

**"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 Catholic Marienkrankenhaus nonprofit company with limited liability charges the following fees starting March 1st 2019:

**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 alphanumeric 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 **3.534,91 Euros**. The result of the multiplication of relative value and basic case value is the fee for medical treatment.

Example

<b>DRG</b>	<b>DRG definition</b>	<b>Relative value</b>	<b>Basic case value</b>	<b>Proceeds</b>
P67D	Newborn child (...)	0.370	€ 3.534,91	€ 1.307,91
D30B	Tonsillectomy except for malignant growth or different ear, mouth, throat surgery	0.777	€ 3.534,91	€ 2.746,63

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 2019 the fixed DRGs are determined according to the Attachment 1 "Fallpauschalenverordnung" (FPV).

**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**

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 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 (FPV).

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 KHEntgG**

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

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. *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 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 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 2018 has not established any individual additional hospital fees for certain services according to supplement 4 or 6 FPV, € 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:

Tariff Number	OPS-Code	Payment Key § 301	Description	Price per Unit €
ZE2018-01	5-785.2d	7600001C	Pelvic implants	838,90 €
ZE2018-03	<b>8-852.*</b>		<b>ECMO und PECLA</b>	
	8-852.00	76000774	duration of the treatment less than 48 hours	5.933,49 €
	8-852.01	76000775	duration of the treatment from 48 hours up to 96 hours	5.990,49 €
	8-852.03	76000776	duration of the treatment from 96 hours up to 144 hours	6.047,49 €
	8-852.04	76000E79	duration of the treatment from 144 hours up to 192 hours	6.104,49 €
	8-852.05	76000E7A	duration of the treatment from 192 hours up to 240 hours	10.227,84 €
	8-852.06	76000E7B	duration of the treatment from 240 hours up to 288 hours	10.284,84 €
	8-852.07	76000E7C	duration of the treatment from 288 hours up to 384 hours	10.398,84 €
	8-852.08	76000E7D	duration of the treatment from 384 hours up to 480 hours	10.512,84 €
	8-852.09	76000E7E	duration of the treatment from 480 hours up to 576 hours	10.626,84 €
	8-852.0b	76000EDP	duration of the treatment from 576 hours up to 768 hours	10.740,84 €
	8-852.0c	76000EDQ	duration of the treatment from 768 hours up to 960 hours	10.854,84 €

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 KHentgG**

	8-852.0d	76000EDR	duration of the treatment from 960 hours up to 1.152 hours	10.968,84 €
	8-852.0e	76000EDS	duration of the treatment from 1.152 hours	11.082,84 €
ZE2018-05	5-777.21	76000506	Distraction oft he facial skull	1.500,00 €
ZE2018-09	8-856	76000090	haemoperfusion	610,00 €
ZE2018-25	5-829.k	76096876	Modular endoprosthetic of shoulder	1.550,00 €
ZE2017-53	5-38a.7*	7609953T	Stent-graft prosthesis to the aorta, with fenestration or side arm, (thorakal)	12.500,00 €

Tariff Number	OPS-Code	Payment Key § 301	Description	Price per Unit €
ZE2018-54	5-429.j1	7609054B	Self-expanding prosthesis of the gastrointestinal tract	636,65 €
ZE2018-54	5-513.m0	76000D59	Self-expanding prosthesis of the gastrointestinal tract	700,00 €
ZE2018-62	8-839.42	76097581	Mikroaxial-Blutpumpe - Impella CP Set	15.500,00 €
ZE2018-62	8-839.43	76097023	Mikroaxial-Blutpumpe - Impella 2.5	12.000,00 €

Tariff Number	OPS-Code	Payment Key § 301	Description	Price per Unit €
<b>ZE2018-75</b>	<b>6-003.b*</b>		<b>Administering of Sorafenib, oral</b>	
	6-003.b0	76000C10	2400 mg to below 3200 mg	532,08 €
	6-003.b1	76000C11	3200 mg to below 4000 mg	684,10 €
	6-003.b2	76000C12	4000 mg to below 4800 mg	836,12 €
	6-003.b3	76000C13	4800 mg to below 5600 mg	988,15 €
	6-003.b4	76000C14	5600 mg to below 6400 mg	1.140,17 €
	6-003.b5	76000C15	6400 mg to below 7200 mg	1.292,19 €
	6-003.b6	76000C16	7200 mg to below 8000 mg	1.444,21 €
	6-003.b7	76000C17	8000 mg to below 9600 mg	1.672,25 €
	6-003.b8	76000C18	9600 mg to below 11200 mg	1.976,29 €
	6-003.b9	76000C19	11200 mg to below 12800 mg	2.280,34 €
	6-003.ba	76000C20	12800 mg to below 14400 mg	2.584,38 €
	6-003.bb	76000C21	14400 mg to below 16000 mg	2.888,43 €
	6-003.bc	76000C22	16000 mg to below 19200 mg	3.344,50 €
	6-003.bd	76000C23	19200 mg to below 22400 mg	3.952,59 €
	6-003.be	76000C24	22400 mg to below 25600 mg	4.560,68 €
	6-003.bf	76000C25	25600 mg to below 28800 mg	5.168,77 €
	6-003.bg	76000C26	28800 mg to below 32000 mg	5.776,86 €
	6-003.bh	76000C27	32000 mg and more	6.384,95 €

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 KHentgG**

<b>ZE2018-103</b>	<b>6-001.j*</b>	<b>Payment Key §301</b>	<b>Administering of Rituximab, subkutan</b>	<b>Price per Unit €</b>
	6-001.j0	76090DF3	1400 mg to below 2800 mg	2.689,88 €
	6-001.j1	76090DF4	2800 mg to below 4200 mg	5.379,76 €
	6-001.j2	76090DF5	4200 mg to below 5600 mg	8.069,64 €
	6-001.j3	76090DF6	5600 mg to below 7000 mg	10.759,52 €
	6-001.j4	76090DF7	7000 mg to below 8400 mg	13.449,40 €
	6-001.j5	76090DF8	8400 mg and more	16.139,28 €
<b>ZE2018-104</b>	<b>6-001.m*</b>		<b>Administering of Trastuzumab, subkutan</b>	<b>Price per Unit €</b>
	6-001.m0	76090DF9	600 mg to below 1200 mg	2.378,22 €
	6-001.m1	76090DFA	1200 mg to below 1800 mg	4.756,44 €
	6-001.m2	76090DFB	1800 mg to below 2400 mg	7.134,66 €
	6-001.m3	76090DFC	2400 mg to below 3000 mg	9.512,88 €
	6-001.m4	76090DFD	3000 mg to below 3600 mg	11.891,10 €
	6-001.m5	76090DFE	3600 mg and more	14.269,32 €

