



Attachment to AVB

**"DRG-Entgelttarif" (Diagnosis Related Groups - scale of fees and charges)
for hospitals as valid within the KHEntgG
and patient information according to § 8 KHEntgG**

The Katholisches Marienkrankenhaus gemeinnützige Gesellschaft mit beschränkter Haftung charges the following fees starting January 1st 2008:

1. Diagnosis Related Groups (DRGs) according to § 17b KHG

Fees for general entirely in-patient and partly in-patient hospital services are determined according to the KHG as well as the KHEntgG in the presently valid version. Therefore general hospital services are charged predominantly on the basis of Diagnosis Related Groups (DRG). According to the DRG system the actual fee depends on the special conditions of the individual medical case.

The allocation of DRGs is based on various parameters, the most important of which are the main diagnosis as well as any conducted medical procedures (surgery, complex diagnostic or therapeutical services). If there are secondary medical findings, they may have an effect on the evaluation of the severity level. For the determination of a diagnosis or procedure, catalogues with approximately 13,000 diagnoses (ICD-10 in its presently valid version) and approximately 28,000 procedures (OPS-301 in its presently valid version) are available. Along with the factors already mentioned other factors such as age or modus of release may also have an effect on the allocation of the DRG.

The exact definitions of the single DRGs are determined by the presently valid DRG classification system (DRG definition handbook). The DRG definition handbook provides alphanumerical descriptions of the DRGs as well as textual definitions. In addition it provides tables of accompanying diagnoses and procedures.

The presently valid DRG has been given a certain relative value which may vary each year within the context of DRG system maintenance. The relative value is expressed through a basic case value in Euros. The currently valid basic case value is 2,805.72 Euros. The result of the multiplication of relative value and basic case value is the fee for medical treatment.

Example (relative value and basic case value are hypothetical)

DRG	DRG definition	Relative value	Basic case value	Proceeds
P67D	Newborn child (...)	0.271	€ 2,805.72	€ 760.35
D30B	Tonsillectomy except for malignant growth or different ear, mouth, throat surgery	0.721	€ 2,805.72	€ 2,022.92

It is not possible to predict which DRG will eventually apply for accounting. It depends on the diagnoses at the end of the hospital treatment and the nature of the diagnostic or therapeutic services provided within the course of treatment. For the year 2008 the fixed DRGs are determined according to the Attachment 1 "Fallpauschalenverordnung 2008" (FPV 2008).

2. Exceeding or falling below the "Grenzverweildauer" (average amount of time spent in hospital) of the DRG according to § 1 para. 2 and 3 as well as § 3 para. 1 and 2 FPV 2008

The price that is determined according to the DRG system as described above is based on the assumption that the patient's stay at the hospital does not exceed or fall below the the DRG specified average amount of time spent in hospital. If the DRG time specification is exceeded or the hospital stay takes less time, certain legally defined amounts have to be added or subtracted. Further details and the respective calculation modus are defined by the agreement concerning DRGs for hospitals for the year 2007 (FPV 2008).

3. Additional fees as defined in the catalogue of additional fees according to § 5 FPV 2008

According to § 17 Abs. 1 Satz 12 KHG self-administration partners at federal level in charge of development and maintenance of the DRG system (GKV-Head organisations, PKV organisation and the German Hospital Society) may agree on additional fees for services, service complexes and pharmaceuticals. This also applies to the individual amounts. For the year 2008 *federal*, standardised additional fees are defined by Attachment 2 in combination with Attachment 5 of the FPV.

In addition to the additional fees as specified in Attachment 4 in combination with Attachment 6 of the FPV 2008 further additional fees specific to the *individual hospital* may be agreed on according to § 6 Abs. 1 KHEntgG. These additional fees can be invoiced in addition to the DRGs or the fees charged according to § 6 Abs. 1 KHEntgG.

If individual additional hospital fees for services according to supplement 4 or 6 FPV 2008 cannot yet be charged due to the lack of a specific agreement, € 600.00 are to be charged for each additional service item.

If the budget agreement for the year 2007 has not established any individual additional hospital fees for certain services according to supplement 4 or 6 FPV 2008, € 600.00 are to be charged for each additional service item in individual cases according to § 8 Abs. 1 Satz 3 KHEntgG.

The Marienkrankenhaus charges the following *individual* additional fees:

ZE2008-08	Further dialysis (without peritoneal dialysis, OPS 8-857**)	€ 270.00
ZE2008-19	Medication releasing coronary stents	€ 1,100.00
ZE2008-22	IABP	€ 600.00
ZE2008-54	Self-expanding prosthesis on gastrointestinal tract	€ 1,000.00

4. Other fees for services according to § 7 FPV 2008

The hospital and the funding agencies in charge have agreed on the following case related or daily additional *individual* fees for services the fees for which have not yet been defined by the DRGs and catalogues of additional fees. This agreement is based on § 6 Abs. 1 KHEntgG.

