Fees schedule for
University Hospital Aachen

As of 15/04/2026

Dear patients,

This fees schedule provides you with an overview of the various modes and methods of payment for general and optional medical services of University Hospital Aachen.

With the introduction of a fixed fee system in Germany, the general medical services of University Hospital Aachen are predominately settled by means of diagnosis-related groups (DRGs). To all full- and semi-inpatient fees, there will also be a daily care fee on the personnel costs of staff directly responsible for patient care. Furthermore, there are additional fees, lump sums and other surcharges that may affect remuneration depending on the individual method and duration of treatment.

The total of costs resulting from received general and optional hospital services may represent a considerable financial burden. This particularly applies to self-pay patients. Please verify whether or not you are fully covered by insurance for hospital treatment.

If you have any additional queries on details, our staff of the inpatient receptions and the inpatient accountancy will be glad to help you. Moreover, this gives you the opportunity to access the individual legal regulations, agreements and payment policies.

Diagnosis-related groups (DRGs)

Pursuant to § 17 b KHG

The fees for general inpatient and day-patient services of University Hospital Aachen are based on the legal framework of the Hospital Financing Act (Krankenhausfinanzierungsgesetz, KHG) and the Hospital Remuneration Act (Krankenhausentgeltgesetz, KHEntgG), as amended. In accordance, all general medical services are remunerated by means of diagnosis-related groups. In conformance with the DRG system, payable remuneration is subject to the individual circumstances of the case of treatment.

Allocation to a DRG is made via several parameters. In this regard, the main diagnosis and possibly necessary procedures (surgery, complicated diagnostic or therapeutic services) are the most important criteria. Furthermore, present side diagnoses may influence the classification of severity, and factors such as age and way of discharge (e.g. transfer to another hospital) may affect the allocation to a DRG. For this reason, it is difficult to predict which DRG will ultimately be selected for remuneration with respect to your case history. Therefore, the diagnosis at the end of your inpatient stay and the specific diagnostic and therapeutic services that were performed in the course of the treatment period are decisive.

Each DRG is classified according to a corresponding specific weight, which may vary annually within system maintenance. A base rate expressed in euro is allocated to this relative weight. The current national base rate amounts to **€ 4.561,87** and is also subject to annual change. Provided that the DRG-specific length of stay is complied with, the fee for a case of treatment results from the multiplication of relative weight and base rate.

Diagnosis-related group inpatient

Please see **attachment A** to find the detailed DRG fees schedule for inpatient services containing specifications on fees as well as on additions and deductions in conformance with the DRG-specific medium, minimum and maximum length of stay limits.

The additions and deductions mandated pursuant to § 1 and 3 of DRG Agreement 2026 (FPV 2026) are made when the lengths of stay fall below or above the defined duration. If the length of stay of non-transferred patients is shorter than the specified minimum length of stay (column 7), a daily deduction (column 9) for the day stated in the DRG fees schedule and each additional day of hospitalisation that was not taken is made. If the maximum length of stay (column 10) is exceeded, an additional day-based fee (column 12) is charged for the day stated in the DRG fees schedule and for each additional day of hospitalisation. In the event of a transfer to or from another hospital, a day-based deduction (column 14) is made, provided that the actual length of stay is shorter than the medium length of stay (column 5) stated in the DRG fees schedule. The individual additions and deductions result from multiplying the evaluation relations defined for the corresponding lengths of stay with the base rate.

Furthermore, DRG case-based lump sums individually agreed by hospitals may arise. Please see **attachment B** for these DRGs.

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Daily charges pursuant to § 6 section 1 KHEntgG will apply on general hospital services, that cannot be represented in DRG lump sums or additional charges, as well as on special institutions in accordance with § 17b section 1 KHG. These fees can be found in **attachment B**.

Semi-inpatient dialysis services will be remunerated on the basis of DRG fees. The billing is processed quarterly. These fees can be found in **attachment C**.

Care Fees
Pursuant to § 8 FPV

Daily care fees will be charged in addition to full- and semi-inpatient fees in accordance with § 7 section 1 No. 6a KHEntgG. The care fee is determined by multiplying the relevant daily value relation for care fees with the daily remuneration value. As of 01.01.2026, a remuneration value of **€ 347,00** is to be taken into account.

Additional fee
Pursuant to § 5 FPV

Pursuant to § 17b section 1 clause 12 KHG, the self-administration partners at the federal level (compulsory health insurance [GKV] – umbrella organisations, Private Health Insurance Association [PKV] and the German Hospital Federation [DKG]) are entitled to agree upon additional fees for services, service complexes or pharmaceuticals.

Attachments 2 and 5 of FPV 2025 specify federally uniform additional fees for the year 2026. See **attachment D** for federally uniform additional fees.

Furthermore, additional fees in combination with amounts payable may be individually agreed upon by hospitals and health insurance companies pursuant to § 6 section 1 and 2 KHEntgG as well as attachments 4 and 6 of FPV 2026. See **attachment E** for the hospital-specific additional fees of University Hospital Aachen.