<b>ZE2018-105</b>	<b>6-007.1*</b>	<b>Payment Key §301</b>	<b>Administering of Posaconazol, oral, Tablets</b>	<b>Price per Unit €</b>
	6-007.10	76090DFF	1500 mg to below 2100 mg	703,44 €
	6-007.11	76090DFG	2100 mg to below 2700 mg	937,92 €
	6-007.12	76090DFH	2700 mg to below 3300 mg	1.172,40 €
	6-007.13	76090DFI	3300 mg to below 3900 mg	1.406,88 €
	6-007.14	76090DFJ	3900 mg to below 4500 mg	1.641,36 €
	6-007.15	76090DFK	4500 mg to below 5700 mg	1.993,08 €
	6-007.16	76090DFL	5700 mg to below 6900 mg	2.462,05 €
	6-007.17	76090DFM	6900 mg to below 8100 mg	2.931,01 €
	6-007.18	76090DFN	8100 mg to below 9300 mg	3.399,97 €
	6-007.19	76090DFO	9300 mg to below 10500 mg	3.868,93 €
	6-007.1a	76090DFP	10500 to below 12900 mg	4.572,37 €
	6-007.1b	76090DFQ	12900 to below 15300 mg	5.510,29 €
	6-007.1c	76090DFR	15300 mg to below 17700 mg	6.448,22 €
	6-007.1d	76090DFS	17700 mg to below 20100 mg	7.386,14 €
	6-007.1e	76090DFT	20100 mg to below 22500 mg	8.324,06 €
	6-007.1f	76090DFU	22500 mg to below 27300 mg	9.730,94 €
	6-007.1g	76090DFV	27300 mg to below 32100 mg	11.606,79 €
	6-007.1h	76090DFW	32100 mg to below	13.482,63 €

<b>ZE2018-106</b>	<b>6-003.t*</b>	<b>Payment Key §301</b>	<b>Administering of Abatacept, subkutan</b>	<b>Price per Unit €</b>
	6-003.t0	76090DFX	250 mg to below 375 mg	696,09 €
	6-003.t1	76090DFY	375 mg to below 500 mg	1.044,14 €
	6-003.t2	76090DFZ	500 mg to below 625 mg	1.392,18 €
	6-003.t3	76090DG0	625 mg to below 750 mg	1.740,23 €
	6-003.t4	76090DG1	750 mg to below 875 mg	2.088,27 €

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 KHentgG**

	6-003.t5	76090DG2	875 mg to below 1000 mg	2.436,32 €
	6-003.t6	76090DG3	1000 mg to below 1125 mg	2.784,36 €
	6-003.t7	76090DG4	1125 mg to below 1250 mg	3.132,41 €
	6-003.t8	76090DG5	1250 mg to below 1375 mg	3.480,45 €
	6-003.t9	76090DG6	1375 mg to below 1500 mg	3.828,50 €
	6-003.ta	76090DG7	1500 mg and more	4.176,54 €

<b>ZE2018-111</b>	<b>6-005.d*</b>	<b>Payment Key §301</b>	<b>Administering of Nab-Paclitaxel, parenteral</b>	<b>Price per Unit €</b>
	6-005.d0	76090DH0	150 mg to below 300 mg	854,10 €
	6-005.d1	76090DH1	300 mg to below 450 mg	1.423,49 €
	6-005.d2	76090DH2	450 mg to below 600 mg	1.992,89 €
	6-005.d3	76090DH3	600 mg to below 750 mg	2.562,29 €
	6-005.d4	76090DH4	750 mg to below 900 mg	3.131,68 €
	6-005.d5	76090DH5	900 mg to below 1050 mg	3.701,08 €
	6-005.d6	76090DH6	1050 mg to below 1200 mg	4.270,48 €
	6-005.d7	76090DH7	1200 mg to below 1350 mg	4.839,88 €
	6-005.d8	76090DH8	1350 mg to below 1500 mg	5.409,27 €
	6-005.d9	76090DH9	1500 mg to below 1650 mg	5.978,67 €
	6-005.da	76090DHA	1650 mg to below 1800 mg	6.548,07 €
	6-005.db	76090DHB	1800 mg to below 1950 mg	7.117,46 €
	6-005.dc	76090DHC	1950 mg to below 2100 mg	7.686,86 €
	6-005.dd	76090DHD	2100 mg to below 2250 mg	8.256,26 €
	6-005.de	76090DHE	2250 mg to below 2400 mg	8.825,66 €
	6-005.df	76090DHF	2400 mg to below 2550 mg	9.395,05 €
	6-005.dg	76090DHG	2550 mg to below 2700 mg	9.964,45 €
	6-005.dd	76090DHH	2700 mg to below 2850 mg	10.533,85 €
	6-005.dj	76090DHI	2850 mg to below 3000 mg	11.103,24 €
	6-005.dk	76090DHJ	3000 mg and more	11.672,64 €

<b>ZE2018-112</b>	<b>6-006.2*</b>	<b>Payment Key §301</b>	<b>Administering of Abirateronacetat, oral</b>	<b>Price per Unit €</b>
	6-006.20	76090DHK	3000 mg to below 6000mg	545,85 €
	6-006.21	76090DHL	6000 mg to below 9000mg	909,76 €
	6-006.22	76090DHM	9000 mg to below 12000mg	1.273,66 €
	6-006.23	76090DHN	12000 mg to below 15000mg	1.637,56 €
	6-006.24	76090DHO	15000 mg to below 18000mg	2.001,46 €
	6-006.25	76090DHP	18000 mg to below 21000mg	2.365,36 €
	6-006.26	76090DHQ	21000 mg to below 24000mg	2.729,27 €
	6-006.27	76090DHR	24000 mg to below 27000mg	3.093,17 €
	6-006.28	76090DHS	27000 mg to below 30000mg	3.457,07 €
	6-006.29	76090DHT	30000 mg to below 33000mg	3.820,97 €
	6-006.2a	76090DHU	33000 mg to below 36000mg	4.184,87 €
	6-006.2b	76090DHV	36000 mg to below 39000mg	4.548,78 €
	6-006.2c	76090DHW	39000 mg to below 42000mg	4.912,68 €
	6-006.2d	76090DHX	42000 mg to below 45000mg	5.276,58 €

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 KHentgG**

	6-006.2e	76090DHY	45000 mg to below 48000mg	5.640,48 €
	6-006.2f	76090DHZ	48000 mg to below 51000mg	6.004,38 €
	6-006.2g	76090DI0	51000 mg and more	6.368,29 €

