00	\$54.00	\$55.50
Subsequent visit with a modality¹	\$59.80	\$61.30	\$62.85	\$64.45
Subsequent visit that includes one or more of the following ¹ : • Acupuncture / Dry Needling - Active Release Treatment (ART) - Graston Technique - Online guided exercise modules (or equivalent)	\$71.31	\$73.10	\$75.00	\$76.85
Emergency Calls 50 kms or less	\$48.30	\$49.50	\$50.75	\$52.00
Emergency Calls greater than 50 kms for each additional 16 kms	\$11.55	\$11.85	\$12.15	\$12.45

Re-Exam² • Within the category limits • Includes status inventory	\$83.10	\$85.10	\$87.20	\$89.40
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1. One Fee Per Office Visit
2. Refer to 9. Re-Exam for guidelines.

2. The following fees are not included within the category limit

Service	Year 1	Year 2	Year 3	Year 4
• Initial Assessment ³ (Complete history, physical examination, diagnosis, Status Inventory)	\$101.50	\$104.00	\$106.75	\$109.50
• Consultation fee for review of MPI cases	\$275.00/hr \$22.92/5 min interval	\$280.00/hr \$23.33/5 min interval	\$285.00/hr \$23.75/5 min interval	\$290.00/hr \$24.17/5 min interval
• Narrative Report requested by MPI: For the first page: For every additional half page with a 5-page maximum:	\$134.20 \$ 67.10	\$134.20 \$ 67.10	\$134.20 \$ 67.10	\$134.20 \$ 67.10
• Return to Work Report (upon request)	\$151.94	\$151.94	\$151.94	\$151.94

- Form Reports⁴ Requested by MPI - Initial Report for off work claims greater than 7 days - Category 2 or 3 request	\$73.50	\$75.00	\$76.50	\$78.00
Clinical Notes requested by MPI	\$89.45	\$89.45	\$89.45	\$90.20
Critical Care Supplies / Supports based on actual patient need – automatic approval limit	\$115	\$115	\$115	\$115

3. An Initial Assessment can be completed on the same day as a subsequent visit.

4. Fee is applicable if the report is submitted within 21 days of request or 21 days from date of exam if the report is initiated by the chiropractor. No payment for late reports.

3. X-Ray Fee Schedule

Area	Year 1 (Tech/Prof Fee)	Year 2 (Tech/Prof Fee)	Year 3 (Tech/Prof Fee)	Year 4 (Tech/Prof Fee)
APL C-Spine (3 views)	\$69.00/\$25.33	\$70.72/\$25.96	\$72.49/\$26.61	\$74.30/\$27.28
APLC Flexion and Extension (5 views)	\$86.21/\$25.33	\$88.36/\$25.96	\$90.57/\$26.61	\$92.84/\$27.28
Pillar Views (2 – 8/10)	\$45.98/\$25.33	\$47.13/\$25.96	\$48.31/\$26.61	\$49.52/\$27.28
Davis Series	\$137.89/\$25.33	\$141.34/\$25.96	\$144.87/\$26.61	\$148.49/\$27.28
APL C-Spine (AP – 7/17)	\$57.49/\$25.33	\$58.93/\$25.96	\$60.40/\$26.61	\$61.91/\$27.28
APL Dorsal	\$69.00/\$25.33	\$70.72/\$25.96	\$72.49/\$26.61	\$74.30/\$27.28
APL Lumbar	\$69.00/\$25.33	\$70.72/\$25.96	\$72.49/\$26.61	\$74.30/\$27.28
APL Lumbosacral	\$69.00/\$25.33	\$70.72/\$25.96	\$72.49/\$26.61	\$74.30/\$27.28
APLLS and Both Obliques	\$103.42/\$25.33	\$106.00/\$25.96	\$108.65/\$26.61	\$111.37/\$27.28
Shoulder Series	\$45.98/\$25.33	\$47.13/\$25.96	\$48.31/\$26.61	\$49.52/\$27.28
Full Spine APL (14/36)	\$120.68/\$40.18	\$123.70/\$41.18	\$126.79/\$42.21	\$129.96/\$43.26

(a) Full Series – APLC – APLT – APPLS	\$137.89/\$40.18	\$141.34/\$41.18	\$144.87/\$42.21	\$148.49/\$43.26
APL C-Spine and Obliques (5 views)	\$86.21/\$25.33	\$88.36/\$25.96	\$90.57/\$26.61	\$92.84/\$27.28
Extremities (2 views)	\$45.98/\$25.33	\$47.13/\$25.96	\$48.31/\$26.61	\$49.52/\$27.28
Pelvis (1 – 14/17)	\$34.52/\$25.33	\$35.39/\$25.96	\$36.27/\$26.61	\$37.18/\$27.28
Knee	\$45.98/\$25.33	\$47.13/\$25.96	\$48.31/\$26.61	\$49.52/\$27.28
Ankle (3 views)	\$45.98/\$25.33	\$47.13/\$25.96	\$48.31/\$26.61	\$49.52/\$27.28
Sinuses	\$91.91/\$25.33	\$94.21/\$25.96	\$96.56/\$26.61	\$98.98/\$27.28
Ribs (2 – 14/17)	\$69.00/\$25.33	\$70.72/\$25.96	\$72.49/\$26.61	\$74.30/\$27.28
Chest	\$69.00/\$25.33	\$70.72/\$25.96	\$72.49/\$26.61	\$74.30/\$27.28
Written Report for films sent in (1 area)	Prof Only \$25.33	Prof Only \$25.96	Prof Only \$26.61	Prof Only \$27.28
Written Report for films 14/36 (2 views)	Prof Only \$40.18	Prof Only \$41.18	Prof Only \$42.21	Prof Only \$43.26
Additional Films (8/10) of any area (identify area on billing)	Tech Only \$17.21	Tech Only \$17.64	Tech Only \$18.08	Tech Only \$18.53
Motion Study includes an A/P and Lat plain view – per area	\$69.00/\$25.33	\$70.72/\$25.96	\$72.49/\$26.61	\$74.30/\$27.28

