Cognitive Monitoring Program
New Designated Tool Frequently Asked Questions

FAQs for Providers

Updated 20 NOV 2026

1. What is the Department of War's new designated cognitive assessment tool, and why is it replacing ANAM?

Cognitron is the Department of War's new designated cognitive assessment tool. It's a non-diagnostic cognitive assessment aid. It measures immediate/delayed memory, spatial working memory, mental rotations, cognitive flexibility, and conflict resolution. It scores both accuracy and processing speed. The composite ("global") score is the mean of task scores. Its key benefits include:

- Flexible, rapid administration: Service members complete the assessment in 15 to 20 minutes in an unsupervised setting on any digital device with internet connectivity (iOS/Android smartphone, tablet, laptop, computer).
- Enhanced interoperability: Data flows seamlessly from the test-taker to Department of War databases, making results available in the Individual Longitudinal Exposure Record (ILER) and the Joint Legacy Viewer.
- Novel stimuli for each administration to mitigate practice effects.
- Automated compliance monitoring to flag invalid results.

2. What is the Warfighter Cognition Test Online?

The Warfighter Cognition Test Online is the department's new online platform for cognitive testing. This platform supports the newly designated cognitive assessment tool and could be used in the future even if the tool changes.

3. How do I access test results?

Through the cognitive assessment tool provider report in ILER and/or the Joint Legacy Viewer.

4. What is the clinical workflow for the cognitive assessment tool?

Service members are referred to primary care in four situations: (1) a statistically significant downward change when a periodic test is compared to the individual's baseline; (2) a baseline that cannot be validly established after three attempts; (3) a service member self-refers to better understand their results; or (4) as a component of clinical care in patients with a diagnosed concussion. The recommended core workflow is:

1. **Review:** Access the cognitive assessment tool provider report in ILER.
    - Confirm "Session Completed: True" and "Quality Inspection: Valid" before interpreting the test results.
    - Review the global score and cognitive performance summary.
2. **Assess:** Perform a clinical evaluation focused on factors that affect cognitive test-taking.
3. **Manage:** Treat/refer as indicated and advise when to retest.
4. **Document:** Document in MHS GENESIS or available health record.

5. Are providers required to interpret results? Is there an interpretation page?

Routine valid baselines don't require provider interpretation. Tests with invalid results shouldn't be interpreted. Interpretation is required for:

- a valid baseline when the member requests review.
- a significant decrease from baseline.
- recovery monitoring after a diagnosed concussion.

The provider report includes an interpretation/summary section, and DHA has published provider guidance.

6. How do I interpret the test result scores?

The global score is scaled to a population mean of 100 and standard deviation of 15. A global score below 75 falls in the lowest 5% and would be considered lower than expected. Composite and individual task scores are expressed as standard deviations from the age-matched and demographic-matched expected score (0 = expected; each unit = 1 SD). Labels "Very low" through "Very high" are descriptors of this scale, but they are not clinical categories. Follow-up assessments are compared to the service member's own baseline (first valid test or a subsequent score).

7. What norms are service members compared against?

Baseline tests are compared to age-, gender-, and educational preparation-matched population norms. Subsequent periodic tests are compared to the individual's own baseline.

8. Is there an effort/validity measure that will trigger?

Yes, Cognitron flags invalid results such as rapid guessing, patterned responding, high response inconsistency, performance at or below chance, or navigating away from the testing window to other websites. The report's "Quality Inspection" must read "Valid." A failed inspection means the result is invalid and shouldn't be interpreted.

9. How should I interpret a significant discrepancy between accuracy and speed scores?

Both are reported per task and interpreted together:

- high accuracy with low speed suggests a careful, deliberate style;
- low accuracy with high speed suggests rushing;
- low accuracy with low speed is more suggestive of genuine task difficulty.

10. What is my role in communicating results to the service member's chain of command?

Individual results are not to be communicated to unit leaders. Provider communication to leaders may be necessary to ask them to suspend further cognitive assessment tool attempts for a defined period while an underlying issue is addressed. A templated note is available.

11. What is the recommended standard for documenting Cognitron results in the health record?

You must document the clinical evaluation, Cognitron results, identified symptoms, evaluation, clinical decision-making, reason for any referrals, and disposition using your standard workflow.

12. How do I code for the time spent evaluating and interpreting a Cognitron result and counseling a service member?

Like other encounters, use the appropriate ICD-10-CM codes that reflect the symptoms endorsed by the patient. Code the visit as a standard E/M selected by the total time spent on the interpretation and counseling. Additional coding guidance can be found here.

13. Will Cognitron tell me if a service member has had a brain injury?

No. Cognitron is non-diagnostic. It cannot confirm or exclude a TBI or any diagnosis. A stable or high score does not provide reassurance that an injury did not occur, and a significant change is not specific to any cause.

14. If a service member is suspected of having a TBI, what are the next steps?

Use the MACE 2 and your clinical judgment for the acute assessment and diagnostic considerations, then manage a TBI using the progressive return to activity protocol. Cognitron may be used as a cognitive assessment aid to provide objective data about the level of cognitive function and to monitor recovery.

15. How can I use the cognitive assessment tool /Cognitron in my practice?

As an objective data point by comparing a follow-up to the individual's own baseline, and as an objective data point on cognitive recovery after a treated injury (as a comparison to the pre-injury baseline). It doesn't replace clinical screeners, progressive return-to-activity procedures, or clinical judgment.

16. What is the procedure for ordering a retest? Do I instruct the service member to take it again? Is there a lockout period?

The cognitive assessment tool is self-administered, so a retest is initiated by advising the service member to log back into the secure portal and complete the assessment again. Instruct the service member to select "provider directed" as the reason for the test. There is no minimum required retest interval because the tool uses novel stimuli on each administration to limit practice effects.

17. Has the cognitive assessment tool been validated for non-native English speakers? What is the guidance for administering the test if I have concerns about a language barrier affecting performance?

The tasks were intentionally designed to be largely non-language-dependent, using automatically generated non-verbal stimuli. However, on-screen instructions must be understood, and "insufficient proficiency in the assessment language" is explicitly listed as a factor that can invalidate results. If you have concerns about a language barrier, treat the result cautiously (it may not be valid), do not over-interpret a low or changed score, and evaluate for that as a factor affecting test-taking before drawing conclusions.

18. How is DHA ensuring that this new requirement will not overwhelm my workload as a provider?

Cognitron utilizes automated monitoring to identify invalid results. Service members will be given three attempts to achieve a valid result before requiring a clinical evaluation.

19. What resources are needed at military medical treatment facilities for the cognitive assessment tool /Cognitron?

Because the test is self-administered on any device with internet connectivity, resource needs center on provider time to review and interpret reports, ILER/MHS GENESIS access to retrieve reports, and referrals as needed. Proctors, equipment, and testing space are no longer required.

20. What training will be provided, and who sets report-distribution policy?

DHA has released provider guidance and interpretation guidance. A formal training rollout for the different report types is being established by DHA and the military services. DHA will issue policy on access to reports, and there will be user-based controls in ILER.

21. Who is the point of contact for technical issues?

For results that do not populate in ILER or other technical problems, contact the DHA Global Service Center at https://gsc.health.mil or 800-600-9332.