<b>ZE2017-113</b>	<b>6-006.1*</b>	<b>Payment Key §301</b>	<b>Administering of Cabazitaxel, parenteral</b>	<b>Price per Unit €</b>
	6-006.10	76090DI1	30 mg to below 35	2.054,29 €
	6-006.11	76090DI2	35 mg to below 40	2.370,33 €
	6-006.12	76090DI3	40 mg to below 45	2.686,38 €
	6-006.13	76090DI4	45 mg to below 50	3.002,42 €
	6-006.14	76090DI5	50 mg to below 55	3.318,46 €
	6-006.15	76090DI6	55 mg to below 60	3.634,51 €
	6-006.16	76090DI7	60 mg to below 70	4.108,57 €
	6-006.17	76090DI8	70 mg to below 80	4.740,66 €
	6-006.18	76090DI9	80 mg to below 90	5.372,75 €
	6-006.19	76090DIA	90 mg to below 100	6.004,84 €
	6-006.1a	76090DIB	100 mg to below 110	6.636,93 €
	6-006.1b	76090DIC	110 mg to below 120	7.269,02 €
	6-006.1c	76090DID	120 mg to below 130	7.901,10 €
	6-006.1d	76090DIE	130 mg to below 140	8.533,19 €
	6-006.1e	76090DIF	140 mg to below 160	9.481,33 €
	6-006.1f	76090DIG	160 mg to below 180	10.745,50 €
	6-006.1g	76090DIH	180 to below 200	12.009,68 €
	6-006.1h	76090DII	200 mg to below 220	13.273,86 €
	6-006.1j	76090DIJ	220 mg to below 240	14.538,03 €
	6-006.1k	76090DIK	240 mg and more	15.802,21 €
<b>ZE2018-117</b>	<b>8-549.01</b>	<b>76091170</b>	<b>Chemosaturations-Therapie mittels perkutaner Leberperfusion</b>	<b>26.500,00 €</b>

<b>ZE2018-120</b>	<b>6-001.c*</b>	<b>Payment Key §301</b>	<b>Administering of Pemetrexed, parenteral</b>	<b>Price per Unit €</b>
	6-006.c0	76090DN0	600 mg to below 700 mg	2.262,00 €
	6-006.c1	76090DN1	700 mg to below 800 mg	2.610,00 €
	6-006.c2	76090DN2	800 mg to below 900 mg	2.958,00 €
	6-006.c3	76090DN3	900 mg to below 1000 mg	3.306,00 €
	6-006.c4	76090DN4	1000 mg to below 1100 mg	3.654,00 €
	6-006.c5	76090DN5	1100 mg to below 1200 mg	4.002,00 €
	6-006.c6	76090DN6	1200 mg to below 1400 mg	4.524,00 €
	6-006.c7	76090DN7	1400 mg to below 1600 mg	5.220,00 €
	6-006.c8	76090DN8	1600 mg to below 1800 mg	5.916,00 €
	6-006.c9	76090DN9	1800 mg to below 2000 mg	6.612,00 €
	6-006.ca	76090DNA	2000 mg to below 2200 mg	7.308,00 €
	6-006.cb	76090DNB	2200 mg to below 2400 mg	8.004,00 €
	6-006.cc	76090DNC	2400 mg to below 2600 mg	8.700,00 €
	6-006.cd	76090DND	2600 mg to below 2800 mg	9.396,00 €
	6-006.ce	76090DNE	2800 mg to below 3000 mg	10.092,00 €
	6-006.cf	76090DNF	3000 mg to below 3300 mg	10.962,00 €

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	6-006.cg	76090DNG	3300 mg to below 3600 mg	12.006,00 €
	6-006.ch	76090DNH	3600 mg to below 3900 mg	13.050,00 €
	6-006.cj	76090DNI	3900 mg and more	14.094,00 €

<b>ZE2018-121</b>	<b>6-002.b*</b>	<b>Payment Key §301</b>	<b>Administering of Etanercept, parenteral</b>	<b>Price per Unit €</b>
Children under 15 years	6-002.b0	76090DNJ	25 mg to below 50 mg	
Children under 15 years	6-002.b1	76090DNK	50 mg to below 75 mg	
	6-002.b2	76090DNL	75 mg to below 100 mg	351,71 €
	6-002.b3	76090DNM	100 mg to below 125 mg	452,20 €
	6-002.b4	76090DNN	125 mg to below 150 mg	552,69 €
	6-002.b5	76090DNO	150 mg to below 200 mg	703,42 €
	6-002.b6	76090DNP	200 mg to below 250 mg	904,40 €
	6-002.b7	76090DNQ	250 mg to below 300 mg	1.105,38 €
	6-002.b8	76090DNR	300 mg and more	1.306,36 €

<b>ZE2018-122</b>	<b>6-001.g*</b>	<b>Payment Key §301</b>	<b>Administering of Imatinib, parenteral</b>	<b>Price per Unit €</b>
Children under 15 years	6-001.g0	76090DNS	800 mg to below 1200 mg	
Children under 15 years	6-001.g1	76090DNT	1200 mg to below 2000 mg	
Children under 15 years	6-001.g2	76090DNU	2000 mg to below 2800 mg	
	6-001.g3	76090DNV	2800 mg to below 4000 mg	42,71 €
	6-001.g4	76090DNW	4000 mg to below 5200 mg	57,78 €
	6-001.g5	76090DNX	5200 mg to below 6400 mg	72,85 €
	6-001.g6	76090DNY	6400 mg to below 7600 mg	87,93 €
	6-001.g7	76090DNZ	7600 mg to below 8800 mg	103,00 €
	6-001.g8	76090DO0	8800 mg to below 11200 mg	125,61 €
	6-001.g9	76090DO1	11200 mg to below 13600 mg	155,76 €
	6-001.ga	76090DO2	13600 mg to below 16000 mg	185,90 €
	6-001.gb	76090DO3	16000 mg to below 18400 mg	216,05 €
	6-001.gd	76090DO4	18400 mg to below 20800 mg	246,20 €
	6-001.ge	76090DO5	20800 mg to below 23200 mg	276,34 €
	6-001.gf	76090DO6	23200 mg to below 25600 mg	306,49 €
	6-001.gg	76090DO7	25600 mg to below 30400 mg	351,71 €
	6-001.gh	76090DO8	30400 mg to below 35200 mg	412,00 €
	6-001.gj	76090DO9	35200 mg and more	472,30 €

<b>ZE2018-123</b>	<b>6-002.p*</b>	<b>Payment Key §301</b>	<b>Administering of Caspofungin, parenteral</b>	<b>Price per Unit €</b>
Children under 5 years	6-002.p0	76090DOA	35mg to below 65 mg	
	6-002.p1	76090DOB	65 mg to below 100 mg	64,16 €
	6-002.p2	76090DOC	100 mg to below 150 mg	97,22 €
	6-002.p3	76090DOD	150mg to below 200mg	136,11 €
	6-002.p4	76090DOE	200mg to below 250mg	174,99 €
	6-002.p5	76090DOF	250mg to below 300mg	213,88 €