For certain additional fees, the legislature has given from 01.01.2026 additional encryption of ICD codes. The relvant fees and associated ICD codes can be found in the **attachment E ICD.**

Additional fees for new examination and treatment methods
Pursuant to § 6 section 2 KHEntgG

Pursuant to § 6 section 2 KHEntgG, separate additional fees, which are likewise agreed upon by hospitals and health insurance companies, are also charged for particular new examination and treatment methods (NUB) that may not be properly remunerated by DRG case-based lump sums and additional fees. See **attachment F** for the hospital-specific additional fees for special examination and treatment methods of University Hospital Aachen.

Pre-inpatient and post-inpatient treatments
Pursuant to § 115a SGB V

	Pre-inpatient lump sum	Post-inpatient lump sum
Department of Anaesthesiology	104.30 €	36.81 €
Department of Ophthalmology	68.51 €	38.86 €
Department of Surgery	100.72 €	17.90 €
Department of Orthopaedics and Trauma Surgery, focus on trauma surgery	82.32 €	21.47 €
Department of Gynaecology and Obstretics	119.13 €	22.50 €
Department of Gynaecological Endocrinology and Reproductive Medicine	119.13 €	22.50 €
Department of Otorhinolaryngology and Plastic Head and Neck Surgery	78.74 €	37.84 €
Department of Dermatology	75.67 €	23.01 €
Department of Internal Medicine I, Focus on cardiology, angiology and pneumology	156.97 €	61.36 €
Department of Internal Medicine II, Focus on nephrology and clinical immunology	140.61 €	67.49 €

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Department of Internal Medicine, focus on gastroenterology and metabolic diseases	164.64 €	63.91 €
Department of Internal Medicine, focus on hematology and oncology	75.67 €	46.02 €
Department of Internal Medicine, focus on pneumology	219,34 €	66,47 €
Department of Internal Medicine, focus on geriatrics	72,09 €	30,68 €
Department of Paediatric and Adolescent Medicine	94.08 €	37.84 €
Department of Paediatric Cardiology	111.46 €	27.10 €
Department of Neurosurgery	48.57 €	21.99 €
Department of Neurology	114.02 €	40.90 €
Department of Nuclear Medicine	162.08 €	123.22 €
Department of Orthopaedics and Trauma Surgery, focus on orthopaedics	133.96 €	20.96 €
Department of Psychiatry and Psychotherapy	125.78 €	37.84 €
Department of Child and Adolescent Psychiatry and Psychotherapy	50.11 €	20.45 €
Department of Psychosomatic and Psychotherapeutic Medicine	99.19 €	47.55 €
Department of Radiotherapy	186.62 €	330.29 €
Department of Cardiac Surgery	126.29 €	23.01 €
Department of Thoracic Surgery	121,18 €	45,50 €
Department of Urology	103.28 €	41.93 €
Department of Plastic, Hand and Burn surgery	95.10 €	18.41 €
Department of Operative Dentistry and Plastic Facial Surgery	64.42 €	23.52 €

Pursuant to § 8 section 2 no. 4 KHEntgG, pre-inpatient treatment may not be charged separately in addition to a DRG. Post-inpatient treatment may be charged in addition to a DRG, provided that the sum of inpatient hospitalisation days and pre-inpatient and post-inpatient days of treatment exceeds the length of stay limit of the DRG. Utilisation of medical device services (CT, MRI, PET and left heart catheter) during pre-inpatient or post-inpatient treatment is charged separately.

Additions

Addition for the Federal Joint Committee (IQWIG)

Pursuant to § 91 section 2 and § 139 c SGB V

additional amount of **€ 3,12** for each inpatient or day-patient case of treatment

Addition for the DRG-system

Pursuant to § 17 b section 5 KHG

additional amount of **€ 1,59** per inpatient and day-patient hospital case

Addition for training facilities and trainee allowances

Pursuant to § 17a section 1 KHG

addition per inpatient and day-patient case amount of **€ -103,53**

Addition for training in nursing

Pursuant to § 33 section 3 PflBG

addition per inpatient and day-patient case amount of **€ 219,85**

Addition for quality control

Pursuant to § 17b section 1 KHG and § 137 SGB V

additional amount of **€ 0,84** on DRG

Addition for the participation in the interinstitutional error reporting system

Pursuant to §17b section 1a Nr. 4 KHG

surcharge amount of € **0,20** for every inpatient

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Addition for Area of hospital sanitation

Pursuant to § 4 section 9 KHEntgG

additional amount of **0,08 %** per inpatient case

Surcharge for emergency care

Pursuant to § 5 section 1 KHEntgG

additional amount of **€ 12,88** per inpatient case

Surcharge for measures to improve care, family and work

Pursuant to § 4 section 8 a KHEntgG

additional amount of **0,01 %** per inpatient and day-patient case

Surcharge for clinical dissections

Pursuant to § 9 section 1a Nr. 3 KHEntgG

additional amount of **€ 0,63** per inpatient case

Surcharge to secure paediatric and adolescent medicine

Pursuant to § 4a section 4 KHEntgG

additional amount of **11,692 %** per inpatient case

Telematics surcharge

Pursuant to § 5 section 4 KHEntgG

addition per inpatient and day-patient case amount of **€ 24,55**

Surcharge for special tasks (additional centre)