Services according to attachment 3a of the FPV 2008

B61Z	Acute disease and injuries of the spinal marrow	€ 271.70 per day
E76A	Tuberculosis, more than 14 in-patient days	€ 311.95 per day

Partly in-patient services:

Geriatric day clinic	€ 150.95 per day
Day clinic for pain therapy	€ 216.35 per day
Day clinic for oncology	€ 230,00 per day

If individual additional hospital fees for services according to supplement 3a FPV 2008 cannot yet be charged due to the lack of a specific agreement, € 600.00 are to be charged for each additional in-patient day. If individual additional hospital fees for services according to supplement 3b FPV 2008 cannot yet be charged due to the lack of a specific agreement,

€ 300.00 are to be charged for each additional in-patient day.

If the budget agreement for 2008 has not established any individual additional hospital fees for certain services according to supplement 3a FPV 2008, € 450.00 are to be charged for each additional in-patient day in individual cases according to § 8 Abs. 1 Satz 3 KHEntgG.

5. Fees for pre- or post-in-patient treatment according to § 115a SGB V

Clinic	Pre-in-patient treatment per case	Post-in-patient treatment per day
I. Surgical Clinic (visceral, thorax and vascular surgery)	€ 100.72	€ 17.90
II. Surgical Clinic (accident and joint surgery, anaplasty)	€ 82.32	€ 21.47
Women's Clinic	€ 119.13	€ 22.50
Clinic for Otorhinolaryngology	€ 78.74	€ 37.84
Medical Clinic	€ 147.25	€ 53.69
Geriatric Clinic	€ 72.09	€ 30.68
Neurological Clinic/Pain therapy	€ 114.02	€ 40.90
Urological Clinic	€ 103.28	€ 41.93
Clinic for surgical intensive care	€ 104.30	€ 36.81

Services provided involving the usage of large medical equipment in cases of pre- and post-in-patient treatment:

Computer tomography (CT)

DKG-NT-I-Number	Description	General rate
5369	Maximum value for services 5370-5374	€ 122.71
5370, 5375	CT of the head, CT of the aorta	€ 81.81
5371	CT of the cervical area and/or thorax area	€ 94.08
5372	CT of abdominal area	€ 106.35
5373, 5374	CT of the skeleton, CT of the intervertebral discs	€ 77.72
5376	Additional CT with at least one additional series	€ 20.45
5377	Additional fee for computer controlled analysis	€ 32.72

Magnetic resonance tomography (MRT)

DKG-NT-I-Number	Description	General rate
5700	MRT of the head, MRT of the abdominal area and/or pelvic area	€ 179.97
5705	MRT of the spinal area	€ 171.79
5715	MRT of the thorax area or thorax organs and/or of the aorta	€ 175.88
5721, 5730	MRT of the mamma(e), MRT of one or more extremities	€ 163.61
5729	MRT of one or more joints or extremity segments	€ 98.17
5731, 5732	Additional series	
	Additional fee for change of position or change of coil	€ 40.90
5733	Additional fee for computer controlled analysis	€ 32.72
5735	Maximum value for services 5700-5730	€ 245.42

Pre-in-patient treatment cannot be billed in addition to a DRG according to § 8 Abs. 2 Nr. 4 KHEntgG. Post-in-patient treatment can be charged in addition to the DRG if the total number of days spent in hospital and the number of days in pre- and post-in-patient treatment do not exceed average number of days as defined by the DRG.

6. Additional fees for training facilities and trainee remuneration according to § 7 subpara. 4 KHEntgG and other additional fees or subtraction of fees

According to § 17a KHG the hospital charges an individual additional fee for each in-patient or partly in-patient case to fund training facilities and trainee salaries.

The current additional training charge is € 80.86

The amount is transferred to a fund which is then distributed to training facilities.

7. Additional fee for a medically necessary admission of an accompanying person according to §17 b para. 1 subpara. 4 KHG

The additional fee for a medically necessary admission of an accompanying person according € 45.00 per day.

8. Additional fees for quality management according to § 17b para. 1 subpara. 5 KHG

Additional fee for quality management for each in-patient € 1.40

Of this amount, € 0.30 are passed on to finance quality assurance measures on a national level, € 0.52 are contributed to financing quality assurance measures on a federal level and € 0,58 remain with the hospital as a fee to cover additional documentation efforts.

9. Additional DRG system fee according to § 17b para. 5 KHG

In order to financially support the development and maintainance of the general fee system for entirely or partly in-patient hospital services to be implemented in Germany on the basis of DRGs, the hospital charges

a DRG system fee for each entirely or partly in-patient hospital case of € 0.90.

This fee is transmitted by the hospital to the self-administrating parties at federal level as defined in § 17b KHG.

10. Additional system fee according to § 91 SGB V in combination with 139a para. 1 SGB V

In order to financially support the Federal Committee and the Institute for Quality and Profitability in Medicine, the hospital charges an

system fee for each entirely or partly in-patient hospital case of € 0.64

This fee is transmitted by the hospital to the common Federal Committee.

11. Additional fees for special positions

In order to improve working conditions (§ 4 para. 13 KHEntgG) and for an increase in cost due to the elimination of the so-called "Intern Physician" (§ 4 para. 14 KHEntgG) the hospital charges an

additional fee of 2.14%
of the DRGs, the additional fees as well as the fees according to § 6 para. 3 KHEntgG.