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	6-002.p6	76090DOG	300mg to below 350mg	252,77 €
	6-002.p7	76090DOH	350mg to below 400mg	291,66 €
	6-002.p8	76090DOI	400mg to below 450mg	330,54 €
	6-002.p9	76090DOJ	450mg to below 500mg	369,43 €
	6-002.pa	76090DOK	500mg to below 600mg	427,76 €
	6-002.pb	76090DOL	600mg to below 700mg	505,54 €
	6-002.pc	76090DOM	700mg to below 800mg	583,31 €
	6-002.pd	76090DON	800mg to below 900mg	661,09 €
	6-002.pe	76090DOO	900mg to below 1000mg	738,86 €
	6-002.pf	76090DOP	1000mg to below 1200mg	855,53 €
	6-002.pg	76090DOQ	1200mg to below 1400mg	1.011,08 €
	6-002.ph	76090DOR	1400mg to below 1600mg	1.166,63 €
	6-002.pj	76090DOS	1600mg to below 2000mg	1.399,95 €
	6-002.pk	76090DOT	2000mg to below 2400mg	1.711,05 €
	6-002.pm	76090DOU	2400mg to below 2800mg	2.022,15 €
	6-002.pn	76090DOV	2800mg to below 3600mg	2.488,80 €
	6-002.pp	76090DOW	3600mg to below 4400mg	3.111,00 €
	6-002.pq	76090DOX	4400mg to below 5200mg	3.733,20 €
	6-002.pr	76090DOY	5200mg to below 6000mg	4.355,40 €
	6-002.ps	76090DOZ	6000mg to below 6800mg	4.977,60 €
	6-002.pt	76090DP0	6800mg to below 7600mg	5.599,80 €
	6-002.pu	76090DP1	7600mg to below 8400mg	6.222,00 €
	6-002.pv	76090DP2	8400mg and more	6.844,20 €

<b>ZE2017-124</b>	<b>6-002.5*</b>	<b>Payment Key §301</b>	<b>Administering of Voriconazol, oral</b>	<b>Price per Unit €</b>
Children under 15 years	6-002.50	76090DP3	1,00 mg to below 1,75 mg	
Children under 15 years	6-002.51	76090DP4	1,75 mg to below 2,50 mg	
	6-002.52	76090DP5	2,50 mg to below 3,50 mg	20,55 €
	6-002.53	76090DP6	3,50 mg to below 4,50 mg	27,40 €
	6-002.54	76090DP7	4,50 mg to below 6,50 mg	37,68 €
	6-002.55	76090DP8	6,50 mg to below 8,50 mg	51,38 €
	6-002.56	76090DP9	8,50 mg to below 10,50 mg	65,08 €
	6-002.57	76090DPA	10,50 mg to below 15,50 mg	89,06 €
	6-002.58	76090DPB	15,50 mg to below 20,50 mg	123,31 €
	6-002.59	76090DPC	20,50 mg to below 25,50 mg	157,57 €
	6-002.5a	76090DPD	25,50 mg to below 30,50 mg	191,82 €
	6-002.5c	76090DPE	30,50 mg to below 35,50 mg	226,07 €
	6-002.5d	76090DPF	35,50 mg to below 40,50 mg	260,33 €
	6-002.5e	76090DPG	40,50 mg to below 45,50 mg	294,58 €
	6-002.5f	76090DPH	45,50 mg and more	328,83 €

<b>ZE2018-125</b>	<b>6-002.r*</b>	<b>Payment Key §301</b>	<b>Administering of Voriconazol, parenteral</b>	<b>Price per Unit €</b>
Children under 15 years	6-002.r0	76090DPI	0,4 g to below 0,6 g	



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

Children under 15 years	6-002.r1	76090DPJ	0,6 g to below 0,8 g	
	6-002.r2	76090DPK	0,8 g to below 1,2 g	46,40 €
	6-002.r3	76090DPL	1,2 g to below 1,6 g	64,96 €
	6-002.r4	76090DPM	1,6 g to below 2,0 g	83,52 €
	6-002.r5	76090DPN	2,0 g to below 2,4 g	102,08 €
	6-002.r6	76090DPO	2,4 g to below 3,2 g	129,92 €
	6-002.r7	76090DPP	3,2 g to below 4,0 g	167,04 €
	6-002.r8	76090DPQ	4,0 g to below 4,8 g	204,16 €
	6-002.r9	76090DPR	4,8 g to below 5,6 g	241,28 €
	6-002.ra	76090DPS	5,6 g to below 6,4 g	278,40 €
	6-002.rb	76090DPT	6,4 g to below 7,2 g	315,52 €
	6-002.rc	76090DPU	7,2 g to below 8,8 g	371,20 €
	6-002.rd	76090DPV	8,8 g to below 10,4 g	445,44 €
	6-002.re	76090DPW	10,4 g to below 12,0 g	519,68 €
	6-002.rf	76090DPX	12,0 g to below 13,6 g	593,92 €
	6-002.rg	76090DPY	13,6 g to below 16,8 g	705,28 €
	6-002.rh	76090DPZ	16,8 g to below 20,0 g	853,76 €
	6-002.rj	76090DQ0	20,0 g to below 23,2 g	1.002,24 €
	6-002.rk	76090DQ1	23,2 g to below 26,4 g	1.150,72 €
	6-002.rm	76090DQ2	26,4 g to below 32,8 g	1.373,44 €
	6-002.rn	76090DQ3	32,8 g to below 39,2 g	1.670,40 €
	6-002.rp	76090DQ4	39,2 g to below 45,6 g	1.967,36 €
	6-002.rq	76090DQ5	45,6 g to below 52,0 g	2.264,32 €
	6-002.rr	76090DQ6	52,0 g to below 64,8 g	2.709,76 €
	6-002.rs	76090DQ7	64,8 g to below 77,6 g	3.303,68 €
	6-002.rt	76090DQ8	77,6 g to below 90,4 g	3.897,60 €
	6-002.ru	76090DQ9	90,4 g to below	4.491,52 €

<b>ZE2018-126</b>	<b>6-006.h*</b>	<b>Payment Key §301</b>	<b>Administering of Ipilimumab, parenteral</b>	<b>Price per Unit €</b>
	6-006.h0	76090DQA	50 mg to below 60 mg	4.144,25 €
	6-006.h1	76090DQB	60 mg to below 70 mg	4.897,75 €
	6-006.h2	76090DQC	70 mg to below 80 mg	5.651,25 €
	6-006.h3	76090DQD	80 mg to below 90 mg	6.404,75 €
	6-006.h4	76090DQE	90 mg to below 100 mg	7.158,25 €
	6-006.h5	76090DQF	100 mg to below 110 mg	7.911,75 €
	6-006.h6	76090DQG	110 mg to below 120 mg	8.665,25 €
	6-006.h7	76090DQH	120 mg to below 140 mg	9.795,50 €
	6-006.h8	76090DQI	140 mg to below 160 mg	11.302,50 €
	6-006.h9	76090DQJ	160 mg to below 180 mg	12.809,50 €
	6-006.ha	76090DQK	180 mg to below 200 mg	14.316,50 €
	6-006.hb	76090DQL	200 mg to below 220 mg	15.823,50 €
	6-006.hc	76090DQM	220 mg to below 240 mg	17.330,50 €
	6-006.hd	76090DQN	240 mg to below 260 mg	18.837,50 €
	6-006.he		260 mg to below 300 mg	21.098,00 €

