Expanding Scope Capacity Without Expanding Complexity

How the ArthroFree® Wireless Camera helped Collin County ENT add scope capacity and shorten patient waits.

- Measured window: October 1 – May 31 | 2023–24 vs. 2025–26

+11.7%
additional scope procedures by the same six providers

~$40K
additional collected revenue at a stable collection rate

2 → 3
exam rooms equipped for endoscopy, of ten total

1 The Setup

Before adopting ArthroFree, Collin County ENT — a multi-provider ENT group — ran all of its scope patients through a wired endoscopy system in two rooms. As the practice grew, those rooms became a scheduling bottleneck. The practice adopted the ArthroFree Wireless Camera System for in-office endoscopy in stages: replacing aging infrastructure in its procedure room, then adding scoping capability to an additional room. This analysis focuses on that added capability, which brought the facility to three of its ten exam rooms equipped for scoping. The added station shipped in December 2024; the comparison uses the same eight-month window before it (2023–24) and after it was in routine use (2025–26).

The five in-office ENT scope codes reviewed are predominantly diagnostic — nasal endoscopy, flexible laryngoscopy, stroboscopy, nasopharyngoscopy — with one operative code, each completable in a room with scoping rather than full surgical capability. To attribute conservatively, the primary figures are limited to the six providers present in both periods; clinicians added since are counted separately in the whole-practice view.

2 Rapidly Adopted as the Practice's Scope of Choice

One of the clearest indicators of ArthroFree's value was not a survey; it was how quickly the camera became the physicians' default for routine in-office scoping.

> "It's just one less thing for her to deal with... having less to deal with, specifically the wires, is a helpful tool for us."
>
> **Dr. Ewen Tseng**

> "It's become so normal for me... it's something that's just a no-brainer."
>
> **Dr. Keith Matheny**

Providers point to the same everyday advantages a wireless camera brings to an awake, in-office patient: no draping cords, faster setup and turnover, and nothing to snag.

> "The tragedy is accidentally catching one of the cords and pulling the camera off... hitting the ground. With the cordless system there's no cord to catch."
>
> **Dr. Ewen Tseng**

> "The weight doesn't bother me at all... not having any cords is much easier; it's still much lighter to me than having the cords."
>
> **Dr. Jonathan Korpon**

3 More Capacity, Shorter Waits

ArthroFree's smaller footprint and lower price point made it practical to equip an additional exam room rather than dedicate a full wired tower to it, so the practice expanded from two endoscopy rooms to three. With three or four physicians plus advanced practice providers often working at once, the added capacity removed the wait on a single shared endoscopy room.

> "We have 10 exam rooms... 3 rooms that we're able to do endoscopies in. So that's a huge help... having that extra scope has really been helpful, and has reduced patient wait times."
>
> **Dr. Ewen Tseng**

Asked whether the added access means more patients get scoped, Dr. Tseng confirmed it: a year earlier, before the ArthroFree cart, he "didn't want patients waiting 45 minutes to get a scope." The practice's administrator, Lauren Hamaker, describes the same shift in operational terms — **"It changed their mindset from 'Should I bring them back?' to 'I can do it now.'"** Once a room is equipped, the cordless design then improves workflow within it, simplifying setup, cleaning, and turnover between patients.