12. Additional payments

The hospital charges full aged patients entitled to public health insurances a self-pay contribution fee of currently € 10.00 for each calendar day of entirely in-patient treatment - within a calendar year for a maximum of 28 days (§ 39 para. 4 SGB V, § 61 subpara. 2 SGB V). This fee is transmitted by the hospital to the health insurance (compare § 7 (2) AVB).

13. Re-admission and re-transfer

In the case of re-admittance into the same hospital according to § 2 FPV 2007 or the re-transfer according to § 3 FPV 2007 the case data concerning the hospital stays are combined and invoiced on the basis of § 2 para. 4 FPV 2007.

14. Fees for optional services

Patients and the hospital may agree on the provision and separate invoicing of the following optional services (§ 17 KHEntgG), if the personnel and the facilities allow for such provision and if general hospital services are not disturbed.

a) Medical services

If the optional service "medical services" is utilised, the choice cannot be limited to only single physicians entitled to separate billing (§ 17 para. 3 KHEntgG). An agreement on optional medical services includes all hospital physicians involved in the patient's treatment if they are entitled to separate billing of their services as part of entirely in-patient, partly in-patient as well as pre- or post-in-patient treatment (§ 115a SGB V), including services initiated by those physicians, however provided by physicians or medical institutions outside the hospital. This also applies if the hospital itself invoices optional medical services.

Optional medical services are invoiced according to the GOÄ (regularised scale of charges and fees for doctors) in its current version. According to § 6 a GOÄ fees and the related additional fees are reduced by 25% in the case of utilisation of entirely in-patient, partly in-patient as well as pre-in-patient or post-in-patient optional medical services; in the case of services and additional fees of affiliated physicians and other resident physicians a reduction of 15% per cent applies.

Usually, medical fees are invoiced separately by the hospital physicians entitled to separate billing of services if the physician entitled to separate billing is not represented by the hospital administration or an external accounting center.

Medical services that are billed separately are provided by the physician of the specialised department given in the attached document concerning optional services or the medical facility - either personally or under the supervision of the chosen physician or according to his/her instructions by a secondary physician of the department or institute (§ 4 para. 2 subpara 1 GOÄ) or by his/her constant medical proxy (§ 4 para. 2 subpara 3 GOÄ).

Services provided by physician consultants and services provided by medical facilities are invoiced according to the scales of tarif valid in the individual case.

b) Accommodation in a single or two-bed room

The total costs for accommodation are determined by the costs for each individual day including the day of admission. Days of release or transfer are not included. The following additional fees apply for accommodation in a single or two-bed room.

Clinic	Single room per day	Two-bed room per day
I. Surgical Clinic (visceral, thorax and vascular surgery)	€ 110.69	€ 63.22
II. Surgical Clinic (accident and joint surgery, anaplasty)	€ 110.69	€ 63.22
Women's Clinic	€ 110.69	€ 63.22
Clinic for Otorhinolaryngology	€ 98.85	€ 53.52
Medical Clinic	€ 110.69	€ 63.22
Geriatric Clinic	€ 106.39	€ 58.92
Neurological Clinic/Pain therapy	€ 106.39	€ 58.92
Urological Clinic	€ 110.69	€ 63.22
Clinic for surgical intensive care	€ 106.39	€ 58.92

In the case of a medically necessary transfer to another ward (e.g. intensive care) the chosen accommodation is reserved for up to four days. During the time of reservation the hospital charges a room fee that is reduced by 25%.

c) Accommodation and board for an accompanying person whose presence is not considered medically necessary

Children's ward per day	€ 29.00 VAT incl.
All other wards per day	€ 68.00 VAT incl.

d) Telephone, fax, internet

Telephone	Fee per day (maximum of 10 days per case) plus per time unit	€ 2.10 VAT incl. € 0.18 VAT incl.
Telephone and Fax	General fee plus per time unit	€ 26.00 VAT incl. € 0.18 VAT incl.
Internet including notebook	General fee	€ 41.00 VAT incl.

In cases of delivery the utilisation of optional medical services by the mother do not automatically apply for the healthy infant. It is necessary to sign a separate agreement concerning optional medical services for the healthy infant.

The hospital can stop providing optional medical services at once if this measure becomes necessary in order to provide general hospital services to other patients. Also, the patient can cancel the agreement at any time with one day's notice. If important reasons apply, both parties can cancel the agreement without notice.

Coming into effect

This DRG-Entgelttarif is valid for patients who are admitted to the hospital after January 1st 2008. At the same time the previous DRG-Entgelttarif is rendered invalid.

Dear patients:

If you have any further questions, the admission's staff will be glad to assist you.

Also, you can view the DRG classification system along with the corresponding lists of prices for medical services and billing regulations at the admissions office at any time.

Generally, the costs of general hospital services and optional services can be a substantial financial burden. This is especially true for patients who have to meet the costs themselves. Please check with your insurance company if the costs for hospital treatment are fully covered by your policy.