**"DRG-Entgelttarif" (Diagnosis Related Groups -  
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 for hospitals as valid within the KHentgG  
 and patient information according to § 8  
 KHentgG**

		76090DQO		
	6-006.hf	76090DQP	300 mg to below 340 mg	24.112,00 €
	6-006.hg	76090DQQ	340 mg to below 380 mg	27.126,00 €
	6-006.hh	76090DQR	380 mg to below 420 mg	30.140,00 €
	6-006.hj	76090DQS	420 mg to below 460 mg	33.154,00 €
	6-006.hk	76090DQT	460 mg to below 500 mg	36.168,00 €
	6-006.hm	76090DQU	500 mg to below 580 mg	40.689,00 €
	6-006.hn	76090DQV	580 mg to below 660 mg	46.717,00 €
	6-006.hp	76090DQW	660 mg to below 740 mg	52.745,00 €
	6-006.hq	76090DQX	740 mg to below 820 mg	58.773,00 €
	6-006.hr	76090DQY	820 mg to below 900 mg	64.801,00 €
	6-006.hs	76090DQZ	900 mg to below 980 mg	70.829,00 €
	6-006.ht	76090DR0	980 mg to below 1.060 mg	76.857,00 €
	6-006.hu	76090DR1	1.060 mg to below 1.140 mg	82.885,00 €
	6-006.hv	76090DR2	1.140 mg to below 1.220 mg	88.913,00 €
	6-006.hw	76090DR3	1.220 mg and more	94.941,00 €

<b>ZE2018-130</b>	<b>6-006.6*</b>	<b>Payment Key §301</b>	<b>Administering of Belimumab, parenteral</b>	<b>Price per Unit €</b>
Children under 15 years	6-006.60	76090DSY	200mg to below 400 mg	
	6-006.61	76090DSZ	400 mg to below 600 mg	645,58 €
	6-006.62	76090DT0	600 mg to below 800 mg	903,81 €
	6-006.63	76090DT1	800mg to below 1000mg	1.162,04 €
	6-006.64	76090DT2	1000mg to below 1200mg	1.420,27 €
	6-006.65	76090DT3	1200mg to below 1400mg	1.678,50 €
	6-006.66	76090DT4	1400mg to below 1600mg	1.936,73 €
	6-006.67	76090DT5	1600mg to below 2000mg	2.324,07 €
	6-006.68	76090DT6	2000mg to below 2400mg	2.840,53 €
	6-006.69	76090DT7	2400mg to below 2800mg	3.356,99 €
	6-006.6a	76090DT8	2800mg to below 3200mg	3.873,45 €
	6-006.6b	76090DT9	3200mg to below 3600mg	4.389,91 €
	6-006.6c	76090DTA	3600mg to below 4000mg	4.906,37 €
	6-006.6d	76090DTB	4000mg to below 4400mg	5.422,83 €
	6-006.6e	76090DTC	4400mg to below 4800mg	5.939,29 €
	6-006.6f	76090DTD	4800mg to below 5200mg	6.455,75 €
	6-006.6g	76090DTE	5200mg and more	6.972,21 €

**"DRG-Entgelttarif" (Diagnosis Related Groups -  
 scale of fees and charges)  
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 and patient information according to § 8  
 KHentgG**

<b>ZE2018-133</b>	<b>8-98h.*</b>	<b>Payment Key §301</b>	<b>specialised palliative medical complex treatment</b>	<b>Price per Unit €</b>
	8-98h.00	76090DUT	specialised palliative medical complex treatment	175,32 €
	8-98h.01	76090DUU	specialised palliative medical complex treatment	482,13 €
	8-98h.02	76090DUV	specialised palliative medical complex treatment	730,50 €
	8-98h.03	76090DUW	specialised palliative medical complex treatment	986,18 €
	8-98h.04	76090DUX	specialised palliative medical complex treatment	1.227,24 €
	8-98h.06	76090DUZ	specialised palliative medical complex treatment	1.534,05 €

<b>ZE2018-140</b>	<b>6-006.b*</b>	<b>Payment Key §301</b>	<b>Administering of Brentuximabvedotin, parenteral</b>	<b>Price per Unit €</b>
	6-006.b0	76090E3O	25 mg to below 50 mg	2.755,17 €
	6-006.b1	76090E3P	50 mg to below 75 mg	4.591,94 €
	6-006.b2	76090E3Q	75 mg to below 100 mg	6.428,72 €
	6-006.b3	76090E3R	100 mg to below 125 mg	8.265,50 €
	6-006.b4	76090E3S	125 mg to below 150 mg	10.102,27 €
	6-006.b5	76090E3T	150 mg to below 175 mg	11.939,05 €
	6-006.b6	76090E3U	175 mg to below 200 mg	13.775,83 €
	6-006.b7	76090E3V	200 mg to below 225 mg	15.612,60 €
	6-006.b8	76090E3W	225 mg to below 250 mg	17.449,38 €
	6-006.b9	76090E3X	250 mg to below 300 mg	20.204,55 €
	6-006.ba	76090E3Y	300 mg to below 350 mg	23.878,10 €
	6-006.bb	76090E3Z	350 mg to below 400 mg	27.551,65 €
	6-006.bc	76090E40	400 mg to below 450 mg	31.225,21 €
	6-006.bd	76090E41	450 mg to below 500 mg	34.898,76 €
	6-006.be	76090E42	500 mg to below 550 mg	38.572,31 €
	6-006.bf	76090E43	550 mg to below 600 mg	42.245,87 €
	6-006.bg	76090E44	600 mg to below 650 mg	45.919,42 €
	6-006.bh	76090E45	650 mg to below 700 mg	49.592,98 €
	6-006.bj	76090E46	700 mg and more	53.266,53 €

<b>ZE2018-141</b>	<b>6-007.b*</b>	<b>Payment Key §301</b>	<b>Administering of Enzalutamid, oral</b>	<b>Price per Unit €</b>
	6-007.60	76090E47	480 mg to below 960 mg	537,57 €
	6-007.61	76090E48	960 mg to below 1.440 mg	895,95 €
	6-007.62	76090E49	1.440 mg to below 1.920 mg	1.254,32 €
	6-007.63	76090E4A	1.920 mg to below 2.400 mg	1.612,70 €
	6-007.64	76090E4B	2.400 mg to below 2.880 mg	1.971,08 €
	6-007.65	76090E4C	2.880 mg to below 3.360 mg	2.329,46 €
	6-007.66	76090E4D	3.360 mg to below 3.840 mg	2.687,84 €