Pursuant to § 5 section 3 KHEntgG

additional amount of **€ 79,39** per inpatient and day-patient case

Surcharge for revenue compensation

Pursuant to § 5 section 4 KHEntgG

additional amount of **2,73 %** per inpatient and day-patient case

Surcharge for implant register expense reimbursement

Pursuant to § 9 section 1a 7 KHEntgG

additional amount of **€ 18,24** per case with notification of the register office

Supplement for immediate transformation costs

Pursuant to § 8 section 11 sentence 1 KHEntgG

additional amount of **3,25 %** per inpatient and day-patient case (only statutory health insurance)

Accompanying persons

Pursuant to § 17b section 1 clause 4 KHG

A federally uniform surcharge is made for the medically necessary accommodation of an accompanying person of a patient. The medical necessity is determined by the clinician. A fee of **€ 60,00** is charged for each day of hospitalisation and accommodation without the accompanying person's day of discharge.

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Additional expenses international patients

For each inpatient admission of a patient, who is no resident of the European Union, a fix amount of **€ 370,00** is charged.

Extra payment

Pursuant to § 39 section 4 SGB V

Insured persons eighteen years of age or older are required to make an extra daily payment for a maximum period of 28 days, beginning with inpatient treatment during a given calendar year. Extra payment currently amounts to **€ 10,00** per calendar day. This amount is charged by University Hospital Aachen to be forwarded to the corresponding health insurance company.

The obligation to make extra payments does not apply:

- If a valid exemption certificate is presented to the corresponding health insurance company.
- To mothers until 6 days postpartum.

Optional services

Optional services received in addition to general hospital services are charged separately (§ 17 KHEntgG):

Main Building University Hospital RWTH Aachen:

Accommodation in an elective ward in a 1-bed room per night	€ 220,00
Accommodation in a single room incl. comfort elements (renovated old building) per night	€ 182,00
Accommodation in a single room incl. comfort elements per night	€ 175,00
Accommodation in an elective ward in a twin room per night	€ 104,00
Acoommodation in a comfort twin room incl. comfort elements (renovated old building) per night	€ 89,00
Acoommodation in a comfort twin room incl. comfort elements per night	€ 85,00

The standard service for an inpatient stay at University Hospital Aachen is accommodation in a double room.

Franziskus University Hospital RWTH Aachen:

Accommodation comfort station in a single room per night	€ 220,00
Accommodation in a single room incl. comfort elements per night	€ 90,00
Accommodation comfort station in a twin room per night	€ 104,00
Acoommodation in a twin room incl. comfort elements per night	€ 50,00
Board and lodging of an accompanying person, whose accommodation is not medically necessary (inclusive VAT 19% or 7%)	€ 67,52
Room Rate international	€ 240,00

Supply of a high-quality multimedia terminal with the services:

TV	€ 0,50
Telephone provision charge per day and TV	€ 1,00
Telephone flatrate and TV per day	€ 2,00
Telephone flatrate, TV, Internet or WLAN flatrate per day (only available in covert rooms)	€ 4,00
Telephone flatrate, TV, Internet and WLAN flatrate per day (only available in covert rooms)	€ 5,00

Other combinations are possible.

When receiving optional medical services, the choice may not be limited to individual physicians of the hospital who are entitled to bill for services or private physicians of the hospital, whose services are billed on part of University Hospital Aachen (see § 17 section 3 KHEntgG). An agreement on optional medical services concerns all physicians of the hospital

involved in the treatment of the patient, provided that they are entitled to separately bill their services of inpatient, day-patient as well as pre-inpatient and post-inpatient treatment pursuant to § 115a SGB V, as well as private physicians of the hospital whose services are billed on part of University Hospital Aachen, including the services of physicians and medical facilities outside the hospital that were assigned by them. Services provided by a non-medical therapist that are professionally supervised by the senior physician are also regarded as services by a physician of choice.

For remuneration of optional medical services, the regulations of the physician fee schedule (GOÄ), as amended, apply. Settlement of accounts is made by a clinician entitled to bill for services, by University Hospital Aachen, or by an assigned accounting centre.

Value-added tax (VAT)

Pursuant to value-added tax guidelines

In conformance with German value added tax guidelines, the services of a hospital are only tax-free, if they promote health care by diagnosing and treating diseases and disorders. When other services are rendered (e.g. aesthetic surgery or accommodation of accompanying persons not requiring medical treatment) a value added tax of **19%** is imposed. In case of board and lodging of an accompanying person, whose accommodation is not medically necessary, the VAT for board is **7%** and for lodging **19%.**