

Joint, Bursa, Tendon & Ligament: Know the Difference

They may sit inches—or millimeters—apart, but they are not interchangeable anatomy.

WHY THIS MATTERS

Operative notes frequently describe joints, bursae, tendons, and ligaments in the same surgical region. Shoulder and knee procedures are especially good examples: a surgeon may work on several neighboring structures during one case. For the anesthesia coder, understanding what each structure is helps translate the actual operation instead of coding from a broad label such as “shoulder surgery” or “knee repair.”

THE CODING TIP

Same region does not mean same structure. Identify exactly what the surgeon treated, repaired, excised, released, reconstructed, or injected. The structure is part of the procedure—not merely a location detail.

THE FOUR STRUCTURES AT A GLANCE

STRUCTURE	WHAT IT IS	PRIMARY ROLE	COMMON EXAMPLE
JOINT	Where two or more bones articulate	Allows movement and/or stability	Shoulder, hip, knee, ankle
BURSA	Small fluid-filled sac near moving structures	Reduces friction	Subacromial/subdeltoid bursa
TENDON	Dense connective tissue connecting muscle to bone	Transmits muscle force to move a joint	Rotator cuff tendon, Achilles tendon
LIGAMENT	Dense connective tissue connecting bone to bone	Stabilizes and guides a joint	ACL, PCL, collateral ligaments

JOINT: WHERE BONES MEET

A joint is an articulation between bones. Depending on the joint, cartilage, capsule, synovium, labrum/meniscus, ligaments, tendons, and bursae may all be nearby. A procedure performed “at the shoulder” is therefore not automatically a procedure on the shoulder joint itself.

- Identify the specific joint when documented.
- Look for intra-articular work versus work on surrounding soft tissue.
- Do not assume every arthroscopic procedure treats the same structure.
- Read the operative findings and final procedure performed.

BURSA: THE FRICTION-REDUCING SAC

A bursa is a small fluid-filled sac that helps reduce friction where tissues move over one another. It is not a joint and is not a tendon. Terms such as bursitis, bursectomy, and bursal injection should direct the coder to bursal anatomy.

- Subacromial/subdeltoid bursal anatomy commonly appears in shoulder procedures.
- Bursal treatment may occur during the same operation as tendon or joint work.
- Do not translate “bursa” into “joint” simply because both are in the same region.

TENDON: MUSCLE TO BONE

Tendon = muscle to bone. Tendons transmit the force created by muscle contraction to move a bone or joint.

- The rotator cuff is composed of muscle-tendon units surrounding the shoulder.
- The Achilles tendon connects calf musculature to the calcaneus.
- Tendon repair, release, transfer, debridement, or reconstruction describes work on tendon anatomy.
- A tendon is not a ligament—even when both are described as soft tissue.

LIGAMENT: BONE TO BONE

Ligament = bone to bone. Ligaments stabilize joints by connecting bones and limiting or guiding motion.

- The ACL and PCL are major stabilizing ligaments of the knee.

- Collateral ligaments stabilize the sides of joints.
- Ligament reconstruction is anatomically different from tendon repair, even when a tendon graft is used to reconstruct the ligament.
- Read what structure is being reconstructed—not only what graft material is used.

THE MEMORY RULE

TENDON → MUSCLE TO BONE | LIGAMENT → BONE TO BONE

SHOULDER: ONE REGION, MANY STRUCTURES

TERM IN THE NOTE	STRUCTURE TYPE
Glenohumeral	Joint
Acromioclavicular (AC)	Joint
Subacromial/subdeltoid	Bursal region
Supraspinatus / infraspinatus / subscapularis tendon	Tendon / rotator cuff
Coracoacromial ligament	Ligament
Biceps tendon	Tendon

KNEE: ANOTHER ANATOMY TRANSLATION TEST

- ACL / PCL → ligaments.
- MCL / LCL → collateral ligaments.
- Patellar tendon → tendon.
- Quadriceps tendon → tendon.
- Prepatellar and other bursae → bursae.
- Tibiofemoral and patellofemoral articulations → joint anatomy.
- Meniscus → fibrocartilaginous structure within the knee; do not classify it as a tendon or ligament.

THE 5-QUESTION STRUCTURE CHECK

- 1. What exact structure is named?
- 2. Is it a joint, bursa, tendon, ligament, or another structure?
- 3. What action did the surgeon perform on it?
- 4. Were additional neighboring structures treated during the same operation?
- 5. Does the proposed procedure/anesthesia coding reflect the final operation rather than the broad body-region label?

QUICK EXAMPLES

DOCUMENTATION	ANATOMY TRANSLATION
Rotator cuff repair	The primary repaired structure is tendon tissue of the rotator cuff.
Subacromial bursectomy	The treated structure is the bursa/bursal tissue.
ACL reconstruction	The reconstructed target is a ligament, even if tendon graft material is used.
Intra-articular shoulder procedure	The work occurs within the joint; determine the specific joint structure and procedure.
Achilles tendon repair	Tendon procedure involving the posterior lower leg/ankle region.

COMMON CODING MISTAKES

- Calling every shoulder procedure a joint procedure.
- Confusing a bursa with the adjacent joint.
- Using tendon and ligament interchangeably.
- Assuming graft material identifies the structure being reconstructed.
- Coding from the surgical region without identifying the structure treated.
- Stopping at the procedure title instead of reviewing the operative details.

- Assuming multiple structures treated automatically mean multiple separately reportable services.

CODER'S TIP

Ask two separate questions: WHERE did the surgeon work, and WHAT did the surgeon work on? The first identifies the region. The second identifies the structure. You usually need both to understand the procedure correctly.

WHEN TO STOP AND REVIEW

- The procedure title says only “shoulder,” “knee,” “hip,” or another broad region.
- The operative note names several structures but the final procedure is unclear.
- A tendon code is being considered for documented ligament work, or vice versa.
- A joint service is being proposed when documentation identifies only extra-articular soft tissue.
- The structure treated changed during the operation.
- The anesthesia code selection is based on the scheduled procedure rather than the final procedure.
- You cannot explain which anatomical structure supports the coding decision.

ANATOMY TRANSLATION FORMULA

REGION + STRUCTURE + ACTION = WHAT THE SURGEON ACTUALLY DID

AUTHORITATIVE RESOURCES

- Current AMA CPT code set — verify exact procedure descriptors, anatomical terminology, guidelines, and parenthetical instructions.
- Current ASA Relative Value Guide (RVG) and CROSSWALK — verify anesthesia code relationships to the final surgical procedure.
- Current CMS Medicare NCCI Policy Manual and applicable payer guidance when multiple structures or procedures affect separate reporting.
- Reputable clinical anatomy and surgical references for understanding musculoskeletal structures; final coding decisions should be based on authoritative coding guidance.

BOTTOM LINE

Joint, bursa, tendon, or ligament? Know the structure before you interpret the procedure.

Chart Talk ~ Anesthesia Coding Conversations | Lead. Educate. Comply. Excel.

Educational use only. Verify current CPT, ASA, CMS NCCI, payer-specific, and organizational requirements for the applicable date of service. Anatomy and surgical references support understanding but do not replace official coding guidance.