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 and patient information according to § 8  
 KHentgG**

	6-007.67	76090E4E	3.840 mg to below 4.320 mg	3.046,22 €
	6-007.68	76090E4F	4.320 mg to below 4.800 mg	3.404,59 €
	6-007.69	76090E4G	4.800 mg to below 5.280 mg	3.762,97 €
	6-007.6a	76090E4H	5.280 mg to below 5.760 mg	4.121,35 €
	6-007.6b	76090E4I	5.760 mg to below 6.240 mg	4.479,73 €
	6-007.6c	76090E4J	6.240 mg to below 6.720 mg	4.838,11 €
	6-007.6d	76090E4K	6.720 mg to below 7.200 mg	5.196,48 €
	6-007.6e	76090E4L	7.200 mg to below 7.680 mg	5.554,86 €
	6-007.6f	76090E4M	7.680 mg to below 8.160 mg	5.913,24 €
	6-007.6g	76090E4N	8.160 mg and more	6.271,62 €

<b>ZE2018-142</b>	<b>6-007.3*</b>	<b>Payment Key §301</b>	<b>Administering of Aflibercept, intravenous</b>	<b>Price per Unit €</b>
	6-007.30	76090E4O	150 mg to below 250 mg	708,05 €
	6-007.31	76090E4P	250 mg to below 350 mg	1.062,08 €
	6-007.32	76090E4Q	350 mg to below 450 mg	1.416,10 €
	6-007.33	76090E4R	450 mg to below 550 mg	1.770,13 €
	6-007.34	76090E4S	550 mg to below 650 mg	2.124,15 €
	6-007.35	76090E4T	650 mg to below 750 mg	2.478,18 €
	6-007.36	76090E4U	750 mg to below 850 mg	2.832,20 €
	6-007.37	76090E4V	850 mg to below 950 mg	3.186,23 €
	6-007.38	76090E4W	950 mg to below 1.150 mg	3.717,26 €
	6-007.39	76090E4X	1.150 mg to below 1.350 mg	4.425,31 €
	6-007.3a	76090E4Y	1.350 mg to below 1.550 mg	5.133,36 €
	6-007.3b	76090E4Z	1.550 mg to below 1.750 mg	5.841,41 €
	6-007.3c	76090E50	1.750 mg to below 1.950 mg	6.549,46 €
	6-007.3d	76090E51	1.950 mg to below 2.150 mg	7.257,51 €
	6-007.3e	76090E52	2.150 mg to below 2.550 mg	8.319,59 €
	6-007.3f	76090E53	2.550 mg to below 2.950 mg	9.735,69 €
	6-007.3g	76090E54	2.950 mg to below 3.350 mg	11.151,79 €
	6-007.3h	76090E55	3.350 mg to below 3.750 mg	12.567,89 €
	6-007.3j	76090E56	3.750 mg to below 4.150 mg	13.983,99 €
	6-007.3k	76090E57	4.150 mg to below 4.550 mg	15.400,09 €
	6-007.3m	76090E58	4.550 mg and more	16.816,19 €

<b>ZE2018-144</b>	<b>6-007.j*</b>	<b>Payment Key §301</b>	<b>Administering of Gabe von Obinutuzumab, parenteral</b>	<b>Price per Unit €</b>
	6-007.j0	76090E5X	1.000 mg to below 2.000 mg	3.818,78 €
	6-007.j1	76090E5Y	2.000 mg to below 3.000 mg	7.637,56 €
	6-007.j2	76090E5Z	3.000 mg to below 4.000 mg	11.456,34 €
	6-007.j3	76090E60	4.000 mg to below 5.000 mg	15.275,12 €
	6-007.j4	76090E61	5.000 mg to below 6.000 mg	19.093,90 €
	6-007.j5	76090E62	6.000 mg to below 7.000 mg	22.912,68 €
	6-007.j6	76090E63	7.000 mg to below 8.000 mg	26.731,46 €
	6-007.j7	76090E64	8.000 mg to below 9.000 mg	30.550,24 €

**"DRG-Entgelttarif" (Diagnosis Related Groups -  
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	6-007.j8	76090E65	9.000 mg to below 10.000 mg	34.369,02 €
	6-007.j9	76090E66	10.000 mg and more	38.187,80 €

<b>ZE2018-146</b>	<b>6-007.m*</b>	<b>Payment Key §301</b>	<b>Administering of Ramucirumab, oral</b>	<b>Price per Unit €</b>
	6-007.m0	76090E6P	300 mg to below 450 mg	1.517,25 €
	6-007.m1	76090E6Q	450 mg to below 600 mg	2.124,15 €
	6-007.m2	76090E6R	600 mg to below 750 mg	2.731,05 €
	6-007.m3	76090E6S	750 mg to below 900 mg	3.337,95 €
	6-007.m4	76090E6T	900 mg to below 1.050 mg	3.944,85 €
	6-007.m5	76090E6U	1.050 mg to below 1.200 mg	4.551,75 €
	6-007.m6	76090E6V	1.200 mg to below 1.500 mg	5.462,10 €
	6-007.m7	76090E6W	1.500 mg to below 1.800 mg	6.675,90 €
	6-007.m8	76090E6X	1.800 mg to below 2.100 mg	7.889,70 €
	6-007.m9	76090E6Y	2.100 mg to below 2.400 mg	9.103,50 €
	6-007.ma	76090E6Z	2.400 mg to below 2.700 mg	10.317,30 €
	6-007.mb	76090E70	2.700 mg to below 3.000 mg	11.531,10 €
	6-007.mc	76090E71	3.000 mg to below 3.600 mg	13.351,80 €
	6-007.md	76090E72	3.600 mg to below 4.200 mg	15.779,40 €
	6-007.me	76090E73	4.200 mg to below 4.800 mg	18.207,00 €
	6-007.mf	76090E74	4.800 mg to below 5.400 mg	20.634,60 €
	6-007.mg	76090E75	5.400 mg to below 6.000 mg	23.062,20 €
	6-007.mh	76090E76	6.000 mg to below 6.600 mg	25.489,80 €
	6-007.mj	76090E77	6.600 mg to below 7.200 mg	27.917,40 €
	6-007.mk	76090E78	7.200 mg to below 7.800 mg	30.345,00 €
	6-007.mm	76090E79	7.800 mg to below 8.400 mg	32.772,60 €
	6-007.mn	76090E7A	8.400 mg and more	35.200,20 €