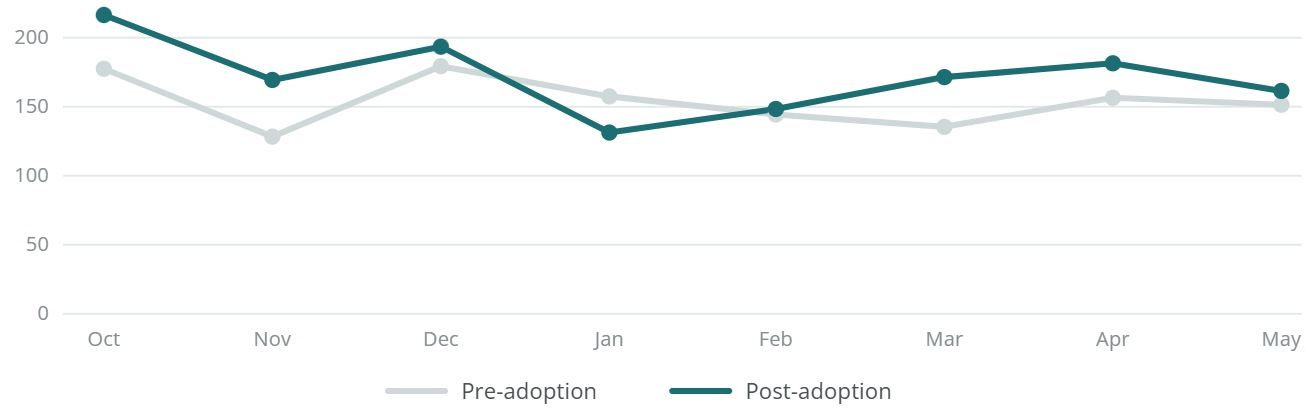
4 What the Numbers Show

The workflow improvements translated into measurable results. Across the eight-month comparison, the six continuing providers performed 143 additional scope procedures (+11.7%), generating about $100K in additional billed charges and about $40K in additional collected revenue, while holding a stable collection rate. Because reimbursement per procedure was unchanged, the gains came from performing and capturing more procedures.

Metric — six continuing providers	Pre	Post	Change
Procedure encounters	1,227	**1,370**	**+11.7%**
Billed charges	~$890K	**~$990K**	**+11.4%**
Collected revenue	~$260K	**~$300K**	**+$40K (+13.9%)**
Collection rate	29%	**30%**	**+1 pt**

Monthly scope-procedure encounters, continuing-provider cohort

The higher procedure volume was sustained across the comparison period.



Interpreting the results

The practice's physicians attribute the growth to several factors working together, not the camera alone: expanded scope capacity, added providers, and more procedures migrating into the office under office-based anesthesia. Physicians distinguish between what drove that added capacity and what the cordless design contributes day to day — the smaller footprint and price point are what let the practice add a scoping room, while the cordless design's main effect is on workflow, faster cleaning and turnaround between patients, rather than on the decision to perform a given procedure.

Capacity kept pace with providers

The group grew in two ways at once: it added clinicians and it added scope capacity. Adding providers without adding scope stations would likely have increased patient waits — exactly Dr. Tseng's point about not wanting patients "waiting 45 minutes to get a scope." The affordable, mobile ArthroFree station is what let the practice absorb the added demand rather than bottleneck at the scope, so the two new providers could ramp without slowing everyone else down.

The whole-practice picture

Counting all providers, scope-procedure activity grew far more over the same window. About 75% of the additional growth came from the two new providers, and the collection rate again held steady.

Metric — whole practice, incl. two added providers	Pre	Post	Change
Procedure encounters	1,227	**1,820**	**+48.3%**
Billed charges	~$890K	**~$1.33M**	**+49.1%**
Collected revenue	~$260K	**~$400K**	**+$140K (+52.6%)**
Collection rate	29%	**30%**	**+1 pt**

1 It made expanding scope capacity feasible with an additional station.

2 It improved day-to-day workflow — less setup, less cable management, faster room turnover.

5 Why Wireless, Not Another Wired Tower

The conventional way to add in-office scoping is a wired all-in-one portable unit — camera, light, monitor, and recorder fused into one console, tethered by cable. ArthroFree is a wireless camera head that pairs to a small receiver and feeds a display the room already has.

HOW THE PRACTICE EXPANDED CAPACITY

- Compact footprint enabled an additional scope station without a full integrated tower per room.
- Lower capital cost made adding a room practical: at US ENT GPO pricing, the ArthroFree 2 Tower Kit is $19,975 — below a comparable wired 4K all-in-one.
- Utilization of existing displays rather than purchasing another integrated tower.

HOW WIRELESS IMPROVED WORKFLOW

- Improved patient comfort, with no cords crossing around them.
- Reduced risk of snagging or dropping equipment.
- More efficient room turnover for staff between patients.

The part a spec sheet can't copy: the integrated-light thermal design, the ease of dropping in a battery rather than routing cables, and a field indication from the pilot ENT office that the camera is a dependable, ready-to-use workhorse.

To find out more about adopting ArthroFree for your practice, contact us at **contact@Lazurite.co** or contact US ENT Partners at **https://usent.com/contact**

Sources: practice billing reports (eCW 37.08); Collin County ENT interviews (Dec 2024 – Jun 2026); Lazurite 2026 Price List; FDA 510(k) K213860. Supporting data on file, available to qualified reviewers on request.