Three patient categories are set out below. The maximum total limit of fees payable by Manitoba Public Insurance to you for patients in each of the categories are as follows:

	Year 1	Year 2	Year 3	Year 4
Category 1 Limit	\$1300	\$1325	\$1350	\$1400
Category 2 Limit ⁵	\$675	\$ 700	\$725	\$725
Combined Category 1 and 2 Limit ⁵	\$1975	\$2025	\$2075	\$2125

Category 3 Limit	The maximum fee limit must be approved by Manitoba Public Insurance
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5. Fee is applicable if the report is submitted within 21 days of request or 21 days from date of exam if the report is initiated by the chiropractor. No payment for late reports *Note: the maximum fee limit per Category 2 patient must be approved by Manitoba Public Insurance

The above Category limits will apply whether or not you have a direct-billing arrangement with Manitoba Public Insurance.

Notwithstanding the foregoing, all treatments must be medically required. Manitoba Public Insurance has sole and unfettered discretion to adjust the category fee limits (higher or lower) on a case-by-case basis as it determines necessary.

All fees, except for those fees specifically excluded in this Schedule, are included within the above category fee limits. The fee limits for Categories 1 and 2 apply to all treatment types and all patient office visits.

You may charge up to the maximum fee as set out in above, per patient office visit, in order to be eligible for direct-billing with Manitoba Public Insurance. If you charge more than the allotted maximum fee for an office visit, the patient will be responsible for paying the entire charge directly to you, and you will not be entitled to direct-bill Manitoba Public Insurance for that charge. If this visit "over-charge" occurs, Manitoba Public Insurance may choose to review the fee(s) you charge and may, in its sole and unfettered discretion, refuse direct-billing privileges to you on a go-forward basis.

Reimbursement for critical care supplies will only be approved by Manitoba Public Insurance where the supplies are provided within ninety (90) days of the patient's loss, and where their provision is based on actual patient need. Where the combined cost of these supplies is under \$115.00, this charge will be deemed automatically approved. If the combined cost of these supplies exceeds \$115.00, pre-approval for all the supplies must be obtained from Manitoba Public Insurance.

Further explanation of these rates is provided in the sections below.

2. Coverage:

All claims for coverage of a compensable loss require Manitoba Public Insurance's approval. Manitoba Public Insurance will provide a decision on approval for each coverage claim within three (3) business days of receipt of the request, failing which, approval is presumed thereafter. Manitoba Public Insurance will not unreasonably withhold coverage approval for a claim. Any lapse in treatment of ninety (90) days or longer will require Manitoba Public Insurance's approval to continue with coverage. A lapse in treatment includes ninety (90) days after last treatment was completed or ninety (90) days after the motor vehicle accident occurred.

3. Consultation Fee:

The consultation fee applies to an in-person meeting or telephone consultation between you and a Manitoba Public Insurance case manager, Manitoba Public Insurance Health Care Services consultant, or external rehabilitation consultant for the purpose of discussing pertinent claimant information related treatment. The fee is an hourly fee billed to five-(5) minute increments. The fee excludes time you spend on billing inquiries and time spent on seeking initial approvals.

4. Initial Assessment and Subsequent Visit Fee:

As a subsequent visit fee is no longer included in the initial assessment fee, a subsequent visit fee and initial assessment fee can be permitted on the same date.

5. Clinical Notes:

Clinical notes requested by Manitoba Public Insurance shall be paid for at the flat rate regardless of the number of pages.

6. Form Reports

Manitoba Public Insurance does not require a form report for any “at work category 1 claimants” and shall not pay for one, unless specifically requested by Manitoba Public Insurance.

In cases where the claimant is seeking more than one treatment modality (for example chiropractic or physiotherapy in addition to chiropractic) either consecutively or concurrently, an initial form report shall be submitted if chiropractic is the second modality of treatment being sought by the claimant.

In the event that the form report is not provided to Manitoba Public Insurance within twenty-one (21) days of the date of examination of the claimant the report is no longer required and no payment shall be made unless it is specifically requested by Manitoba Public Insurance.

7. Narrative Reports

Where a written communication is requested by Manitoba Public Insurance, it will be billed per page, to a maximum of five (5) pages per report. Half pages will be charged at a rate of one half of the full page fee. You shall use 1” margins, single spaced and 12 font in order to be eligible for payment.

8. Ancillary Services:

Where a particular service is not addressed by this rate schedule Manitoba Public Insurance may either (i) negotiate the fees to be charged for such specialized services on a case-by-case basis with the service provider, or (ii) set the fees that will be charged for such specialized services on a case-by-case basis.

9. Re-exams

Re-exams can be billed at the discretion of the treating chiropractor and are included in the Category limit. Re-exams must include a status inventory and can be billed on the same day as a subsequent visit. It is expected that re-exams are completed based on individual patient circumstances and injuries and the re-exam should be appropriate for the ongoing management of the claim and assessment of the treatment plan. (some examples include change in category, claimant is now off work, treatment is required following a 90 day + lapse is approved by MPI etc.) Status inventories must be utilized as part of the re-exam fee.