<b>ZE2018-147</b>	<b>6-001.9*</b>	<b>Payment Key §301</b>	<b>Administering of Bortezomib, parentral</b>	<b>Price per Unit €</b>
	6-001.90	76090E7B	1,5 mg to below 2,5 mg	845,93 €
	6-001.91	76090E7C	2,5 mg to below 3,5 mg	1.268,89 €
	6-001.92	76090E7D	3,5 mg to below 4,5 mg	1.691,85 €
	6-001.93	76090E7E	4,5 mg to below 5,5 mg	2.114,82 €
	6-001.94	76090E7F	5,5 mg to below 6,5 mg	2.537,78 €
	6-001.95	76090E7G	6,5 mg to below 7,5 mg	2.960,74 €
	6-001.96	76090E7H	7,5 mg to below 8,5 mg	3.383,71 €
	6-001.97	76090E7I	8,5 mg to below 9,5 mg	3.806,67 €
	6-001.98	76090E7J	9,5 mg to below 10,5 mg	4.229,63 €
	6-001.99	76090E7K	10,5 mg to below 11,5 mg	4.652,60 €
	6-001.9a	76090E7L	11,5 mg to below 13,5 mg	5.287,04 €
	6-001.9b	76090E7M	13,5 mg to below 15,5 mg	6.132,97 €
	6-001.9c	76090E7N	15,5 mg to below 17,5 mg	6.978,90 €
	6-001.9d	76090E7O	17,5 mg to below 19,5 mg	7.824,82 €
	6-001.9e	76090E7P	19,5 mg to below 21,5 mg	8.670,75 €

**"DRG-Entgelttarif" (Diagnosis Related Groups -  
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	6-001.9f	76090E7Q	21,5 mg to below 23,5 mg	9.516,68 €
	6-001.9g	76090E7R	23,5 mg to below 25,5 mg	10.362,60 €
	6-001.9h	76090E7S	25,5 mg to below 27,5 mg	11.208,53 €
	6-001.9j	76090E7T	27,5 mg to below 29,5 mg	12.054,46 €
	6-001.9k	76090E7U	29,5 mg and more	12.900,38 €

<b>ZE2018-151</b>	<b>6-001.h*</b>	<b>Payment Key §301</b>	<b>Administering of Rituximab, intravenous</b>	<b>Price per Unit €</b>
	6-001.h0	76090E96	150 mg to below 250 mg	516,00 €
	6-001.h1	76090E97	250 mg to below 350 mg	774,00 €
	6-001.h2	76090E98	350 mg to below 450 mg	1.032,00 €
	6-001.h3	76090E99	450 mg to below 550 mg	1.290,00 €
	6-001.h4	76090E9A	550 mg to below 650 mg	1.548,00 €
	6-001.h5	76090E9B	650 mg to below 750 mg	1.806,00 €
	6-001.h6	76090E9C	750 mg to below 850 mg	2.064,00 €
	6-001.h7	76090E9D	850 mg to below 950 mg	2.322,00 €
	6-001.h8	76090E9E	950 mg to below 1.050 mg	2.580,00 €
	6-001.h9	76090E9F	1.050 mg to below 1.250 mg	2.967,00 €
	6-001.ha	76090E9G	1.250 mg to below 1.450 mg	3.483,00 €
	6-001.hb	76090E9H	1.450 mg to below 1.650 mg	3.999,00 €
	6-001.hc	76090E9I	1.650 mg to below 1.850 mg	4.515,00 €
	6-001.hd	76090E9J	1.850 mg to below 2.050 mg	5.031,00 €
	6-001.he	76090E9K	2.050 mg to below 2.450 mg	5.805,00 €
	6-001.hf	76090E9L	2.450 mg to below 2.850 mg	6.837,00 €
	6-001.hg	76090E9M	2.850 mg to below 3.250 mg	7.869,00 €
	6-001.hh	76090E9N	3.250 mg to below 3.650 mg	8.901,00 €
	6-001.hj	76090E9O	3.650 mg and more	9.933,00 €

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

The hospital and the funding agencies in charge have agreed on the following case related or daily additional *individual* fees for services 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

B49Z	multimodal complex treatment with Morbus Parkinson	€ 331.74 per day
B61B	certain acute illnesses and injuries of the spinal cord without complicated intervention or more than 13 allocation days or not road-moved.	€ 300.00 per day
E76A	Tuberculosis, more than 14 allocation days	€ 303.70 per day
K01Z	different interventions with diabetes mellitus	€ 329.70 per day

##### Services according to attachment 3b of the FPV

A90A	Geriatric day clinic, complex treatment, extensive	€ 161.10 per day
A90B	Geriatric day clinic, complex treatment, basic	€ 161.10 per day

##### Partly in-patient services:

Day clinic for pain therapy	€ 249.19 per day
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**"DRG-Entgelttarif" (Diagnosis Related Groups -  
 scale of fees and charges)  
 for hospitals as valid within the KHEntgG  
 and patient information according to § 8  
 KHEntgG**

Day clinic for oncology

€ 240.00 per day

If individual additional hospital fees for services according to supplement 3a FPV 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 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 2018 has not established any individual additional hospital fees for certain services according to supplement 3a FPV, € 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 new methods of examination and treatment according to § 7 number 6 KHEntgG**

There are new methods of examination and treatment, which are not yet adequately recompensated in the catalogues of Diagnosis Related Groups and the so-called additional fees. The hospital and the funding agencies in charge have agreed on the following fees for new methods in the Marienkrankenhaus. This agreement is based on § 7 number 6 KHEntgG.

INEK No.	Additional charge after § 6 KHEntgG	Code § 301	Price per unit €	Pharmaceutical form	coments
1	2	3	4	5	6
52	Alectinib (Alecensa®)	76198792	36,41 €	150 mg	
25	Alemtuzumab (Lemtrada®)	76197797	10.272,08 €	12mg	Use as a first-line therapy is excluded, with the following exception: treatment of adult patients with (highly) active disease / type of relapsing-remitting multiple sclerosis (RRMS) as defined by clinical findings
15	Atezolizumab (Tecentriq®)	76198784	4,96 €	1mg	
19	Axitinib (Inlyta®)	76197656	12,27 €	1mg	
		76197652	61,37 €	5 mg	
		76198033	61,37 €	7 mg	
29	Cabozantinib (Cabometyx®)	76198519	201,04 €	20 mg	only renal CA after previous targeted therapy against VEGF (vascular endothelial growth factor)
		76198520	201,04 €	40 mg	
		76198521	201,04 €	60 mg	
18	Carfilzomib (Kyprolis)	76198280	18,73 €	1mg	
46	Cobimetinib (Cotellic®)	76198240	88,77 €	20 mg	
23	Crizotinib (Xalkori®)	76197676	70,51 €	200 mg	
		76197666	88,14 €	250 mg	
33	Dabrafenib (Tafinlar®)	76197818	33,06 €	50 mg	
		76197780	49,58 €	75 mg	

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

11	Daratumumab (Darzalex®)	76198431	4,93 €	1mg
34	Elotuzumab (Empliciti®)	76198501	3,62 €	1mg
12	Eribulin (Halaven®)	76197582	368,90 €	1mg comply 0,88 mg Eribulin
6	Everolimus in neoplasia (Afinitor®)	76197149	105,67 €	5 mg
		76197150	150,96 €	10 mg
14	Golimumab (Simponi®)	76197070	1.682,86 €	50 mg
		76197804	1.988,49 €	100mg
1	Idarucizumab (Praxbind®)	76198228		2,5g
27	Idelalisib (Zydeliq®)	76198103	72,45 €	100 mg
		76198043	72,45 €	150 mg
9	Isavuconazol, intravenous (Cresemba®)	76198229	637,86 €	200 mg
16	Isavuconazol, oral (Cresemba®)	76198230	61,64 €	100 mg
53	Ixazomib (Ninlaro®)	76198595	2.062,67 €	2,3 mg
			2.062,67 €	3 mg
			2.062,67 €	4 mg
17	Liposomales Irinotecan (Nanoliposomal encapsulated Irinotecan) (Onivyde®)	76198541	19,34 €	1mg
20	Nilotinib (Tasigna®)	76197447	31,95 €	150 mg
		76197092	44,77 €	200 mg
2	Nivolumab (Opdivo®)	76198238	12,05 €	1mg
37	Olaparib (Lynparza®)	76198254	14,46 €	50 mg
26	Olaratumab (Lartruvo®)	76198559	3,02 €	1mg
38	Palbociclib (Ibrance®)	76198717	124,10 €	75 mg
		76198718	124,10 €	100 mg
		76198512	124,10 €	125 mg
7	Pazopanib (Votrient®)	76197235	36,62 €	200 mg
		76197367	73,79 €	400 mg
3	Pembrolizumab (Keytruda®)	76198204	30,77 €	1mg
8	Pertuzumab (Perjeta®)	76197845	6,63 €	1mg
36	Pixantron (Pixuvri®)	76197664	15,39 €	1mg
27	Pomalidomid (Imnovid®)	76197805	391,35 €	1mg
		76197808	409,42 €	2 mg
		76197817	433,50 €	3 mg
		76197786	445,54 €	4 mg
48	Ponatinib (Iclusig®)	76197792	107,39 €	15 mg
		76198012	214,77 €	30 mg/45mg



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

<b>4</b>	Posaconazol, intravenous (Noxafil®)	76198055	451,01 €	300 mg
<b>103</b>	Sarilumab (Kevzara®)	76198799	688,11 €	150mg/200mg
<b>30</b>	Temozolomid, intravenous (Temodal® i.v.)	76197148	3,33 €	1mg
<b>39</b>	Trametinib (Mekinist®)	76198237	37,01 €	0,5 mg
<b>13</b>	Trastuzumab-Emtansin (Kadcyla®)	76197832	19,08 €	1mg
<b>41</b>	Trifluridin-Tipiracil (Lonsurf®)	76198514	37,07 €	15/ 6,14 mg
		76198522	49,43 €	20/ 8,19 mg
<b>5</b>	Insertion of coated (covered) stents with bioactive surface for peripheral vessels 1)	76196750	1.567,01 €	up to 5 cm
		76196708	1.995,01 €	up to 10 cm
		76196751	2.439,06 €	up to 15 cm
		76197010	3.674,91 €	up to 25 cm
<b>180</b>	Self-expanding, bioresorbable, mometasone furoate-releasing paranasal sinus implant 2) for paranasal sinuses and frontal sinuses to reduce postoperative complications.	76198277	1.603,44 €	2 piece.

**6. 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
Clinic for general, visceral, thorax and vascular surgery	€ 100.72	€ 17.90
Clinic for accident surgery and orthopedy	€ 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

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

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
5378	Additional fee treatment planning	€ 40,90
5380	Determination of mineral content (Osteodensitometr.)	€ 12,27

**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.

**7. Additional fees for training facilities and trainee remuneration according to § 17a para. 6 KHEntgG and other additional fees or subtraction of fees**

- Additional fee for each in-patient or partly in-patient case to fund training facilities and trainee salaries € 99,79  
The amount is transferred to a fund which is then distributed to training facilities.

**8. Hygiene forces surcharge § 4 Abs. 11 KHEntgG**

Award of financial assistance for the staffing in hospital hygiene according to § 4 Abs. 11 KHEntgG. in the amount of 0,16 %.

**9. Additional fee for nursing care in accordance with § 8 Abs. 10 KHEntgG**

Additional fee for the promotion of nursing care for patients according § 8 Abs. 10 KHEntgG in Höhe von € 22,88 .

**"DRG-Entgelttarif" (Diagnosis Related Groups -  
scale of fees and charges)  
for hospitals as valid within the KHEntgG  
and patient information according to § 8  
KHEntgG****10. 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

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

Additional fee for quality management for each in-patient € 1.23

Of this amount, € 0.74 are contributed to financing quality assurance measures on a federal level and € 0,49 remain with the hospital as a fee to cover additional documentation efforts.

**12. 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 € 1,59

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

**13. 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 € 1.82

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

**14. autopsy surcharge according to § 5 Abs. 3b KHEntgG**

Additional fee for autopsy for each inpatient patient - 0,66 €

**15. Additional fee for an admission of a nurse according to §17 b para. 1 subpara. 4 KHG**

Additional fee for an admission of a nurse € 45,00 / per day

Additional fee for an admission of a nurse according to §17 b para. 1 subpara. 4 KHG

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

**16. Additional payments**

The hospital charges 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). According to § 43 b para 3 SGB V this fee is collected by the hospital on behalf of the health insurance.

**17. Re-admission and re-transfer**

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

**18. 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 tariff 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

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

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
Clinic for general, visceral, thorax and vascular surgery	€ 139,00	€ 73,00
Clinic for accident surgery and orthopedy	€ 139,00	€ 73,00
Gynaecology Clinic	€ 126,47	€ 78,28
Obstetrics Clinic	€ 89,82	€ 48,28
Clinic for Otorhinolaryngology	€ 119,46	€ 70,57
Medical Clinic Comfort Rooms	€ 139,00	€ 73,00
Geriatric Clinic	€ 114,00	€ 58,00
Neurological Clinic	€ 108,26	€ 64,75
Urological Clinic	€ 139,00	€ 73,00

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

Children's ward per day	€ 29.00 VAT incl.
Normal wards per day	€ 68.00 VAT incl.
Private wards per day	€ 90.00 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	per day	€ 2.00 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 July 1st 2018. At the same time the previous DRG-Entgelttarif is rendered invalid.

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

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**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.**